

# Unannounced Care Inspection Report 26 October 2017



## Oriel House

**Type of Service: Residential Care Home**  
**Address: 30 Oriel Road, Antrim, BT41 4HP**  
**Tel No: 028 9448 8161**  
**Inspector: Bronagh Duggan**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home that provides care for up to eight residents. A variation to registration regarding categories of care was submitted to RQIA and is pending approval.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Teresa Thompson	<b>Registered manager:</b> Josephine Linton (acting)
<b>Person in charge of the home at the time of inspection:</b> Julia Gawn, Carer	<b>Date manager registered:</b> Josephine Linton - application received - "registration pending".
<b>Categories of care:</b> I - Old age not falling within any other category MP - Mental disorder excluding learning disability or dementia PH - Physical disability other than sensory impairment	<b>Number of registered places:</b> 8

### 4.0 Inspection summary

An unannounced care inspection took place on 26 October 2017 from 10.00 to 14.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to infection prevention and control procedures, communication between residents, staff and other key stakeholders, taking account of the views of residents and maintaining good working relationships.

Areas requiring improvement were identified. These were in relation to staffing levels, care needs assessments and care plans, availability of records, the home's environment, the residents register and the complaints procedure. In addition, it was identified that the areas for improvement noted during the previous inspection which related to recruitment practices, completion of fire safety checks and the home's environment had not been met.

As a result of the inspection a serious concerns meeting was held at RQIA offices on 2 November 2017. During this meeting the registered provider and the manager provided sufficient assurances that they had addressed the identified staffing issues, also that they had developed an action plan to ensure that issues around the assessment of the needs of residents were completed without delay.

Residents spoken with during the inspection said the food was good and they liked the home.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

#### 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	6	6

Details of the Quality Improvement Plan (QIP) were discussed with Julia Gawn, Carer, as part of the inspection process. The manager was also contacted following the inspection via telephone and given feedback. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent finance inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 July 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: records of accidents and incidents submitted to RQIA since the last care inspection, the previous inspection report and the returned QIP.

During the inspection the inspector met with eight residents and one care assistant.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Three residents' care files
- The home's Statement of Purpose and Residents' Guide
- Complaints and compliments records
- Cleaning records
- Residents register
- Fire safety risk assessment
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met and not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection and with the manager by telephone following the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 10 July 2017

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector. This QIP will be validated by the finance inspector at the next finance inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 22 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21, Schedule 2  <b>Stated:</b> First time  <b>To be completed by:</b> 22 July 2017	The registered person shall ensure all relevant information is obtained prior to commencement of employment in the home.  Ref: 6.4	Not met
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this regulation could not be confirmed as the records were not made available during the inspection. This area for improvement has been stated for a second time in the QIP appended to this report.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27.(4).(v)  <b>Stated:</b> First time  <b>To be completed by:</b> 23 June 2017	The registered person shall ensure fire safety checks are completed regularly and maintained on an up to date basis.  Ref: 6.4	Not met
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this regulation could not be confirmed as the records were not made available during the inspection. This area for improvement has been stated for a second time in the QIP appended to this report.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19.3  <b>Stated:</b> First time  <b>To be completed by:</b> 22 August 2017	The registered person shall ensure a recruitment checklist is developed and implemented.  Ref: 6.4	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this standard could not be confirmed as the records were not made available during the inspection. This area for improvement has been stated for a second time in the QIP appended to this report.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.5, 27.8  <b>Stated:</b> First time  <b>To be completed by:</b> 22 August 2017	The registered person shall ensure the <ul style="list-style-type: none"> <li>external environment is improved upon by removing the wood, drawers and boxes situated at the back of the home</li> <li>identified toilet chairs are removed and replaced</li> </ul> Ref: 6.4	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Some improvements were noted to the external environment; however, a discarded chest of drawers remained. The identified toilet chairs had been replaced.  An element of this area for improvement has been stated for the second time in the QIP appended to this report.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> 22 July 2017	The registered person shall ensure the identified care plan is updated to reflect greater detail regarding the management of the identified condition.  Ref: 6.5	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the care records confirmed that the identified care plan had been updated to reflect greater detail regarding the management of the identified condition.	



### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

Discussion with the carer on duty and review of the duty rota confirmed there was one staff member on duty in the home on the day of inspection. The carer was rostered from 08.00 to 20.00. The carer advised that an additional staff member was on call and was available to provide assistance if necessary. In discussion with the carer it was established that she was to provide personal care to residents and to undertake all kitchen, cleaning and laundry duties. During the inspection the inspector observed how a resident presented as being agitated. It became apparent that as only member of staff was available to manage this situation, there was limited supervision and support available to other residents in the home. Staffing levels in the home was identified as an area for improvement to comply with the regulations.

Following the inspection the manager was contacted regarding the staffing levels. The manager gave assurances that staffing levels would be increased immediately in response to the identified needs of the residents. Updated duty rotas were forwarded to RQIA to confirm this. In addition, a serious concerns meeting was held at RQIA offices on 2 November 2017 where the registered provider and manager provided information which gave assurances that staffing levels had been increased accordingly. The registered provider and manager were advised that a follow up inspection would be arranged to ensure the changes were being maintained.

Completed induction records were reviewed during the previous inspection and were found to be satisfactory. Records of induction were not viewed on this occasion. The carer spoken with confirmed that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

The carer advised that mandatory training, supervision and appraisal of staff were regularly provided. Records of staff training, supervision and appraisal information were not reviewed as this information was not available during the inspection. This shall be followed up at a future inspection. The availability of records for inspection is further detailed in section 6.7 of this report.

The carer advised that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed during the previous inspection and were found to be satisfactory.

Recruitment records were not made available for review during the inspection. Recruitment practices were identified as an area for improvement during the previous inspection to comply with regulations. This area for improvement has been stated for a second time in the QIP appended to this report and shall be followed up at a future inspection.

The adult safeguarding policy in place was consistent with the current regional guidance. The care assistant confirmed a safeguarding champion had been established.

Discussion with the carer advised that she was aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. The carer was knowledgeable and had understanding of adult safeguarding principles. She was also aware of her obligations in relation to raising concerns about poor practice and whistleblowing.

The carer advised there were risk management procedures in place relating to the safety of individual residents.

The carer advised there were restrictive practices employed within the home, notably a keypad entry/exit system. Discussion with the carer regarding such a restriction confirmed this was appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Discussion with the carer established that they were knowledgeable and had understanding of infection prevention and control (IPC) policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The carer reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. It was noted, however, that a metal strip used to delineate the areas between a bedroom and the adjoining toilet area was broken; this would not allow the door to the toilet to close properly and it also presented a potential trip hazard. This was identified as an area for improvement to comply with the standards.

Inspection of the internal and external environment identified that a disused chest of drawers remained at the back of the home. This was identified as an area for improvement during the previous inspection to comply with standards and has been stated for a second time in the QIP appended to this report.

The completion of regular fire safety checks was identified as an area for improvement during the previous inspection; these records were not available during the inspection. This area for improvement has been stated in the QIP appended to this report and shall be followed up at the next inspection. Following the inspection the manager was requested to forward a copy of the most recent fire safety risk assessment which had been reviewed on 30 July 2017. This information was submitted accordingly. The manager confirmed there were no recommendations made as a result of the fire safety risk assessment.



## Areas of good practice

There were examples of good practice found throughout the inspection in relation to infection prevention and control.

## Areas for improvement

Two new areas for improvement were identified during the inspection. These related to the review of staffing levels and to the repair of flooring area in the identified bedroom. Areas for improvement relating to recruitment practices, fire safety checks and improvements to the external environment identified during the previous inspection are stated for a second time in the QIP appended to this report. The availability of records is identified as an area for improvement in section 6.7 of this report.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

### 6.5 Is care effective?

#### **The right care, at the right time in the right place with the best outcome**

Four care records were reviewed. It was noted that two of these records did not contain completed care needs assessments; a third care record of a recently admitted resident had no pre admission assessment information present.

During the previous inspection in June 2017 the manager had advised the inspector that care needs assessments were being updated with new templates being used across the home. Evidence available during this inspection showed that this work had not progressed at the pace expected. The need to ensure thorough care needs assessments, including pre admission assessment information, are completed for all residents was identified as an area for improvement to comply with the regulations.

