

Unannounced Care Inspection Report

23 August 2018



Drumary House

Type of Service: Residential Care Home
Address: Knockmore Road, Derrygonnelly, BT93 6GA
Tel No: 028 6864 1736
Inspector: Priscilla Clayton

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 with 17 beds that provides care for residents with a learning disability.

3.0 Service details

Organisation/Registered Provider: Potensial Ltd Responsible Individual: Nicki Stadames	Registered Manager: Kirsty McMorris
Person in charge at the time of inspection: Kirsty McMorris	Date manager registered: 18 June 2018
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 17

4.0 Inspection summary

An unannounced care inspection took place on 23 August 2018 from 10.15 to 16.15 hours.

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 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 the staff promotion of a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Five completed questionnaires were returned to RQIA; four from residents and one from a resident's representative. Positive responses were received from respondents who indicated they were "very satisfied" that the care provided was safe, effective, compassionate and well led. No staff questionnaires were returned within the agreed timescale.

Areas requiring improvement identified included the requirement for the registered provider to retain a copy of the monthly visits within the home in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005.

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	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Kirsty McMorris, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 January 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, residents and three staff.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff mandatory training schedule
- One staff file
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits conducted
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings/ representatives' meetings/ other
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider

- Legionella risk assessment
- Fire safety risk assessment
- Fire safety records
- Individual resident written agreements
- Programme of activities
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 January 2018.

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 18 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20.11 Stated: First time	The registered person shall ensure that a monthly monitoring visit is undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that a report is produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. Ref: section 6.7 of report dated 18 January 2018	Not Met
	Action taken as confirmed during the inspection: Review of monthly visits conducted were reviewed and discussed with the registered manager. Visit reports were retained for June 2018 and July 2018 but none for the months of February 2018, March 2018, April 2018 or May 2108 following the previous inspection.	

	The registered manager explained that the visits were undertaken each month but reports for the four months listed above were requested but not received. Therefor as these were not available within the home as required under Regulation 29 of The Residential Care Homes Regulations a requirement was made in this regard.	
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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.

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff were not used in the home rather the organisation's bank staff or permanent staff are used to cover staff leave. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the organisation.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home at the time of inspection.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were available and reviewed during the inspection.

Discussion with the registered manager and staff confirmed 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. Staff competency and capability assessment of one staff member was reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure (15 February 2017) confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of one staff file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The registered manager advised that Access NI enhanced disclosures was undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that Access NI information was recorded and managed in line with best practice.

A register of staff working in the home was available and contained all information as outlined within the legislation.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place (February 2016) was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019, would be completed by the identified Safeguarding Champion.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager and review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for screening/investigation in accordance with procedures and legislation; written records were retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that resident' care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager advised there were restrictive practices within the home, notably the use of several pressure alarm mats. The use of one pressure alarm mat within one resident's room had been appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. The remaining use of pressure alarm mats were promptly removed from bedrooms by the registered manager during the inspection. Based on risk assessment the potential use of any alarm mats should be brought forward to the multi-professional team for assessment and approval if necessary. Reference to the use of restraint was reflected within the current Statement of Purpose and Resident Guide.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans discussed were devised by specialist behaviour management teams from the trust and noted to be regularly updated and

reviewed as necessary. The registered manager was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

There was an Infection Prevention and Control (IPC) policy and procedure, dated 19 December 2017, which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of 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. Personal Protective Equipment (PPE), for example' disposable gloves and aprons, were available. 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 and staff. Notices promoting good hand hygiene were displayed throughout in both written and pictorial formats.

IPC compliance audits were undertaken and action plans developed to address any deficits noted.

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

Audits of accidents/falls were undertaken and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly. For example Control of Substances Hazardous to Health (COSHH) and fire safety.

The home had an up to date Legionella risk assessment which was dated 23/11/17. The registered manager reported that recommendations were being addressed.

It was established that one resident smoked the management in this regard was reflected within the care plan.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. An electronic system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

Discussion with the registered manager and review of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date.

The home had an up to date fire risk assessment in place dated 13 December 2017 and all recommendations listed had been signed and dated as actioned by the registered manager.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents and staff spoken with during the inspection made the following comments:

- “This is a good safe home with satisfactory staffing levels, good training and supervision provided.” (staff)
- “Yes this is a safe home; I would tell the staff if I was unhappy about anything.” (resident)

Five completed questionnaires were returned to RQIA; four from residents and one from a resident’s representative. Respondents described their level of satisfaction with this aspect of care as “very satisfied”.

No issues or concerns were raised by residents or staff regarding the provision of safe care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home’s environment.

Areas for improvement

No areas of improvement were identified.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which included the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with the General Data Protection Regulation (GDPR). A review of three care records confirmed that these were maintained in line with the legislation and standards. They

included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments reviewed were updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual resident agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned their practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Most residents choose to use the dining room for meals, while others had their meal in private assisted by a staff member. Meals served and menus reviewed and discussed were considered to be nutritious and healthy. Systems were in place to regularly record residents' weights which were monitored and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the registered manager and staff confirmed that any nursing interventions were managed by community nursing services. Referrals were made to the multi-professional team to any areas of concern identified in a timely manner.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents, complaints, environment, mandatory training, supervision/appraisal and first aid boxes were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident and meetings were reviewed during the inspection. Issues raised for attention had been addressed.

