

Inspection Report

26 April 2022



Ralphs Close

Type of Service: Residential Care Home (RCH)

**Address: Gransha Park, Clooney Road,
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Western Health and Social Services Trust (WHSCT) Responsible Individual Mr Neil Guckian - registration pending	Registered Manager: Mrs Roisin McDermott – registration pending
Person in charge at the time of inspection: Mrs Roisin McDermott	Number of registered places: 16
Categories of care: Residential Care (RC) LD – Learning disability.	Number of residents accommodated in the residential care home on the day of this inspection: 16
Brief description of the accommodation/how the service operates: This is a registered residential care home which provides care for up to 16 residents. The home is divided into four bungalows. Each bungalow accommodates up to four residents with individual bedrooms and en-suites. Residents have access to communal lounges, a dining room and an outdoor area.	

2.0 Inspection summary

An unannounced inspection took place on 26 April 2022, from 10.00 am to 5.45 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 7.0. One area for improvement in relation to moisture damage to walls/ceilings has been stated for a third and final time. One area for improvement in relation to the reconciliation of residents' inventory has been stated for a second time.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff, are included in the main body of this report.

Based on the inspection findings and discussions held RQIA were assured that compassionate care was being delivered in Ralph's Close and that the Manager had taken relevant action to ensure the delivery of safe, effective and well led care.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were discussed with the Manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents appeared content and settled in their environment and in their interactions with staff. One questionnaire was returned from a resident who was very satisfied with the overall provision of care.

Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "Great wee team here" and a further staff member said "I love working here".

A small number of staff commented on the provision of staff to meet the needs of the residents. Comments were shared with the Manager who advised that recruitment was ongoing for suitably skilled care assistants. There was no feedback from the staff online survey.

Three visiting professionals were consulted with during the inspection; they commented positively about the care provided, communication, the manager and the staff. Comments

included: "Care unbelievable here", "Staff are very responsive" and "I feel that the residents are well cared for."

One questionnaire was returned from a relative. The respondent was very satisfied with the overall service provision. Comments included: "Lovely, friendly, attentive staff", "Can always talk about anything", "Service user happy, healthy well settled".

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 13 April 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (2) (b) Stated: Second time	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> walls and floor coverings around the base of identified toilets moisture damage to identified walls within en-suites and to ceilings within identified bedrooms and a lounge are investigated and repaired. 	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of the environment evidenced that walls and floor coverings around the base of identified toilets had been repaired/replaced.</p> <p>Observation of the environment evidenced moisture damage to additional walls and ceilings in areas throughout the home since the previous care inspection in April 2021. The manager confirmed that an investigation of the root cause of the issue had not been completed by the landlord and that further walls/ceilings were now affected.</p> <p>This area for improvement has not been fully met and has been stated for a third and final time.</p> <p>This is discussed further in section 5.2.3.</p>	

Area for Improvement 2 Ref: Regulation 14 (2) (a) Stated: Second time	The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that residents are protected at all times from hazards to their health.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement has been met.	
Area for improvement 3 Ref: Regulation 27 (2) (t) Stated: Second time	The registered person shall, having regard to the number and needs of the residents, ensure that a risk assessment to manage health and safety is carried out and updated when necessary. With specific reference to storage of: <ul style="list-style-type: none"> • staff belongings 	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement has been met.	
Area for improvement 4 Ref: Regulation 27 (4) Stated: First time	The registered person shall ensure that personal emergency evacuation plans are implemented for individual residents to ensure the safety and wellbeing of residents in the home.	Met
	Action taken as confirmed during the inspection: Review of a sample of care records and discussion with the manager evidenced that this area for improvement has been met.	
Area for improvement 5 Ref: Regulation 27 (4) (a) Stated: First time	The registered person shall ensure that the fire risk assessment recommendations are actioned accordingly and signed/dated by the manager when completed.	Met
	Action taken as confirmed during the inspection: Review of relevant records and discussion with the manager evidenced that this area for improvement has been met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 12.9	The registered person shall ensure that meals are served in accordance with SALT recommendations to meet each resident's needs.	Met

