



The Regulation and  
Quality Improvement  
Authority

53 Ardglass Road  
RQIA ID: 12104  
53 Ardglass Road  
Downpatrick  
BT30 7PF

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**Unannounced Care Inspection  
of  
53 Ardglass Road**

**30 June 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 30 June 2015 from 09.45 to 16.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no significant areas of concern though some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	1

The details of the QIP within this report were discussed with the Ann Hanna registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> 53 Ardglass Road/Hugh McCaughey	<b>Registered Manager:</b> Ann Hanna
<b>Person in charge of the agency at the time of Inspection:</b> Ann Hanna	<b>Date Manager Registered:</b> 3 October 2010
<b>Number of service users in receipt of a service on the day of Inspection:</b> 18	

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

**Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users**

## Theme 2: Service User Involvement - service users are involved in the care they receive

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders/staff/relatives
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Report and QIP of previous RQIA care inspection
- Incidents and risk assessments
- Correspondence

During the inspection the inspectors met with five service users, the registered manager, two staff, two community professionals, and one relative.

Nine staff questionnaires were completed and returned; these indicated that staff were either satisfied or very satisfied:

- that service users receive care and support from staff who are familiar with their care needs
- that service users have their views and experiences taken into account in the way service is provided and delivered
- that an appropriate number of suitably skilled and experienced persons are available to meet the needs of service users
- that staff would be taken seriously if they were to raise a concern
- that the induction process had prepared them adequately for their role.

Comments included:

'I feel that all support and care delivered at 53 Ardglass Road is to the highest standard possible and all efforts are made to continually improve these standards.'

'...the care and support provided is ....very individual with respects to tenants' choice and human rights.'

'We treat our service users with respect, dignity and privacy. We always make sure they are treated as individuals and given choices.'

Questionnaires asking service users' views on the care they receive were provided; six were completed and returned.

Six service users were either satisfied or very satisfied:

- with the care and support they receive
- that their views and opinions are sought about the quality of service
- that staff know how to care for them and respond to their needs
- that staff help them feel safe and secure

Five service users were either satisfied or very satisfied:

- that staffing levels are appropriate at all times.

The following records were examined during the inspection:

- Care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Records of service user consultation
- Monthly monitoring reports
- Records relating to staff training
- Records relating to staff supervision
- Supervision policy
- Complaints records
- Recruitment policy
- Induction procedure
- Records of induction
- Staff handbook
- Staff register
- Staff rota information
- Staff meeting minutes
- Records relating to safeguarding

## **5. The Inspection**

53 Ardglass Road, Downpatrick provides 24 hour domiciliary care supported living type service to eighteen service users who have a severe and enduring mental illness. The care and support is provided by team of staff led by Ann Hanna registered manager. The majority of staff have extensive experience working with people who have mental health problems. The service consists of four houses which accommodate between four and six people. The range of services provided include assistance with maintaining a tenancy, development of independent living skills and social skills, budgeting, supervision/assistance with medication, and community involvement with the overall goal of promoting good mental health and enhancing quality of life.

### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the 53 Ardglass Road was an announced care inspection dated 26 August 2014. The completed QIP was returned and approved by the care inspectors.

## 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 23 (1)</p>	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided</p> <p>The registered person must ensure that evaluations of any practices which are restrictive are included in the monthly monitoring reports.</p> <hr/> <p>The agency has established a system for monthly monitoring and identified staff to complete this role on behalf of the registered person.</p> <p>The inspectors noted that out of the last seven months, two monthly monitoring reports had been completed. The registered manager and Community Mental Health Services Manager explained that this was due to multiple incidences of sick leave within the staff who were appointed to complete monthly monitoring on behalf of the registered person.</p> <p>Of the two reports completed, one referred to restrictive practice and one did not.</p> <p>This requirement will be restated. A recommendation is also made.</p>	<p><b>Partially Met</b></p>

<p><b>Requirement 2</b></p> <p>Ref: Regulation 16 (2) (a)</p>	<p>The registered person shall ensure that each employee of the agency –</p> <p>(a) Receives training and appraisal which are appropriate to the work he is to perform</p> <p>The registered person must ensure that agency staff receive appropriate training to meet mandatory training requirements.</p>	
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	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspectors noted that most areas of mandatory training had been completed. There was no evidence that professionally qualified staff had undertaken medication training updates since the service's commencement in November 2012. The registered manager confirmed that medication training and competency assessments would be undertaken within one month of inspection and confirmation forwarded to RQIA. Subsequent to inspection, the registered manager provided written assurance that medication competency assessments for all professionally trained staff had been undertaken.</p>	<p><b>Partially Met</b></p>
<p><b>Requirement 3</b> <b>Ref: Regulation 5(1)</b></p>	<p>The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as 'the statement of purpose') which shall consist of a statement as to the matters listed in Schedule 1</p> <p>The registered person must ensure that the Statement of Purpose makes it clear that a service user can choose their care provider.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector examined the Statement of Purpose which contained information in accordance with regulations.</p>	<p><b>Met</b></p>

