



Unannounced Care Inspection Report 7 October 2019



Weavers House Nursing Home

Type of Service: Nursing Home
Address: 40 Moneymore Road, Cookstown, BT80 8EH
Tel No: 028 8676 7684
Inspectors: Gillian Dowds & Joseph McRandle

www.rqia.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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes. 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 18 patients.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual(s): Gavin O'Hare-Connolly	Registered Manager and date registered: Miss Andrea Harkness Acting Manager
Person in charge at the time of inspection: Andrea Harkness	Number of registered places: 18
Categories of care: Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 18

4.0 Inspection summary

An unannounced inspection took place on 07 October 2019 from 09.00 hours to 18.30 hours.

This inspection was undertaken by the care and finance inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care and finance inspections and 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 refurbishment programme in the home, staff interactions, communication with patients and the general financial arrangements for patients.

Areas requiring improvement were identified in relation to: data protection, wound care, patient centred care planning/evaluation, training, delivery of meals, transactions from the patients' comfort fund and one patient's valuables. Three areas for improvement identified at the last finance inspection in relation to the reconciliation of the patients' comfort fund and patients' written agreements have been stated for a second time. Following feedback of the inspection findings an action plan was requested and subsequently submitted to RQIA.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*9

* The total number of areas for improvement includes three that have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Andrea Harkness, 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.

4.2 Action/enforcement taken following the most recent inspection dated 10 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 10 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including finance and registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 29 September 2019 to 5 October 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)

- staff training records
- incident and accident records
- two staff recruitment and induction files
- five patients' care records
- two patients' care charts including food and fluid intake charts and repositioning charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of monthly monitoring reports from May 2019
- RQIA registration certificate
- three patients' finance files including copies of written agreements
- a sample of financial records including patients' personal allowance monies and valuables, payments to the hairdresser and podiatrist and purchases undertaken on behalf of patients
- a sample of records of monies deposited on behalf of patients
- a sample of records from patients' comfort fund and patients' personal property
- a sample of records of reconciliations of patients' monies and financial policies and procedures

Areas for improvement identified at the last inspections were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: First time	The registered person shall ensure that records of patients' dependencies levels are maintained in a manner which provides the manager with adequate oversight of the dependency of patients.	Met
	Action taken as confirmed during the inspection: The manager maintains a record of patient dependency levels within the home so that staffing levels can be adjusted accordingly.	

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 5 (1) (a) (b) Stated: First time	The registered person shall ensure that each patient is provided with a written agreement setting out the terms and conditions of their residency in the home.	Met
	Action taken as confirmed during the inspection: A review of three patients' files evidenced that signed written agreements were retained within all three files. The agreements reviewed set out the terms and conditions of the patients' residency within the home.	
Area for improvement 2 Ref: Regulation 19 (2) Schedule 4 (10) Stated: First time	The registered person shall ensure that a record is made of the furniture and personal possessions which each patient has brought to their rooms.	Met
	Action taken as confirmed during the inspection: A review of three patients' property records evidenced that the records had been updated since the previous finance inspection on 18 January 2019. Discussion with the manager confirmed that televisions in all patients' rooms were provided by the home. The manager also confirmed that records of personal property were in the process of being reconciled in line with the Care Standards for Nursing Homes (April 2015).	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 14.13 Stated: First time	The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the patient or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each patient.	Met
	Action taken as confirmed during the inspection: A review of a sample of records of payments to the hairdresser and podiatrist showed that since	

	<p>the previous finance inspection in January 2019 the records were signed by the hairdresser and podiatrist. The records were also signed by a member of staff to confirm the treatments took place and the cost of each treatment.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 14.12</p> <p>Stated: First time</p>	<p>The registered person shall ensure a reconciliation of patients' personal monies, the comfort fund and any related bank accounts are carried out and signed and dated by two people at least quarterly.</p> <p>Action taken as confirmed during the inspection: A review of records confirmed that since the previous finance inspection in January 2019 reconciliations of patients' personal monies were undertaken on a quarterly basis. There was no evidence that the comfort fund monies held in the bank account were reconciled since the last finance inspection.</p> <p>This was discussed with the manager and the area for improvement has been restated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a standard financial ledger format is used to record comfort fund transactions.</p> <p>Action taken as confirmed during the inspection: A review of transactions from the patients' comfort fund evidenced that since the previous finance inspection on 18 January 2019 a standard financial ledger format is used to record the transactions.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients or their representatives are advised of the up to date fee arrangements which constitute a change to each patients' individual written agreement with the home. Individual written agreements should be kept up to date with any change to the patient's agreement agreed in writing by the patient or their representative.</p> <p>Action taken as confirmed during the inspection: A review of three patients' files evidenced that signed written agreements were retained within</p>	<p>Not met</p>