Stated: First time	Action taken as confirmed during the inspection: Review of relevant care records, the delivery of meals and discussion with staff evidenced that this area for improvement has been met.	
Area for improvement 2 Ref: Standard 15.5 Stated: First time	<p>The registered person shall ensure that the daily menu is reflective of the meals served and any variations to the menu are recorded.</p> <p>Action taken as confirmed during the inspection: Observation of the meals served, the daily menu and discussion with staff evidenced that this area for improvement has been met.</p>	Met
Area for improvement 3 Ref: Standard 15.5 Stated: First time	<p>The registered person shall ensure that records of residents' furniture and personal possessions are signed and dated by the staff member undertaking the reconciliation and countersigned by a senior member of staff on at least a quarterly basis.</p> <p>Action taken as confirmed during the inspection: Review of a sample of care records and discussion with the manager evidenced that this area for improvement has not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.2.</p>	Partially met
Area for improvement 4 Ref: Standard 27 Stated: First time	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • toilet roll holder in identified en-suite • exposed pipes below a wash hand basin in an identified communal bathroom • surface damage to a wall within an identified laundry room. <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement has been met.</p>	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including infection prevention and control (IPC) and adult safeguarding to enable them to carry out their roles and responsibilities effectively.

Review of training records evidenced that a number of staff were required to update their mandatory training. The manager confirmed that relevant action had been taken to address this and was being monitored closely by management to ensure full compliance. Following the inspection the Manager provided written confirmation of the overall percentage of staff having completed their training and dates scheduled for further training.

The inspector requested the most recent staff recruitment and induction file. The manager advised that recruitment records are held by the human resource (HR) department for the company but provided a letter from HR advising that all relevant checks had been completed. The importance of the Manager having oversight of the recruitment process to ensure they are satisfied that appropriate safety checks have been completed was discussed with the Manager and an area for improvement was identified.

Review of a sample of agency staff recruitment profile records evidenced that robust systems were in place to ensure that staff were trained and competent. Inductions were also completed for agency staff and available during inspection.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC) with a record maintained by the Manager of any registrations pending.

The inspector reviewed five staff competency and capability assessments for the person in charge in the absence of the Manager and found these to be completed.

A system was in place to record staff supervisions and appraisals. The Manager advised that there had been a delay in completing these due to the COVID-19 pandemic but were now in the process of being completed.

The majority of staff said that teamwork was good and that the Manager was approachable. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the residents but that staffing levels can be affected with occasional short notice absenteeism. This was discussed with the Manager who advised that recruitment was ongoing for suitably skilled care assistants to enhance the availability of staff and that agency staff had been block booked to ensure a full complement of staff. Staff said that they were aware of the homes recruitment drive and welcomed the addition of new employees to enhance the availability of cover during short notice absence.

On review of two weeks staff duty rotas there were some inconsistencies noted with the maintenance of the duty rota but RQIA were assured in writing by the Manager following the inspection that these had been addressed.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

5.2.2 Care Delivery and Record Keeping

The Manager said that staff meet at the beginning of each shift to discuss any changes in the needs of the residents. Staff were observed to respond to requests for assistance in a caring and compassionate manner and demonstrated a detailed knowledge of residents' wishes, preferences, how to meet residents' assessed needs and how to provide comfort if required.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA. There was evidence of appropriate onward referral as a result of reduced mobility, for example, residents were referred to their GP, or for occupational therapist assessment.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed. Staff had made an effort to ensure residents were comfortably seated.

Staff members were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of residents' individual nutritional and support needs and how care records were important to ensure that modified food and fluids were provided to residents who needed this based on recommendations made by the Speech and Language Therapist (SALT).

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents' needs. These plans included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially, however, information was displayed in dining rooms regarding residents' dietary needs. This was discussed with the Manager who had these removed during the inspection and agreed to keep such information in a folder for staff going forward.