It was also noted that the records for one resident, admitted to the home some ten months earlier, did not contain an up to date care plan and relied on the bridging care plan from the hospital which was to be used for a two week period only. The need to complete an up to date written care plan was identified as an area for improvement to comply with the regulations.

In addition, a review of daily care records and discussion with the staff member identified that some residents had long term pain management issues. The benefits of ensuring pain management plans were included in residents care plans was explained. This was identified as an area for improvement to comply with the standards.

The care records reflected the multi-professional input into the residents' health and social care needs. The carer was advised of the need to ensure that care records contained a current photograph of residents. Completion of this shall be followed up during the next care inspection.

A review of the resident register showed that this was not maintained on an up to date basis and did not record when an identified resident had been admitted to the home. This was identified as an area for improvement to comply with the standards.

The carer confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. This included the completion of resident questionnaires.

The carer confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included multi-professional team reviews, staff meetings and staff shift handovers. The staff member confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. The staff member confirmed that arrangements were in place for a planned residents meeting and information in the home supported this. Completion of residents' meetings shall be followed up during the next inspection.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

### **Areas for improvement**

Four areas for improvement were identified during the inspection. One area related to the completion of needs assessments and pre admission information for the identified residents. One area related to the completion of an up to date written care plan shortly after admission to the home. One area related to the inclusion of pain management plans in residents' care plans. One area related to maintaining the resident register on an up to date basis.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	2	2

#### **6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The carer advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with the carer and residents confirmed that residents' spiritual and cultural needs were met within the home.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment, for example, the daily menu was displayed on a notice board in the dining room.

The carer and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and the carer on duty along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. The carer confirmed her awareness of promoting residents' rights, independence and dignity and was able to demonstrate how residents' confidentiality was protected.

The carer and residents confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in matters affecting them.

Discussion with the carer and residents confirmed that residents' needs were recognised and responded to by staff. However, as stated in section 6.4 of this report, concerns were identified regarding the staffing levels in the home and how the needs of all the residents could be met whilst staff also tended to kitchen, cleaning and laundry duties. In addition, the planned activities for residents were not provided as the carer was busy with other duties. Activities provision shall be reviewed in greater detail during a future inspection.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example, a suggestion box was situated in a central part of the home and residents were encouraged to participate in annual reviews of their care.

Residents spoken with during the inspection made the following comments:

- "I'm getting on alright here, the food is good."
- "They (staff) are very good."
- "I like it here, I have whatever I need."

### Areas of good practice

There were examples of good practice found throughout the inspection in relation listening to and valuing residents and taking account of the views of residents.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The carer outlined the management arrangements and governance systems in place within the home. As already stated in section 6.4 of this report during the inspection review of staff duty rotas and observations made showed staffing levels were unsatisfactory to meet the needs of residents accommodated in the home. Following discussion regarding the inspection findings the manager provided information to confirm staffing levels had been increased accordingly. The registered provider and manager gave assurances during the serious concerns meeting the staffing levels would be maintained at the increased levels to meet resident's needs.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The carer confirmed the policies and procedures were being systematically updated. This shall be followed up at a future inspection.

There was a complaints policy and procedure in place and residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide. It was noted the procedure had changed since the previous inspection and this was no longer in keeping with regional guidance. The home's complaints policy and procedure should be reviewed and updated to ensure it is in keeping with DoH guidance. This was identified as an area for improvement to comply with the standards.

Review of the complaints information confirmed that arrangements were in place to manage complaints from residents, their representatives or any other interested party. Arrangements were in place to share information about compliments with staff.

Records of accidents/incidents/notifiable events were not available for inspection. These shall be followed up at the next inspection.

A number of records were not available during inspection; these included supervision and appraisal schedules, recruitment information, staff training records, fire safety risk assessment, fire safety checks, complaints records, accidents, incidents and other notifiable events. This was identified as an area for improvement to comply with the regulations.