Observation of practice evidenced that staff communicated effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Residents and staff spoken with during the inspection made the following comments:

- “I would recommend this home to anyone who needed care.” (staff)
- “Yes I have a say in my care as staff always ask.” (resident)

Five completed questionnaires were returned to RQIA; residents (4) and one from a resident’s representative. Respondents described their level of satisfaction with this aspect of care as “very satisfied”.

No issues or concerns were raised or indicated regarding the effectiveness of care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered manager 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.

The registered manager and residents (who were able to communicate verbally) advised that consent was sought in relation to care and treatment. Signed consent in this regard was retained within care records examined.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents’ rights; independence, dignity and confidentiality were protected.

Discussion with staff and residents who were able to communicate verbally confirmed that residents’ spiritual and cultural needs, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records reviewed, for example, care plans were in place for the identification and management of pain, falls, infection, nutrition, where appropriate.

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. Care plans, menus and the activity programme, for example, were written in a pictorial format.

During the inspection ten residents left the home accompanied by two care staff to undertake a visit to the cinema in Omagh.

On return later in the afternoon residents confirmed they enjoyed their day away and were looking forward to their evening meal.

Discussion with staff and residents who were able to communicate verbally and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings and visits by the registered provider.

The registered manager explained that she had organised a Healthy Open Day for the home on 26 September 2018 when residents and their representatives are invited. This will focus on health and well-being; healthy food/diets, videos and mini-olympics held.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report (2017/18). Responses received were all positive with no negative comments received. The annual quality report for 2018/19 was a work in progress.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities through discussions at review, residents meetings and daily informal discussions with staff.

Residents and staff spoken with during the inspection made the following comments:

- "All our residents are treated with dignity and respect." (staff)
- "Yes we can make comments and suggestions about our care." (resident)
- "We are very aware of ensuring residents' human rights are upheld." (staff)

Five completed questionnaires were returned to RQIA; four from residents and one from a resident's representative. Respondents described their level of satisfaction with this aspect of care as "very satisfied". No issues or concerns were raised or indicated within questionnaires or during the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, 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
Total number of areas for improvement	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 registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

The manager who was registered with RQIA on 18 June 2018 has settled in very well into her new post and is currently reviewing all systems and processes for the management of the home. The registered manager demonstrated good knowledge and understanding of The Residential Care Homes Regulations (Northern Ireland) 2005 and Residential Care Homes Minimum Standards (2011). The registered manager explained that she receives very good support and supervision from senior management within the organisation and at operational level support is provided by a mixed skill team of staff.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the current RQIA certificate of registration and employer's liability insurance certificate, dated 31 March 2019, were displayed.

A wide range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received, for example, thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken by the organisation's governance team. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example; nutritional awareness, equality and diversity, diabetes, communication and mental capacity.

Monthly visits conducted by the registered provider were reviewed and discussed with the registered manager. Visit reports were retained for June 2018 and July 2018 but no reports were available for the months of February 2018, March 2018, April 2018 or May 2108, following the previous inspection conducted on 18 January 2018 when a recommendation regarding retention of reports within the home was made.

The registered manager explained that the visits were undertaken each month but reports for the four months listed above were requested but not received. Therefore as these were not available within the home as required under Regulation 29 of The Residential Care Homes Regulations one requirement was made. Following the inspection the reports not available within the home on the day of inspection were submitted to RQIA.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager identified that she had good understanding of their role and responsibilities under the legislation. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home by way of supervisory management meetings, telephone calls, emails and visits to the home.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Residents and staff spoken with during the inspection made the following comments:

- “We know who to complain to if we are unhappy about something.” (residents)
- “Open door by the manager, we can speak with her at any time, very approachable, pleasant and supportive.” (staff)
- “Good team work in this home.” (staff)

Five completed questionnaires were returned to RQIA; four from residents and one resident’s representative. Respondents described their level of satisfaction with this aspect of care as “very satisfied”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

One area for improvement related to ensuring a report of each monthly visit undertaken by the registered provider is retained within the home.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kirsty McMorris, Registered Manager, as part of the inspection process. 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 QIP 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

<p>Area for improvement 1</p> <p>Ref: Regulation 29 (5)</p> <p>Stated: First time</p> <p>To be completed by: Immediate</p>	<p>The registered person shall ensure that a copy of the monthly report visits to the home is retained within the home and made available on request to-</p> <ul style="list-style-type: none"> • RQIA • The registered manager • The resident or their representative; and • An officer of the HSCT in the area of which the home is situated <p>This requirement was initially made as a recommendation at the previous care inspection conducted on 18 January 2018.</p> <p>Following the inspection correspondence was received from the organisation to confirm that reports were now available within the home. Copies of the reports were appended to the correspondence.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>As identified, visits and inspections had been undertaken on a monthly basis. In relation to making available copies of the reports the practice of the Registered Person has now altered so that a handwritten version is left on site following the monthly visits and the typed copy forwarded when finalised.</p>

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



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