Review of two resident care files evidenced that the resident's agreement which sets out the terms of their residency had not been signed by the resident, their representative or a representative from the home but the care manager only. Details were discussed with the Manager and an area for improvement was identified.

An inventory of personal property brought into residents' rooms should be maintained at the care home. The inventory records should be updated when additional items are brought into the rooms or when items are disposed of. The records of personal property should be checked at least quarterly and signed by two members of staff. Two residents' property records were reviewed. The records were not signed by two staff and were not checked at least quarterly. This was discussed with the Manager and an area for improvement has been stated for a second time.

Review of one residents care records evidenced that a form of restrictive practice had not been documented within the resident's care plan and a risk assessment had not been completed. It was further identified that there was no written consent for the use of such restrictive practice and the equipment had not been assessed/approved by an appropriate health care professional. This was discussed with the Manager and an area for improvement was identified. Following the inspection the Manager provided written confirmation that relevant action had been taken.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. A number of minor deficits were identified and discussed with the Manager who agreed to amend accordingly. Following the inspection the Manager provided written confirmation that relevant action had been taken.

Daily records were kept of how each resident spent their day and the care and support provided by staff. Referrals to, or visits from, any healthcare professional was recorded, along with the outcome, for example, if staff contacted the GP regarding a resident.

A sample of care records were reviewed regarding residents' weights which evidenced that residents' had not been weighed in January and February 2022 to monitor weight loss or gain. It was further identified that one resident's record of monthly weights had significant variants to their weight for March and April 2022 which according to staff was not an accurate reflection of the resident's weight. The Manager advised that there had been a fault with the weighing chair which had been repaired by maintenance personnel in February 2022. The Manager was unable to advise of when the scales had last been calibrated. Details were discussed with the Manager and an area for improvement was identified.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home and retained within the residents care file.

5.2.3 Management of the Environment and Infection Prevention and Control

Whilst the home was fresh smelling, neat and tidy and residents' bedrooms were found to be personalised with items of memorabilia and special interests, surface damage was evident to identified walls, skirting boards and door frames. The Manager confirmed that a schedule of painting/decorating was due to commence for the entire home and that identified skirting boards were to be replaced. This will be reviewed during a future inspection.

As mentioned in section 5.1 above, moisture damage was evident to additional walls and ceilings throughout the home since the previous care inspection in April 2021. The Manager confirmed that following the previous care inspection the identified walls and ceilings had been cleaned and then sealed on a temporary basis whilst awaiting an investigation as to the root cause of the moisture damage by the landlord which had not been completed. The Manager said that moisture damage had returned with additional walls/ceilings being affected throughout the home and that numerous contact had been made with the landlord to address the issue. Details were shared with the estates inspector for RQIA and an area for improvement has been stated for a third and final time.

Further discussions were held with the Manager regarding the importance of ensuring that a regular schedule of cleaning is completed to identified walls/ceilings where staining from

moisture damage is evident whilst awaiting an investigation of the root cause by the landlord. This was identified as an area for improvement.

Whilst corridors and most fire exits were clear from clutter and obstruction, one fire door was observed to be obstructed with a large plant. This was brought to the attention of the senior care assistant who immediately removed the plant. It was further identified that a fire door was unable to close effectively and a further fire door had surface damage. This was discussed with the Manager and an area for improvement was identified.

Personal emergency evacuation plans (PEEPS) were reviewed for three residents. The forms did not have a date of when they were completed and/or the signature of the person who completed them. This was discussed with the Manager who provided evidence of an audit that had already identified these deficits and had been communicated to relevant staff to review. Following the inspection the Manager provided written confirmation that all residents PEEP's have been signed/dated.

A review of the home's most recent fire risk assessment completed on 16 February 2022 was undertaken. There were a number of recommendations made as a result of this assessment. A number of actions had been signed to state they had been addressed with ongoing monitoring by the Manager to ensure that all recommendations are addressed within the timeframe stated.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of personal protective equipment (PPE) had been provided.