<p><b>Requirement 4</b></p> <p>Ref: Regulation 6 (1)</p>	<p>The registered person shall produce a written service user's guide which shall include-</p> <p>(a)The terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate</p> <ol style="list-style-type: none"> <li>1. The registered person must ensure that the service user's guide makes it clear that a service user can choose their care provider.</li> <li>2. The registered person must ensure that the service user guide includes appropriate reference to restrictive practice</li> </ol>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector examined the service user guide which contained information in relation to the payment of fees, choice of service provider and appropriate reference to restrictive practice.</p>		

Previous Inspection Recommendations	Validation of Compliance
<p><b>Recommendation 1</b></p> <p>Ref: Standard 2.2</p>	<p>The service user's guide contains information on the following:</p> <ul style="list-style-type: none"> <li>• The amounts and method of payment for fees</li> <li>• The general terms and conditions for receipt of the agency's services</li> </ul> <p>The registered manager should ensure that written guides and agreements contain up to date information regarding the terms and conditions of services delivered.</p> <ol style="list-style-type: none"> <li>1. This particularly relates to accurate information regarding the payment of rent.</li> </ol>
<p><b>Recommendation 2</b></p> <p>Ref: Regulation 4.2</p>	<p>The agreement between the service user and the service provider specifies:</p> <ul style="list-style-type: none"> <li>• The arrangements for any financial transactions undertaken on behalf of the service user by the agency's staff and the records to be kept</li> </ul> <ol style="list-style-type: none"> <li>1. For service users transferring from a patient property account to their own bank account, the finance support plan should be updated to include the method of payment of bills.</li> </ol>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector examined written guides and agreements which contained up to date information regarding the terms and conditions of services delivered, particularly relating to the payment of rent.</p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspectors noted that agreements have been amended accordingly.</p>



<p><b>Recommendation 3</b></p> <p>Ref: Regulation 3.2</p>	<p>The registered manager ensures that the person-centred, holistic assessment of need provided to the agency includes:</p> <ul style="list-style-type: none"> <li>• Specific needs and preferences of the individual</li> </ul> <p>The registered person should ensure that the HSC Trust referral form and assessment of needs includes the specific financial needs, capabilities and preferences of the service user.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspectors viewed the information provided on referral which includes the financial needs, capabilities and preferences of the service user.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p>Ref: Regulation 9</p>	<p>There are policies and procedures in place that direct the quality of care and services.</p> <p>The registered person should ensure that the agency maintains policy and procedural guidance for staff in relation to meeting service users' needs through completion of care plans.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>This inspectors viewed policy which has been appropriately maintained.</p>	<p><b>Met</b></p>

### 5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

#### Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory via a human resources department. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained.

The agency has a structured induction programme lasting at least three days; records are maintained. The induction comprises: a five day corporate induction which includes training, an induction to the agency which includes shadowing staff, getting to know service users, and reading relevant files and documents. The registered manager advised that staff are provided with a handbook, and have access to policies, procedures, and guidance.

The registered manager confirmed that the agency is able to cover shifts using their regular staff team and one regular member of bank staff.

The agency has a policy and procedure in place for staff which details frequency of one individual session each year. A further policy 'Supervision policy for social care workers in SEHSCT' which relates specifically to social care staff states that all social care staff must be provided with 'regular' supervision. The registered manager confirmed that as part of 'regular' staff should receive an individual supervision session, annual appraisal, annual medication competency assessment and annual finance competency assessment. Supervision records examined confirmed that staff had received at least one supervision session in line with policy and procedure. The inspectors noted that not all staff had received 'regular' supervision to include the areas stated by the registered manager. The registered manager confirmed that gaps identified in one to one supervision sessions, finance and medication competency assessments would be completed within one month. Subsequent to the inspection, the registered manager provided written confirmation that medication competency assessments were up to date for all staff involved in handling medication.

Overall on the day of inspection care was found to be safe.

### **Is Care Effective?**

Discussions with the registered manager and staff indicated that an appropriate number of skilled and experienced persons are available at all times. Examination of staff rotas reflected staffing levels described by the registered manager and staff. The inspectors noted that sufficient staff were available to support service users in a range of activities.