	<p>all three files. There was no evidence that the agreements reviewed had been updated to show the current fee.</p> <p>Discussion with staff confirmed that all patients' fees were paid through the Health and Social Care Trusts. No patient was paying a contribution towards their fee. This was discussed with the manager and the area for improvement has been restated for a second time.</p>	
<p>Area for improvement 5</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that each patient is provided with personal monies authorisation for signature detailing the authority the home had been provided with to spend each individual patient's money on identified goods and services.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of three patients' files evidenced that no copies of signed personal monies authorisations were retained within the files.</p> <p>This was discussed with the manager and the area for improvement has been restated for a second time.</p>	<p>Not met</p>

6.2 Inspection findings

6.3 Is care safe?

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

The manager confirmed the planned staffing levels and that these levels could be altered to ensure the needs of patients were met. Discussion with staff also confirmed this. We reviewed the staff duty rota from 29 September to 12 October 2019 and confirmed that the planned staffing levels were achieved. We also noted that administrative, catering and housekeeping staff were rostered to be on duty every day to support the delivery of care. One family member spoken with confirmed that staffing levels met the needs of their loved one and that the staff were knowledgeable of their loved one's needs.

Staff spoken with said that they had time to care for patients and that they received regular training to ensure they possessed the necessary skills to safely meet patients' needs. Review of staff training records confirmed this. We confirmed from records that mandatory training was planned

and monitored for all staff and that other training was provided to ensure the needs of patients were met. The manager confirmed that a new system was in place to monitor staff training and discussed that further training was planned; this training will also to incorporate wound care training, infection prevention and control, dementia care and care planning. Staff also confirmed that they felt that staffing had improved; the manager told us that plans were in place to help further improve the skill mix and deployment of staff.

However, some aspects of staff training were not fully embedded into practice, for instance: we identified that although patients had their own handling slings, hoists and wheelchairs in use were not decontaminated between use. This was discussed with staff by the manager on the day and a system identified to ensure that infection prevention and control (IPC) best practice standards were adhered to. An area for improvement was identified.

Patients able to express their opinions said that they were well cared for and that staff were kind. Patients unable to express their view were found to be well groomed, relaxed and comfortable.

We also asked patients, family members and staff to provide us with their comments on staffing levels via questionnaires. None were returned within the timescale for inclusion in this report.

The home's environment was comfortably warm throughout. An ongoing refurbishment plan was in place with we observed that some areas had recently been repainted. A schedule is also in place for the replacement of several armchairs, the flooring in one stairwell and for the development of a sensory room. We found some storage areas in the home to be cluttered and disorganised. One storage area was also observed to have boxes containing files with confidential information pertaining to patients. The manager tidied the storage areas on the day of inspection. An area for improvement with regard to the safe and secure storage of patients' records was identified.

We reviewed one staff recruitment record and discussed the recruitment process with the manager. This confirmed that staff were recruited safely. A system was in place to ensure staff were competent and capable to do their job and this was kept under regular review.

Staff confirmed that they had received mandatory training and were aware of their role in protecting patients and how to report concerns about patients or staff practice. However, it was identified that some staff were not aware of who the adult safeguarding champion (ASC) for the home was. We discussed this with the manager who assured us staff would be made aware of this.

Areas for improvement

Areas for improvement were identified in regard to data protection and staff training.

	Regulations	Standards
Total number of areas for improvement	0	2

6.4 Is care effective?

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

We spoke with two family members regarding the delivery of care. They were complimentary regarding the care of their loved ones were receiving and the attitudes of staff. They said that staff were very good and that they were kept them informed of any changes with their loved one's care. The relatives also told us that if they had a concern they would talk to the nurse in charge or the manager.

Interactions between staff and patients were observed to be respectful, caring and kind. Patients able to voice their views confirmed that they received the good care and that staff were respectful and attentive.

Staff spoken with were aware of how to respond to patients' nursing care needs, for example, what to do when a patient refused a meal or had a fall; and how to relieve pressure on the skin for those patients who were at risk of developing a pressure ulcer. Staff were also aware of regional guidance for the nutritional care of patients and stated that they had attended training relevant to this. A review of patient care records confirmed that care plans were reflective of the recommendations made by speech and language therapists (SALT) and dieticians.

