



The **Regulation and
Quality Improvement
Authority**

Unannounced Care Inspection Report 2 May 2019



Springlawn Nursing Home

Type of Service: Nursing Home

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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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 40 patients.

3.0 Service details

<p>Organisation/Registered Provider: Springlawn House Limited</p> <p>Responsible Individual: Linda Florence Beckett</p>	<p>Registered Manager and date registered: Sharon Margaret Colhoun 1 April 2005</p>
<p>Person in charge at the time of inspection: Clara Robinson, registered nurse</p>	<p>Number of registered places: 40</p> <p>A maximum of 2 patients in category NH-LD(E) and a maximum of 2 patients in category NH-PH. There shall be a maximum of 1 named resident receiving residential care in category RC-I.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) – Physical disability other than sensory impairment – over 65 years DE – Dementia. LD(E) – Learning disability – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 30</p>

4.0 Inspection summary

An unannounced inspection took place on 2 May 2019 from 09.05 hours to 18.15 hours.

This inspection was undertaken by care and finance inspectors.

The term 'patient' is used to describe those living in Springlawn Nursing Home which provides both nursing and residential care.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement in respect of previous finance inspections have also been reviewed and validated as required.

Significant concerns were identified during this inspection in respect of the management of patient's care needs, the management of nursing care records, patient fluid intake, wound management and the management of restrictive practice. Governance systems in the home were insufficiently robust to ensure that the nursing home was working in line with legislation. As a consequence of our findings this inspection following the inspection the responsible individual and the registered manager were invited to attend a meeting in RQIA on 10 May 2019, with the intention of issuing two failure to comply notices in regards to patients health and welfare and the governance of the home.

The intention meeting was held on 10 May 2019 and the responsible individual outlined the actions that would be taken to address the concerns identified. RQIA were not sufficiently assured that the necessary improvements to ensure full compliance with the regulations had been made and were concerned about the potential impact this may have on the delivery of care in the home.

As a result two failure to comply notices were issued under The Nursing Homes Regulations (Northern Ireland) 2005.

Additional areas for improvement were identified with regards to the use of CCTV in the statement of purpose, monthly quality monitoring visits, the duty rota and patients' property records.

Further details of areas for improvement identified during the inspection are included within the main body of this report and formed part of the failure to comply notices issued on 14 May 2019.

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	*6	*7

*The total number of areas for improvement includes four which have been stated for a second time and one which has been stated for a third time.

Details of the Quality Improvement Plan (QIP) were discussed with Sharon Colhoun, registered manager, as part of the inspection process and with Linda Beckett, responsible person, during a phone call on 3 May 2019. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection and two Failure to Comply (FTC) with Regulations notices were issued. Details of the findings of inspection are recorded below.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent inspection dated 14 December 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 14 December 2018. 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 issues, registration information, and any other written or verbal information received.

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 weeks commencing 22 April 2019 and 29 April 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
- one staff recruitment and induction file
- six patient care records
- a selection patient care charts including personal care charts, fluid intake charts and reposition charts
- a sample of governance audits/records
- fire alarm and evacuation checks
- complaints record
- compliments received
- minutes of staff meetings and patient meetings
- statement of purpose
- a sample of reports of visits by the registered provider
- RQIA registration certificate
- a sample of patients' individual written agreements, hairdressing and chiropody treatment records, patients' personal monies authorisations and a sample of written financial policies.

Areas for improvement identified at the last inspection 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 outstanding areas for improvement from previous inspection(s)

Areas for improvement identified at the previous care inspection have been reviewed. Of the total number of areas for improvement reviewed, five were met; one which was partially met has been stated for a third and final time and is included in the QIP at the back of this report. Four areas for improvement not met have been subsumed into the failure to comply notices issued on 14 May 2019.

Areas for improvement identified at the previous finance inspection have also been reviewed. Of the total number of areas for improvement reviewed, five were met. Four were either partially met or not met and have been included in the QIP at the back of this report.