The registered manager discussed how staff are provided with a clear outline of their roles and responsibilities; staff who took part in the inspection were clear about what the agency expected of them.

Induction records and discussion with staff indicated that the induction is effective in preparing new staff for their role. The registered manager discussed the agency's process of evaluating the effectiveness of staff induction through supervision. The registered manager described how discussions with service users are included in an evaluation of induction.

Discussion with staff and examination of training records showed that the agency has a process in place to identify and respond to training needs. Staff reported that the agency responds to their requests for additional training. A staff questionnaire included the comment: 'Staff continue to develop their training so as to continue to promote a high standard of care and support'.

The inspectors noted that staff have attended mental health recovery training and can describe how this is effectively integrated into the supported living model of care and support. Community professional feedback commented on the expertise, specialist knowledge and skills of the agency staff.

Staff described receiving supervision and appraisal in line with the agency's policy, and described having access to a manager on shift, and an on call manager out of hours. Managers were described by staff as 'approachable'. The inspectors were advised that the person providing supervision has attended appropriate supervision training.

Staff interviewed by the inspector knew how to highlight concerns regarding the practice of other staff and were aware of the whistleblowing policy.

### **Professionals' comments**

'The staff have a comprehensive understanding of the needs of service users on a day to day basis and how to meet them.'

### **Is Care Compassionate?**

The agency maintains a record of comments made by service users/representatives in relation to staffing arrangements, including via a tenants' survey and tenants' meetings. The registered manager discussed the importance of continuity and how service users are prepared for significant staff changes. The inspector noted that the agency has good continuity of staff.

Induction records seen by the inspector showed that staff receive an induction specific to the needs of service users; this was supported by staff comments. Agency staff who took part in the inspection confirmed that they have the knowledge and skills to carry out their roles and responsibilities. Agency staff provided feedback that the induction process appropriately prepares new staff to fulfil their role.

Agency staff described how the induction process involves meeting service users and getting to know them gradually. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users.

The registered manager provided written information regarding the agency's processes to address unsatisfactory performance of a domiciliary care worker.

### **Service users' comments**

'The staff are great, I can't fault them'

### **Relative's comments**

'My (relative) loves (the keyworker) who supports them to go out, helps them to cook.'

### **Staff comments**

'Our manager is always approachable and helpful. She continually strives for excellence and for our tenants' happiness.'

### **Areas for Improvement**

The registered person must ensure that all staff receive appropriate supervision in accordance with the agency's policies and procedures.

A requirement has been made in respect of mandatory training.

<b>Number of Requirements:</b>	<b>2</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

### Is Care Safe?

Assessments of need and risk assessments seen by the inspector reflected the views of service users and/or representatives. The inspector reviewed a range of care and support plans which reflected assessments of need and risk assessment.

There was evidence of positive risk taking in collaboration with the service users and/or their representatives. Discussions with staff indicated that the agency has an ethos of goal setting and positive risk taking with the aim of increasing the choice and independence of service users.

### Is Care Effective?

Records of reviews showed that care is regularly evaluated and reviewed. The agency has a process of reviewing care and support three monthly with service users, with at least a yearly review including a community worker from the Trust. The inspectors noted that the agency has achieved a robust and comprehensive process of reviewing service users' care and support plans in a manner which recorded the views of service users and/or their representatives.

The inspector viewed a range of care and support plans which were written in a person centred manner, clearly included the service users' views, and showed evidence of updating. Staff who participated in the inspection described a system of regularly updating care and support plans.

Discussion with service users and a relative provided clear examples of the agency's ability to deliver a service which responds to the views of service users and/or their representatives. A service user described how the flexibility of staff providing care enabled them to prevent deterioration in their mental health. The agency has processes in place to ascertain and respond to the views of service users and their representatives.

The inspectors noted that a number of positive comments were made by staff, service users, a professional and a relative regarding the effectiveness of the registered manager. A service user commented, 'Ann Hanna is a gem.'

The inspectors met two service users in their own homes. It was evident to the inspectors that service users' homes were decorated and furnished in a manner which reflected their interests and preferences. Service users described how they exercise choice and control over how they lead their lives. One service user commented, 'Anything I want, I can do.'

Service users have been provided with information relating to human rights and advocacy in a suitable format. The inspectors noted that human rights are regularly discussed in tenants' meetings.

## Is Care Compassionate?

It was evident from speaking to service users that care and support are provided in an individualised manner, with consideration of the varying needs and wishes of service users. A staff member commented that service users are individuals and have different lives and activities. A professional commented, 'Care is provided on an individual basis, there is loads of opportunity for choice.' Service users described how they had been supported by staff to achieve individual goals in areas which were important to them.