We reviewed five patients' care records which evidenced that relevant risk assessments were completed when each patient was admitted to the home and that care plans had been developed to manage the identified care needs. However, the following deficits were identified within patients' care records:

- gaps in wound care records and the daily evaluation of care
- care plans regarding daily fluid targets did not reflect the daily records
- there was no record to evidence that nursing staff meaningfully evaluated patients' fluid intake
- a risk assessment and care plan for one identified patient with weight loss were not reviewed and evaluated regularly
- one care plan for a patient living with dementia was not patient centred
- no evidence of recommended settings for pressure relieving devices or evaluation of same

This was discussed with the manager who informed us that she was aware of these shortfalls and had already developed an action plan to address the deficits. Two areas for improvement were identified.

We observed the serving of the mid-morning snack and the lunch time meal in the home. The mealtime experience was relaxed and staff were assisting patients appropriately and responding to requests as needed.

Patients said that they enjoyed their meal and that they had the choice of where and what to eat. We saw that the majority of patients ate their lunch in the dining room. Other patients choose to eat in their bedroom or in other areas in the home.

Areas for improvement

Areas for improvement were identified in regard to the management of wound care and record keeping.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 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.

When we arrived in the home patients were enjoying their morning tea/coffee or breakfast in one of the lounges, dining areas or in their own room.

The menu for the lunch time meal was available to view. Breakfast was delivered to the dining room on a hot trolley and served to patients. A staff nurse was present overseeing the provision of the meal. Some staff on induction were observed being shown how to use thickening agents appropriately. When a patient refused the meal on offer staff were observed asking the patient what alternative they wanted. However, staff were observed delivering food from the dining room to patients in their bedrooms without the food being appropriately covered. An area for improvement was identified.

During the meal times observed we saw that staff were providing support to patients as they needed it. The interactions between staff and patients were relaxed, comfortable and appropriate.

Four patients spoken with were positive when speaking about their experience living in Weavers House and commented:

- “The home is good”
- “The “staff (are) good”

Two family members spoken with were also positive when discussing the service in Weavers House for, example:

- “The home is very good, (the staff) look after them (the patients) well”
- “Fine, no concerns, staff very good”

We also reviewed compliments/cards received by the home. Comments recorded included the following:

- “Many thanks to all the staff for their love and kindness”
- “Thank you for the loving care”
- “Thank you to the management and all the lovely girls”

We also provided questionnaires for patients and family members; none were returned within the timescale for inclusion within this report.

Any comments from patients and/or their family members received after the return date will be shared with the manager for their information and action, as required.

Areas for improvement

An area for improvement was highlighted in regard to the transporting of meals.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

Since the last care inspection in May 2019, Andrea Harkness has been appointed as the manager of the nursing home. RQIA were notified of the changes as required.

A sample of governance records were reviewed and assured us that robust systems were now in place to regularly review the quality of the nursing care and other services provided to patients. These records evidenced that the manager had effectively reviewed audits completed prior to her appointment. There was evidence of the manager's evaluation of the information produced by various audits. For example, we saw that the manager analysed the incidence of falls occurring in the home on a monthly basis. This analysis enabled the manager to identify any patterns or trends which could be addressed to reduce the number of falls.

The responsible individual's monthly quality monitoring reports from 1 January 2019 onwards were available in the home. We reviewed a sample of these reports and found that any areas for action identified were followed up during the next visit to ensure they had been addressed.

Management of patients' monies

A review of a sample of patients' records was taken to validate compliance with the areas for improvement identified from the last finance inspection. These included; copies of patients' written agreements, records of the reconciliations of patients' monies and valuables, records of patients' personal property, records of payments to the hairdresser and podiatrist and records from the patients' comfort fund. Of the total number of areas for improvement one was assessed as partially met and two were assessed as not met. The three areas for improvement have been stated for a second time.

A review of a sample of purchases from the patients' comfort fund evidenced that the details of the transactions were recorded however; no signatures were recorded against each of the transactions. This was discussed with the manager and identified as an area for improvement under the standards.

A review of a sample of purchases from patients' personal monies undertaken by members of staff showed that in line with the Care Standards for Nursing Homes (April 2015) details of the purchases were recorded, two signatures were recorded against each entry in the patients' transaction sheets and receipts were available from each of the purchases reviewed.

