

Unannounced Care Inspection Report 8 December 2016



Hillside

Type of Service: Residential Care Home
Address: 23a Old Mountfield Road, Omagh, BT79 7EL
Tel No: 028 8225 2822
Inspector: Bronagh Duggan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Hillside took place on 8 December 2016 from 10:15 to 18:00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

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. One recommendation was made in regards to updating an identified resident's care plan to reflect the use of a pressure alarm mat. A recommendation was stated for the second time to ensure that the policy on adult safeguarding is reviewed and updated to reflect the new regional guidance, and identify a safeguarding champion for the home.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between residents, staff and other key stakeholders. One recommendation was made in regards to the completion of a monthly audit to monitor accidents and incidents in the home.

Is care compassionate?

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. No requirements or recommendations were made in relation to this domain.

Is the service well led?

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. No requirements or recommendations were made in relation to this domain.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Karen Shields, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 5 July 2016.

2.0 Service details

Registered organisation/registered provider: Mrs Therese Mc Garvey	Registered manager: Mrs Karen Shields (Acting)
Person in charge of the home at the time of inspection: Mrs Karen Shields	Date manager registered: 1 April 2005
Categories of care: RC-MP, RC-MP(E)	Number of registered places: 13

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the returned Quality Improvement Plan and the previous inspection report.

During the inspection the inspector met with 10 residents, one member of care staff, two visiting professionals and the acting manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules

- Staff training schedule/records
- Staff recruitment file
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits relating to the environment and infection control procedures
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Policies and procedures manual

A total of 18 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Seven questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 5 July 2016.

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 5 July 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 30 (d) Stated: First time To be completed by: 5 August 2016	The registered provider must ensure RQIA are informed of any event in the home which adversely affects the care, health, welfare or safety of any resident.	Met
	Action taken as confirmed during the inspection: Review of notifications and records maintained in the home showed that RQIA were informed of events in the home as required.	

Last care inspection recommendations		Validation of compliance	
<p>Recommendation 1</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: 5 September 2016</p>	<p>The registered provider should ensure the homes safeguarding policy and procedure is reviewed and updated to reflect current regional guidance.</p> <p>Action taken as confirmed during the inspection: Although the home's safeguarding policy and procedure had been reviewed and updated it did not reflect current regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 which included the establishment of a safeguarding champion. This recommendation has been stated for a second time in the QIP appended to this report.</p>	Partially Met	
<p>Recommendation 2</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 5 August 2016</p>	<p>The registered provider should ensure staff meetings be held on a regular basis and no less than quarterly.</p> <p>Action taken as confirmed during the inspection: Inspection of records showed staff meetings were being held regularly.</p>		Met
<p>Recommendation 3</p> <p>Ref: Standard 17.1</p> <p>Stated: First time</p> <p>To be completed by: 5 September 2016</p>	<p>The registered provider should ensure the complaints policy and procedure is reviewed and updated to ensure it is in accordance with the legislation and DHSSPS guidance on complaints handling.</p> <p>Action taken as confirmed during the inspection: The complaints policy and procedure had been reviewed and updated accordingly.</p>		

<p>Recommendation 4</p> <p>Ref: Standard 21.5</p> <p>Stated: Second time</p> <p>To be completed by: 5 September 2016</p>	<p>The acting manager should ensure the policy titled “Listening and responding to residents views” is revised and updated systematically on a three yearly basis.</p> <hr/> <p>Action taken as confirmed during the inspection: The policy titled Listening and responding to residents views had been reviewed and updated appropriately.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 1.6</p> <p>Stated: Second time</p> <p>To be completed by: 5 September 2016</p>	<p>The acting manager should ensure that the views and opinions of representatives are gathered formally at least annually and included within the annual quality review report issued by the home.</p> <hr/> <p>Action taken as confirmed during the inspection: The acting manager confirmed that questionnaires had been distributed to representatives. The home is currently waiting on the responses. The acting manager confirmed the returned information would be included within the homes annual quality review report.</p>	<p>Met</p>

4.3 Is care safe?

The acting manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. One resident raised the issue of staffing numbers as they felt this had an impact on getting out for regular walks. This information was shared with the acting manager who confirmed that staffing levels were kept under continual review, and that an activities therapist and community support workers were also available to support residents with regard to community access.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. Mandatory training records were maintained on an up to date basis.

The acting 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; records of competency and capability assessments were retained. These were viewed during the previous inspection. The acting manager confirmed

there has been one new member of staff recruited since the previous inspection; they were still completing their induction programme. Records available in the home confirmed this.

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

Enhanced AccessNI disclosures were viewed by the acting manager for all staff prior to the commencement of employment. The Personnel record reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

An adult safeguarding policy and procedure was in place. During the previous care inspection a recommendation was made that this should be reviewed and updated to reflect the new regional guidance, and identify a safeguarding champion for the home. This has been stated for a second time in the Quality Improvement Plan appended to this report. A copy of the guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 should also be available for staff in the home.

Discussion with one staff member confirmed that they were knowledgeable and had a good understanding of adult safeguarding principles. 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 acting manager, 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 investigation in accordance with procedures and legislation; written records were retained.

The acting manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The acting manager confirmed there were restrictive practices employed within the home, notably a pressure alarm mat for one identified resident. A recommendation was made that the identified resident's care records should be updated appropriately to reflect the assessed need and the resident's consent sought regarding the use of the alarm mat.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required.

The acting manager confirmed there were risk management policy and procedures in place. Discussion with the acting manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. fire safety.