The inspectors observed service users making choices about their daily activities and discussed their plans with them. Discussions with staff showed that they knew and understood the needs and wishes of service users.

It was evident from documentation and discussion with service users and a relative that they are aware of their rights to be consulted and have their views considered in relation to service delivery.

The agency could demonstrate that the service users' views, capacity and consent have been taken into account in service delivery; examples of this were observed by the inspectors during the inspection. The agency was able to demonstrate ongoing promotion of human rights and the values underpinning the Minimum Standards.

### Service users' comments

'It's better than hospital, I have my own room.'

'It's brilliant.'

It's brilliant here, the staff are lovely.'

'I enjoy going into town.'

'It's a million times better than hospital.'

### Relatives' comments

'Amazing care is given by the keyworker, above and beyond...'

' \*\*\*\* has more choice and great support.'

'We are kept informed, the staff work with us.'

' \*\*\*\* says they are looked after very well.'

'A lot of effort was made to help \*\*\*\* settle.'

### Staff comments

'I think the care provided is individual and specific to each tenant's needs. Every tenant is treated with dignity, respect and privacy and to make them feel this is their home...'

## Professionals' comments

'The care plans are individual.'

'Service users can do what they want to do.'

'People are more integrated within the community and doing different activities.'

'The staff are pushing social inclusion.'

'I am really pleased with Ardglass Road.'

## Areas for Improvement

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.5 Additional Areas Examined

### Quality monitoring

Reports of monthly quality monitoring completed on behalf of the registered person were examined during inspection. The inspectors noted that out of the last seven months, two monthly monitoring reports had been completed. The reports did not adequately ascertain and respond to the views of relatives and professionals. The views of service users and staff were represented. The two reports examined were completed on the template suggested by RQIA and one report included comments on restrictive practice. The reports progress on improvement issues identified by monitoring and RQIA Quality Improvement Plans.

One requirement and one recommendation has been made.

### Complaints

Complaints records for the period 1 January 2014 – 31 March 2015 were examined. No complaints had been made in this period.

### Safeguarding issues

The registered manager discussed the agency's records of safeguarding referrals made to the HSC Trust. Appropriate referrals were made to the Trust and relevant records maintained.

## 6 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ann Hanna Registered Manager and the Community Mental Health Services Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [Agencies.Team@rqia.org.uk](mailto:Agencies.Team@rqia.org.uk) assessed by the inspectors.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p>Ref: Regulation 23 (1)</p> <p>Stated: Second time</p> <p>To be Completed by: 30 September 2015</p>	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided</p> <p>The registered person must ensure that evaluations of any practices which are restrictive are included in the monthly monitoring reports.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The registered manager will ensure that evaluations of restrictive practises are included in the monthly monitoring report.</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: Second time</p> <p>To be Completed by: 30 August 2015</p>	<p>The registered person shall ensure that each employee of the agency – (b) Receives training and appraisal which are appropriate to the work he is to perform</p> <p>The registered person must ensure that agency staff receive appropriate training to meet mandatory training requirements. This refers particularly but not exclusively to medication training and competency assessment of all staff.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The registered manager will make sure that all agency staff receive appropriate training to meet mandatory training requirements. A copy of the training matrix that includes competency assessments will be forwarded to RQIA by 30 August. 2015</p>
<p><b>Requirement 3</b></p> <p>Ref: Regulation 16 (4)</p> <p>Stated: First time</p> <p>To be Completed by: 30 August 2015</p>	<p>The registered person shall ensure that each employee receives appropriate supervision.</p> <p>This refers to providing staff with 'regular' supervision as stated in the agency policy relating to supervision for social care staff. According to good practice within the agency, this could include a one to one supervision, annual appraisal, annual medication competency assessment, and annual finance competency assessment.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The registered person will ensure that all staff in 53 Ardglass receive a one to one supervision, annual appraisal, annual medication competency and annual finance competency assessment. A copy of schedules will be forwarded to RQIA by 30 August 2015</p>



<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 8.11  <b>Stated:</b> First time  <b>To be Completed by:</b> <b>30 September 2015</b>	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>The registered person must ensure that reports are completed on a monthly basis, and include the views of relatives and professionals.</p>		
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  The registered person will make sure that reports are completed on a monthly basis. These reports will include the views of relatives and professionals.</p>		
<b>Registered Manager Completing QIP</b>	ann hanna	<b>Date Completed</b>	6/8/15
<b>Registered Person Approving QIP</b>	Bria Mongan	<b>Date Approved</b>	12/8/15
<b>RQIA Inspectors Assessing Response</b>	Rhonda Simms	<b>Date Approved</b>	14/08/2015

*\*Please ensure the QIP is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.