6.2 Inspection findings

6.2.1 Health and Welfare of Patients

The inspection of Springlawn Nursing Home identified serious concerns in respect of the omissions of care and the management of the care planning process in the home. Review of six patient care records evidenced that care planning was not reflective of patient needs and multidisciplinary team recommendations. Deficits were identified with regards to care delivery and record keeping in relation to falls management, fluid intake, wound management, repositioning, bowel management and restrictive practice. Concerns were also evident regarding the patient dining experience. As a result of the findings, a failure to comply notice was subsequently issued on 14 May 2019 with regard to a breach of regulation 13(1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005.

Deficits were identified in relation to the management of falls. Review of falls for four identified patient's evidenced that clinical/neurological observations were not taken in keeping with NICE best practice guidance. In addition, post fall risk assessments and post fall investigation forms were not consistently completed. Review of the post falls policy evidenced it was not in keeping with NICE best practice guidance with regards to patients on anticoagulant therapy. Post fall management was identified as an area for improvement during the previous care inspections on 1 May 2018 and 14 December 2018. It is of significant concern that improvements have not been made and this matter is stated for a third and final time. A lack of compliance will lead to enhanced enforcement action.

Observation of practice, discussion with staff and review of records evidenced that infection prevention and control measures were generally well adhered to. However, we identified some deficits in staff knowledge with regards to dilution of cleaning products and colour coding of all equipment was not in keeping with the national colour coding scheme. This has the potential to increase the risk of transmission of healthcare associated infections. We also evidenced deficits in environmental cleaning in the dining room area and in cleaning of patient equipment, particularly wheelchairs. Equipment decontamination records must be reviewed to ensure all cleaning is appropriately completed. This was discussed with the registered manager and an area for improvement under the regulations was made.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, well decorated and fresh smelling. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. We noted that two patients did not have a functioning nurse call bell available for them to use in their bedrooms which prevented them from requesting assistance from staff. No alternative arrangements for summoning assistance had been established. This was discussed with the registered manager who gave assurances that this had already been reported and was being addressed that day.

During review of the environment the door to the treatment room was observed to be unlocked with access to sharps and medication. We also observed thickening agents stored in patient bedrooms. This was discussed with the registered manager and an area for improvement under the regulations was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, oversight of staff’s registration with professional bodies and management of fire risks.

Areas for improvement

Concerns identified in respect of care planning to meet the needs of patients formed part of the FTC notices in regards to Regulation 13(1) (a) and (b).

Two additional areas for improvement under the regulations were identified in relation to infection prevention and control and maintaining a safe environment.

	Regulations	Standards
Total numb of areas for improvement	2	0

6.2.2 Communication

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they would raise these with the registered manager or the nurse in charge. When we spoke with staff they had a good knowledge of patients' abilities and level of decision making; staff know how and when to provide comfort to patients because they know their needs well.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Discussion with the registered manager and review of records confirmed that regular staff meetings were held for registered nurses/care assistants and records were maintained. However, only two staff meetings have been held with housekeeping, laundry and catering staff in the home since June 2018. Staff meetings should be held on at least a quarterly basis for all staff. This was discussed with the registered manager and an area for improvement under the care standards was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and other key stakeholders.

Areas for improvement

One area for improvement under the care standards was identified in relation to staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	1

6.2.3 Care delivery, patient dining experience and patient/relatives views

Staff demonstrated a good knowledge of patients' wishes and preferences and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality. During the inspection we observed one occasion where a patient's dignity was not maintained effectively. This was discussed with the registered manager and identified as an area for improvement under the care standards.

Discussion with patients and staff and observation of the midday meal confirmed that improvements have been made to the mealtimes. There are now two sittings for the afternoon and evening meals with both patients and staff commenting positively on the new arrangements. The dining area was also uncrowded. However, we were disappointed to see patients using the same mismatching crockery and cutlery. Some heavily stained plastic tumblers had been replaced although no glassware had been purchased for patients to drink from. Placemats were mismatched, chipped, scuffed and worn and some furniture in the dining room was stained with food. This was discussed with the registered manager and formed part of the failure to comply notice issued on 14 May 2019.

We reviewed compliments received within the home. Some of the comments recorded included:

"Thank you to each and every one of the staff at Springlawn. You were all so pleasant on every visit made. XXX was made so welcome and kept so comfortable at all times."

Consultation with 14 patients individually, and with others in smaller groups, confirmed they were happy and content living Springlawn Nursing Home. Some of the patient’s comments included,

“I like it very much. I was never interested in staying but now I want to stay. Everyone is so nice.”