Discussion with staff and a review of a sample of records of valuables held on behalf of patients showed that items were retained for a patient who had transferred to another home. An area for improvement was identified for the home to contact the patient's representative at the Health and Social Care Trust to arrange for the items to be forwarded to the patient.

Areas for improvement

Areas for improvement were identified in relation to transactions from the patients' comfort fund and one patient's valuables.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Andrea Harkness, 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 nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the delivery of safe and effective care is supported by accurate record keeping. This is in accordance with legislative requirements, care standards and professional standards and guidance.</p> <p>This refers to those deficits discussed in this report, namely:</p> <ul style="list-style-type: none"> • prescribed fluid targets should be documented on care plans and meaningfully evaluated in daily records by nursing staff • pressure relieving device settings should be recorded in patients' care plans as appropriate and kept under regular review • patient centred care plans should be in place for those patients living with a diagnosis of dementia <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All eating and drinking care plans have been updated with residents target intakes. Nurses are now taking care files when completing daily care notes to reflect the fluid targets.</p> <p>Audit complete of pressure relieving devices and a register in place - skin care plans have been re written and have included the mattress settings. These will be reviewed monthly with change of residents weights</p> <p>All resident files have now a dementia care plan written.</p> <p>A new computer system is in process of being installed in which all care plans are being devised.</p> <p>Care plan training has been provided on the new computer system and further care plan training has been organised for the 14.1.20 for all nurses to attend.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 14.12</p> <p>Stated: Second time</p> <p>To be completed by: 31 October 2019</p>	<p>The registered person shall ensure a reconciliation of patients' personal monies, the comfort fund and any related bank accounts are carried out and signed and dated by two people at least quarterly.</p> <p>Ref: 6.1 & 6.6</p> <p>Response by registered person detailing the actions taken: All personal monies, the comfort fund and bank account have been counted by 2 staff and are accurate. This will be audited at least every quarter.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 2.8</p> <p>Stated: Second time</p> <p>To be completed by: 22 November 2019</p>	<p>The registered person shall ensure that patients or their representatives are advised of the up to date fee arrangements which constitute a change to each patients' individual written agreement with the home. Individual written agreements should be kept up to date with any change to the patient's agreement agreed in writing by the patient or their representative.</p> <p>Ref: 6.1 & 6.6</p> <p>Response by registered person detailing the actions taken: All relatives have been issued with contracts to return to the home. Paperwork now in place to evidence the contract has been sent to each family member to complete and return.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.6</p> <p>Stated: Second time</p> <p>To be completed by: 22 November 2019</p>	<p>The registered person shall ensure that each patient is provided with personal monies authorisation for signature detailing the authority the home had been provided with to spend each individual patient's money on identified goods and services.</p> <p>Ref: 6.1 & 6.6</p> <p>Response by registered person detailing the actions taken: This is included in the contract which all relatives have been issued.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSPS policy, procedures, guidance and best practice guidance.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Keypad device has now been installed in the area in which resident files are stored</p>

<p>Area for improvement 5</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person shall ensure a system is in place to monitor the provision and effectiveness of staff training.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Infection control, dementia, manual handling and care plan training has been provided to staff and a training file held for staff attendance.</p> <p>Training statistics are checked weekly and held on file- staff are contacted when training is due for renewal.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall review the recording of wound care to ensure the detail of the care delivered is consistently recorded and in keeping with best practice guidance.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Tissue viability training has been delivered to the nursing staff on 19.11.19 Wound pathway is now in place in the nurses station for guidance for nurses when a wound is recognised Discussion of wounds in the daily flash meetings Monthly audit complete by home manager for oversight</p>
<p>Area for improvement 7</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 8 October 2019</p>	<p>The registered person shall ensure that when food is delivered to patients in their bedrooms or another sitting area all food is appropriately covered.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Supervision complete with staff and daily monitoring of same.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p> <p>To be completed by: 8 October 2019</p>	<p>The registered person shall ensure that at least two signatures are recorded against the transactions from the patients' comfort fund.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: 2 signatures now in place beside the transactions from comfort fund.</p>

<p>Area for improvement 9</p> <p>Ref: Standard 14.9</p> <p>Stated: First time</p> <p>To be completed by: 22 November 2019</p>	<p>The registered person shall contact the Health and Social Care Trust to ensure that the items held in the safe place are forwarded to the patient identified during the inspection.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Items in safe have now been delivered to the individual.</p>
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Please ensure this document is completed in full and returned via Web Portal



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