The home had an infection prevention and control (IPC) policy and procedure in place. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with one staff member 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. 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 acting manager 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.

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. Discussion with the acting manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 24 August 2016 and all recommendations were noted to be appropriately addressed. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every three months. Records were retained of 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 were regularly maintained.

Seven completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

One comment received from a completed questionnaires included:

- The manager of the home is always up to date on training and gets the staff as involved as possible.

Areas for improvement

One area for improvement was identified during the inspection in relation to this domain. This included the updating of an identified residents care plan to reflect the use of a pressure alarm mat.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

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

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 (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. As stated in section 4.3 a recommendation was made regarding the updating of an identified residents care plan to reflect the use of a pressure alarm mat.

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. Discussion with staff confirmed that a person centred approach underpinned practice. For example some residents prefer to have their meals in their rooms and they are supported with this. Also a number of residents have community support worker involvement who support the residents to access local community services.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The acting manager confirmed 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 the environment, and medicines management were completed on a monthly basis. Care plans and risk assessments were reviewed monthly. A recommendation was made that an audit should be completed on a monthly basis of accidents and incidents in the home. This information should then be used to identify any patterns or areas for improvement. Further evidence of audit was contained within the monthly monitoring visits reports.

The acting manager confirmed 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. The acting manager and 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. Minutes of resident and/or their representative meetings were reviewed during the inspection.

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. The acting manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Two visiting professionals spoken with during the inspection made the following comments:

- “From my point of view this place is good, staff are great they keep you well informed and up to date of any changes regarding the residents that I would support.”
- Staff keep you well informed of any changes. Staff are always available, it is a lovely home the residents are well looked after.”

Seven completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from one completed questionnaire included:

- This care is very effective.

Areas for improvement

One area for improvement was identified in relation to the completion of a monthly audit to monitor accidents and incidents in the home.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

The acting manager confirmed 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 were in place which supported the delivery of compassionate care. Discussion with staff, residents, and visiting professionals confirmed that residents’ spiritual and cultural needs were met within the home. Discussion with residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

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 residents are consulted daily with regards to their choices at meal times, information is displayed on a notice board in the hallway regarding which staff are on duty for the day.

The acting manager, residents, and staff member confirmed that consent was sought in relation to care and treatment. Discussion with residents, and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected. For example staff ensure residents were given adequate time to complete tasks thus enabling residents to maintain their independence.

The acting manager and staff 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 all matters affecting them.

Discussion with one staff member, residents, two visiting professionals and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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 residents' meetings, suggestion box, annual reviews, satisfaction questionnaires. The acting manager also confirmed there was always an open door policy for residents to raise any issue at any time.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

Discussion with one staff, and residents, and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities for example arts and crafts, reading newspapers and magazines, visiting local shops, tapestry, and day trips.

Arrangements were in place for residents to maintain links with their friends, families and wider community. For example community support workers would visit the home and support residents to access local community services and events including going to local cafes, the park, participating in a local "knitting and knatter" group.

One resident advised that they would like a greater choice of activities. This information was shared with the acting manager who confirmed that this would be reviewed. As previously stated in section 4.3 of this report one resident felt there should be more staff on day duty so they could be accompanied on regular walks. Review of the duty rota showed that an activities therapist was employed to work three days a week in the home. They were not on duty on the day of the inspection; the acting manager confirmed residents were consulted regularly with regard to the range of activities provided.

Residents spoken with during the inspection made the following comments:

- "We are getting on well here, I like to do my duties, I do them everyday it keeps the kitchen clean. If I wasn't happy about something I would tell the staff."
- "Everyone is good. There is a good choice with the food."
- "You can have whatever you need. I like my room, I'm doing well here the staff are kind. I go out every week into town."
- "I really like it here, the food is lovely. The lasagne is great."
- "They are very good here. You can be sure if you are not well they will get the doctor very quickly. The only thing is I would like a bit more recreation, you can get bored sometimes."

Seven completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from one completed questionnaire included:

- All of our staff members have caring qualities which benefit both the staff and residents.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The acting manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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.

A 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.

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 Residents Guide, and information displayed around the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

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. There had been no new complaints recorded since the previous inspection.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

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

Discussion with the acting 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 including dementia awareness, mental health awareness.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. For example the acting manager was being supported to complete QCF Level 5 management qualification.

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. The acting manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular discussions and visits to the home.

The acting manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the acting manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The acting manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The acting manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

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

The acting manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Seven completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Comments received from two completed questionnaires were as follows:

- The manager is always open to complaints and compliments and always deals with them in the best way possible and is very professional. I have no complaints about the running of the home.
- Mrs Shields (acting manager) has a great way with the residents, she is very fair and all residents and staff have a high respect for her.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Karen Shields, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 8 January 2017</p>	<p>The registered provider should ensure the identified residents care plan is updated to reflect the use of a pressure alarm mat.</p> <hr/> <p>Response by registered provider detailing the actions taken: This has been addressed</p>
<p>Recommendation 2</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 8 February 2017</p>	<p>The registered provider should ensure the acting manager completes a monthly audit to monitor accidents and incidents in the home.</p> <hr/> <p>Response by registered provider detailing the actions taken: This has been addressed</p>
<p>Recommendation 3</p> <p>Ref: Standard 16.1</p> <p>Stated: Second time</p> <p>To be completed by: 8 February 2017</p>	<p>The registered provider should ensure the homes safeguarding policy and procedure is reviewed and updated to reflect current regional guidance.</p> <hr/> <p>Response by registered provider detailing the actions taken: This has been addressed</p>

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