“It’s an old people’s hotel. It’s hard to believe there is a place like this going. It should be a hotel.”

“The food is very good.”

“They are taking good care of me. I have no concerns. I feel safe here.”

“They do bowls and bingo but I love music. The gospel singers come in once a month which I enjoy.”

Five patient questionnaires were provided, none were returned in the expected timeframe. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Five relative questionnaires were provided and staff were asked to complete an online survey; we had no responses within the timescale specified. One relative/visitor was spoken with during the inspection. They indicated they were very satisfied with care. Further comments included,

“I think it’s lovely here. The staff are very kind.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and taking account of the views of patients.

Areas for improvement

Concerns identified in respect of aspects of the dining experience formed part of the FTC notices in regards to Regulation 13(1) (a) and (b).

One area for improvement under the care standards was identified in relation to maintaining patients’ dignity and privacy.

	Regulations	Standards
Total number of areas for improvement	0	1

6.2.4 Management and governance arrangements

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were not clearly recorded. In addition, student nurses on placement in the home and administrator were not on the duty rota. This was discussed with the registered manager and identified as an area for improvement under the care standards.

Review of the statement of purpose evidenced that it did not contain details with regards to the use of closed circuit television (CCTV). In addition, it did not accurately reflect the number of patients the home is registered for. This was discussed with the registered manager who agreed to update the statement of purpose to ensure the arrangements for respecting the privacy and dignity of patients reflects the use of CCTV within the home. An area for improvement under the regulations was made.

We evidenced a lack of sufficient management hours and the resultant impact on governance arrangements. The registered manager was allocated 30 hours a week, of which 20 hours were worked in the capacity of registered nurse. As a consequence, the inspection clearly identified an associated impact and a number of deficits in the overall quality assurance/governance and delivery of care. The areas of concern identified include:

- the lack of robustness of care record audits and their failure identify the deficits in care previously referenced
- failure of audits to identify deficits in infection prevention and control/environment concerns
- no audit arrangements in place for wounds or restrictive practices within the home
- a lack of contemporaneous record keeping in relation to falls management, fluid intake, wound management, repositioning, bowel management and restrictive practice
- deficits in recruitment practices.

As a result of the findings a second failure to comply notice was issued on 14 May 2019 with regard to a breach of Regulation 10(1) of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that Regulation 29 (or monthly quality) monitoring visits, although completed, were not in sufficient detail to give an assurance that actions were taken to address deficits identified. This was discussed with the responsible person during feedback of inspection findings. The responsible person should refer to RQIA guidance as to the areas to be included in a monthly monitoring report which would enhance the governance of the home. RQIA guidance is available on RQIA's website. This has been identified as an area for improvement under the regulations. Regular submission of monthly monitoring reports no later than three days after the last day of the month formed part of the failure to comply notice issued on 14 May 2019.

During the inspection, an RQIA finance inspector was present. They reviewed a sample of patients' records to validate compliance with the areas for improvement identified from the previous finance inspection. Of the eight areas for improvement identified during the inspection, four of these were met, three were not met and one was partially met. In addition a further area for improvement was identified as part of the inspection; this related to patients' property records.

Areas of good practice

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

Areas for improvement

Concerns identified in respect of governance of the home and formed part of the FTC notice in regards to Regulation 10.

Two areas for improvement under the regulations were identified in relation to including the use of CCTV in the statement of purpose and monthly quality monitoring visits.

Two areas for improvement under the care standards were identified in relation to the staff duty rota and patients' property records.