There was a good supply of PPE and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept. The manager also said that any issues observed regarding IPC measures or the use of PPE was immediately addressed.

Visiting arrangements were managed in line with Department of Health and IPC guidance.

5.2.4 Quality of Life for Residents

Arrangements were in place for residents to maintain links with the community, their friends and families. During the inspection a number of residents were out at a local café for morning coffee and others were either outside in the garden or out on a short bus trip accompanied by staff in the afternoon.

Observation and discussion with staff confirmed that residents were able to choose how they spent their day. For example, residents could go outside, remain in their bedroom or go to a communal room when they requested.

Observation of life in the home and discussion with staff and residents established that staff engaged with residents individually or in groups; residents were afforded the choice and opportunity to engage in social activities, if they wished.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff said that the Manager was approachable and accessible.

There had been a change in the management of the home since the last inspection. Mrs Roisin McDermott has been the Manager in this home since June 2021. The Manager said they felt well supported by senior management.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA. Accident/incident audits were completed monthly by management. On review of a sample of audits it was identified that patterns and trends were not being reviewed. This was discussed with the Manager who agreed to include this in the audit process going forward. Following the inspection written confirmation was received from management that this had been commenced.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Where deficits were identified an action plan with time frames, the person responsible and follow up was completed.

A representative of the Responsible Individual completed a monthly monitoring visit to consult with residents, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits and available within the home.

7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	4*	4*

* The total number of areas for improvement includes one regulation which has been stated for a third and final time and one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Roisin McDermott, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (b) Stated: Third and final time To be completed by: 26 July 2022	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> moisture damage to walls and ceilings are investigated and repaired. <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: Agents for Landlords attended unit 10.06.22. Investigations identified cause of moisture damage to walls (blocked vents within the roof). This has been remedied. Remedial work to walls and ceilings began 20.06.22. Damaged areas touched up and made good. This work will continue 21+22.06.22. Damaged skirting boards have been repaired and repainted. Full redeco of unit scheduled for Sept/Oct 22 (exact date to be confirmed by End June as Landlord is pushing to have date brought forward) which will include PVC panelling fitted along the skirting boards to prevent further wheelchair damage.</p>
Area for improvement 2 Ref: Regulation 12 (1) (a) (b) (c) Stated: First time To be completed by: 10 May 2022	<p>The registered person shall ensure that the following action is taken in regards to restrictive practice:</p> <ul style="list-style-type: none"> a comprehensive care plan and risk assessment is implemented written consent is available within residents care files equipment is assessed by an appropriate health care professional prior to use the use of restrictive practice is regularly reviewed. <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Restrictive Practice risk assessments and comprehensive care plans in place for all residents for all restrictive interventions in place. This includes interventions such as the use of medication, the facility having locked doors and continual supervision of residents. Interventions are agreed and risk assessments are signed and dated by appropriate professionals/NOK. All restrictive interventions are discussed by MDT a 6 monthly care review and either amended or signed off</p>

	as current
Area for improvement 3 Ref: Regulation 12 (2) (a) (b) Stated: First time To be completed by: 10 May 2022	<p>The registered person shall ensure that equipment used in the home is properly maintained and in good working order.</p> <p>Specific reference to ensuring the weighing chair is calibrated as required and no less than yearly.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Weight Chair calibrated 31.05.22. This will be completed 6 monthly moving forward. Next Due Nov 22 – date noted in Managers diary and House 1 Diary Second Weight Chair ordered 06.05.22 – awaiting delivery. Manager has implemented additional quarterly check of all equipment to evidence that this is properly maintained and in good working order. This is in addition to equipment being checked by staff prior to each use.</p>
Area for improvement 4 Ref: Regulation 27 (4) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that fire doors are:</p> <ul style="list-style-type: none"> • maintained to close properly • fire exits are kept clear • surface damage to identified fire door is repaired. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All identified fire doors have been repaired to ensure they close properly. Damage to surface of the fire door has been repaired. Fire exits are kept clear – this has been reiterated to all staff.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 15.5 Stated: Second time To be completed by: 26 May 2022	<p>The registered person shall ensure that records of residents' furniture and personal possessions are signed and dated by the staff member undertaking the reconciliation and countersigned by a senior member of staff on at least a quarterly basis.</p> <p>Ref: 5.1 and 5.2.2</p>