There was a clear organisational structure and staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The carer confirmed that the registered provider was kept informed regarding the day to day running of the home through regular visits to the home and updates via telephone.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

Review of governance arrangements within the home and the evidence available during the inspection could not confirm that the registered provider responded to regulatory matters in a timely manner. Progress made with regard to updating care records and submitting the application for a variation to registration had not progressed at the pace expected following the previous inspection. The slow rate of progress was discussed with the registered provider and manager following the serious concerns meeting. The registered provider and manager were made aware that this could not continue and that there would be a follow up inspection to ensure all areas identified for improvement were addressed in a timely manner.

The home had a whistleblowing policy and procedure in place and discussion with the carer established that they were knowledgeable regarding this. The carer confirmed that staff could

also access line management to raise concerns and that management would offer support to staff.

Discussion with the carer confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

### Areas for improvement

Two areas for improvement were identified during the inspection. These were in relation to the availability of records in the home for inspection and a review of the home's complaints procedure.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julia Gawn, Carer, as part of the inspection process. Josephine Linton Manager was also informed of the findings via telephone following the inspection and during attendance at the serious concerns meeting along with Theresa Thompson Registered Provider. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21, Schedule 2  <b>Stated:</b> Second time  <b>To be completed by:</b> 22 July 2017	<p>The registered person shall ensure all relevant information is obtained prior to commencement of employment in the home.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> Regulation 21 has been met and is now ready for inspection. A new locking system has been fitted for access..</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27.(4).(v)  <b>Stated:</b> Second time  <b>To be completed by:</b> 23 June 2017	<p>The registered person shall ensure fire safety checks are completed regularly and maintained on an up to date basis.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> Regulation 27 has been met and is now ready for inspection. Further staff training provided.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 20. (1).(a)  <b>Stated:</b> First time  <b>To be completed by:</b> 27 October 2017	<p>The registered person shall ensure at all times suitability qualified, competent and experienced persons are working in the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Regulation 20 has been met and is now ready for inspection.  Further Staff training has been provided.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 15 (1) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> 9 November 2017	<p>The registered person shall ensure that thorough care needs assessments, including pre admission assessment information, are completed for all residents admitted to the home.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Regulation has been met and is now ready for inspection.</p>

<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 16.(1)  <b>Stated:</b> First time  <b>To be completed by:</b> 6 November 2017	The registered person shall ensure that a written care plan is prepared in consultation with the resident or resident's representative as to how the resident's needs in respect of his care, health and welfare are to be met.  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> Regulation has been met and is now ready for inspection.
<b>Area for improvement 6</b>  <b>Ref:</b> Regulation 19. (3) (2) – (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 27 October 2017	The registered person shall ensure that records are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the home.  Ref: 6.7  <b>Response by registered person detailing the actions taken:</b> Regulation has been met and is now ready for inspection
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19.3  <b>Stated:</b> Second time  <b>To be completed by:</b> 22 August 2017	The registered person shall ensure a recruitment checklist is developed and implemented.  Ref: 6.2  <b>Response by registered person detailing the actions taken:</b> Standard 19.3 has been met and is ready for inspection
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.5  <b>Stated:</b> Second time  <b>To be completed by:</b> 26 November 2017	The registered person shall ensure that the drawers at the back of the home are removed.  Ref: 6.2  <b>Response by registered person detailing the actions taken:</b> The Standard has been met and is ready for inspection
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 27.8  <b>Stated:</b> First time  <b>To be completed by:</b> 26 October 2017	The registered person shall ensure the metal strip used to delineate the areas between a bedroom and the adjoining toilet area is repaired without delay.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> Standard 27.8 has been met and a daily checklist has been introduced/

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> 26 December 2017	The registered person shall ensure the management of pain is outlined in the care plans for residents.  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> Standard 6.2 has been met. Pain management plan has been introduced in care plan.
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 20.8  <b>Stated:</b> First time  <b>To be completed by:</b> 27 October 2017	The registered person shall ensure the register of residents is maintained accurately on an up to date basis.  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> Standard 20.8 has been met. Register has been updated.
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 19.3  <b>Stated:</b> First time  <b>To be completed by:</b> 26 December 2017	The registered person shall ensure the complaints procedure is reviewed and updated in accordance with relevant legislation.  Ref: 6.7  <b>Response by registered person detailing the actions taken:</b> Standard 19.3 has been met. Complaints procedure has been updated.

*\*Please ensure this document is completed in full and returned via Web Portal\**



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