	Regulations	Standards
Total number of areas for improvement	2	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 Sharon Colhoun, registered manager, as part of the inspection process and with Linda Beckett, responsible person, during a phone call on 3 May 2019. 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 14 (2) (c)</p> <p>Stated: Third and final time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure records of clinical/neurological observation and actions taken post fall are appropriately recorded in the patient care records.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: NICE guidelines followed, post falls assessments completed. Accident book updated to sign when above has been completed and policy updated for patient on anticoagulant therapy.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 19 (2) Schedule 4 (10)</p> <p>Stated: Second time</p> <p>To be completed by: 02 June 2019</p>	<p>The registered person shall ensure that a record of the furniture and personal possessions brought by each service user into their rooms is maintained.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: There is a property file completed and includes furniture, mobility aids, etc and this updated quarterly</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 2 June 2019</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>This area for improvement is made with particular focus to:</p> <ul style="list-style-type: none"> • ensuring appropriate training and management of chemicals used for environmental cleaning • ensuring a robust environmental cleaning and equipment cleaning schedule is in place and adhered to • ensuring all equipment used for environmental cleaning is colour coded in keeping with the national colour coding scheme. <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Representative companies have been contacted and information requested. Training plan compiled and date given for training on the 5/07/2019. Staff updated on inspection and new equipment purchased to ensure colour coded schedule followed. Cleaning schedules updated to include areas of issue in previous inspection. Visual aids are displayed so staff are clear regarding dilution</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person must ensure that thickening agents are securely stored within the home and the treatment room door is locked at all times.</p> <p>Ref: 6.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: Staff are aware that treatment room door is to be closed at all times, Signage of this is also on display. Thickening agents are no longer on display in rooms</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 3 (1) (c) Schedule 1, 19</p> <p>Stated: First time</p> <p>To be completed by: by 02 June 2019</p>	<p>The registered person must ensure that the statement of purpose for the home is updated to reflect ;</p> <ul style="list-style-type: none"> • the use of CCTV in the home • a copy of the updated statement of purpose must be forwarded to RQIA with the return of the QIP <p>Ref: 6.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: This has now been updated, and forwarded to the RQIA.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 2 June 2019</p>	<p>The registered person shall ensure that reports produced following monthly monitoring visits to the home are in sufficient detail to be in accordance with the regulations and care standards and that action plans to address any areas for improvement are generated.</p> <p>Ref: 6.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: Regulation 29 will be adhered to, required monitoring will be more robust, the quality of service provided within the home is being tasked to an independent professional who will monitor and concentrate on any aspects of the service that requires improvement.</p>
<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>	
<p>Area for improvement 1</p> <p>Ref: Standard 14.10</p> <p>Stated: Second time</p> <p>To be completed by: 31 May 2019</p>	<p>The registered person shall ensure that a standard financial ledger format is used to clearly and accurately detail transactions for residents. The format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or withdrawal; the amount; the running balance of the resident's cash total held; and the signatures of two persons able to verify the entry on the ledger.</p> <p>Ref: 6.2.4</p>

	<p>Response by registered person detailing the actions taken: A column has been added to the excel ledger- "evidence", this directs the reader to the supporting document outlining where the money has went i.e. withdrawal-evidence- receipt in PA folder with two signatures that can account for the transaction.</p>
<p>Area for improvement 2 Ref: Standard 14.11 Stated: Second time To be completed by: 3 May 2019</p>	<p>The registered person shall ensure that records made on behalf of residents are legible and mistakes appropriately dealt with on the face of the ledger (i.e. a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry). Correcting fluid is never used to amend records.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Paperised format has now been replaced by computerised format on the recommendation of the assessor</p>
<p>Area for improvement 3 Ref: Standard 14.25 Stated: Second time To be completed by: 31 May 2019 and at least quarterly thereafter</p>	<p>The registered person shall ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Paperised system reconciled on 1/05/2019 and carried over to computerised system which will be reconciled every quarter by the person preparing the ledger and management.</p>
<p>Area for improvement 4 Ref: Standard 41 Stated: First time To be completed by: 31 August 2019</p>	<p>The registered person shall ensure that staff meetings for all staff take place on a regular basis, at a minimum quarterly.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Timetabled quarterly by manager</p>
<p>Area for improvement 5 Ref: Standard 6.1 Stated: First time To be completed by: Immediate action required</p>	<p>The registered person shall ensure patient's rights to privacy and dignity are upheld at all times.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Staff meeting held post inspection and all staff updated on above.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the duty rota clearly identifies the first and last name of all staff working in the home and clearly identify the name of the nurse in charge of the home on each shift. The registered manager's hours should be included on the duty rota and identify either management duty or working as lead nurse.</p> <p>Ref: 6.2.4</p>
<p>Area for improvement 7</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 2 June 2019</p>	<p>Response by registered person detailing the actions taken: Completed</p> <p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: There is a property file completed and includes furniture, mobility aids, etc and this updated quarterly</p>

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



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