	<p>Response by registered person detailing the actions taken:</p> <p>Records of resident's furniture and personal possessions are listed and signed by two staff on admission, one being Senior Support Worker. This is reconciled on a quarterly basis, signed and dated by two members of staff, one being a Senior Support Worker.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the manager has oversight of the recruitment process including pre-employment checks.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken:</p> <p>At interview, Manager completes 'Candidate Interview Checklist' which is then signed and dated by the Manager. This includes:</p> <ul style="list-style-type: none"> -Suitability of references. (Applicants must provide details of two references, one whom must be from their current or most recent employer and in a managerial capacity. If previously employed by NHS/HSC, one referee must also be from this employer) -Proof of identity (current and valid Driving licence, Passport, Electoral Identity Card or citizen card.) -Reasons for Gaps in Employment (where no reason has been provided for gaps, manager will explore this with candidate) -Reason for leaving previous employment. -Where candidates have submitted a manual application form, they are asked to sign it. <p>This document is now stored in Staff Personnel Folders.</p> <p>Pre-employment documentation is provided to HR during pre-employment checks and also verified on staff's first day in post by manager, dated and signed off as viewed and satisfactory including:</p> <ul style="list-style-type: none"> -Birth Certificate -Passport, Driving licence, Biometric Residence Permit card or Electoral ID Card -Proof of address (from Bank statement or other listed official documents) -Marriage certificate (where name differs from that on certificates) -Professional registration (ie NISCC) and NISCC number -Certificate of qualifications listed on application form. - Dates that each satisfactory reference was received. <p>This form is now stored in Staff Personnel Folders.</p> <p>Access NI checks are completed by HR Dept and stored within HR personnel folder. This information is not available to managers due to GDPR however manager has requested details about this process to satisfy inspector that this process is robust and common practice within the Western Trust.</p> <p>Manager will also include date that Access NI's are completed. (Date of ANI is not currently in staff personnel folders. Manager</p>

	will ensure it is added to all by 14 th July 2022.)
Area for improvement 3 Ref: Standard 4.6 Stated: First time To be completed by: 26 May 2022	<p>The registered person shall ensure that each resident has an individual written agreement setting out the current terms of residency regarding the services and facilities to be provided which is updated to reflect any changes.</p> <p>The resident or their representative is given written notice of any changes and these should be agreed in writing by the resident or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Each resident has a written agreement in place setting out the current terms of residency regarding the services and facilities to be provided, which is updated to reflect any changes. These are signed and dated by Ralph's Close Manager and the resident or their representative. If ever there was a situation where the resident or their representative is unable or chooses not to sign, this will be recorded. Residents and their representative will be given notice by writing of changes to the current Individual written agreement, these changes will be agreed, signed and dated by Ralph's Close Manager and the Resident or their Representative. If ever there was a situation where the resident or their representative is unable or chooses not to sign, this will be recorded.</p>
Area for improvement 4 Ref: Standard 27.1 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that a regular cleaning schedule is implemented to remove staining to walls and ceilings caused by moisture damage until the root cause of the moisture damage is fully investigated and resolved.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Ralph's Close Manager has added to 'Daily Managers Environmental Audit' to include visual check of walls and ceilings to assess for stains/damage. This Audit is completed in a different house each day therefore each house will have this check completed at least once per week. Any issues will be brought to attention of Landlord and Support Services for action. Manager will oversee this and ensure that, should this issue reoccur – it will be noted and remedied as soon as it appears.</p>

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



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