

# Inspection Report

**11 May 2021**



## Thackeray Place

**Type of service: Residential Care Home**  
**Address: 12 Ballyclose Street, Limavady, BT49 0BN**  
**Telephone number: 028 7776 3011**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Western Health and Social Care Trust (WHSCT)	<b>Registered Manager:</b> Stacy McAleer – not registered
<b>Responsible Individual:</b> Dr Anne Kilgallen	
<b>Person in charge at the time of inspection:</b> Anne McGinnis, Senior Care Assistant	<b>Number of registered places:</b> 32
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category A – Past or present alcohol dependence.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 13
<b>Brief description of the accommodation/how the service operates:</b>  This is a registered Residential Home which provides social care for up to 32 residents. The home is a single storey building, with 32 bedrooms, all of which have en suite facilities. Residents have access to communal lounge areas. The home is attached to a day care facility, which is separately managed.	

## 2.0 Inspection summary

An unannounced inspection took place on 11 May 2021 from 10.20 a.m. to 17.30 by a care inspector.

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

A serious concerns meeting resulted from the findings of this inspection. During the inspection concerns were identified regarding the management arrangements within the home and the home's environment.

The responsible individual was invited to attend a serious concerns meeting with RQIA via video teleconference on 19 May 2021 to discuss the inspection findings and their plans to address the issues identified. During the meeting, representatives on behalf of the responsible individual provided an action plan and advised of completed and/or planned actions to secure the necessary improvements and address the concerns identified during the inspection.

Following the meeting, RQIA decided to allow the registered person a period of time to demonstrate that the improvements had been made and advised that a further inspection would be completed to ensure that concerns were effectively addressed.

RQIA informed the responsible individual following the meeting that further enforcement action may be considered if the issues were not addressed and the improvement sustained. RQIA will continue to monitor progress during subsequent inspections.

Eight new areas requiring improvement were identified in relation to staffing arrangements, the environment, the residents' dining experience, availability of records, oversight of staff registration with their professional body and the management arrangements. One area for improvement relating to the notification of accidents and incidents was stated for a second time and three areas for improvement regarding medicines management and the management of falls have been carried forward for review at the next inspection.

Residents said that living in the home was a good experience. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement identified, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection, residents and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. The daily life within the home was observed along with how staff went about their work. A range of documents was examined to determine whether effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the Person in Charge at the conclusion of the inspection.

#### 4.0 What people told us about the service

We spoke with 10 residents and four staff. No questionnaires were returned and we received no feedback from the staff online survey. Residents spoke highly about the care they received and when describing their interactions with staff. Residents said that staff treated them with respect and that they would have no hesitation in raising any concerns with staff. Residents told us that they enjoyed the food and that staff were helpful and friendly.

Staff said that there was safe care provision for the residents and that the staffing levels were sufficient. However, staff raised concerns in relation to management arrangements in the home; this is discussed further in Section 5.2.8.

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Thackeray Place was undertaken on 25 June 2020 by a care inspector.

Areas for improvement from the last inspection on 25 June 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 16 (1) (2) (b)  <b>Stated:</b> First time	The registered person shall ensure that care plans reflect the residents' needs in respect of their care, health and welfare. This specifically refers to: <ul style="list-style-type: none"> <li>• management of nutritional needs</li> <li>• management of chest infections.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of care records confirmed that care plans were in place in relation to nutritional needs.  While there were no residents in the home with a chest infection at the time of the inspection; all other care plans in place were up to date and reflective of the residents' needs.	

<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 30 (1) (f)  <b>Stated:</b> First time	<p>The registered person shall ensure that RQIA are informed of any accident in the home. This relates to the submission of statutory notifications.</p> <p><b>Action taken as confirmed during the inspection:</b> A review of the records of accidents and incidents evidenced that this area for improvement was not met.</p> <p>This area for improvement is stated for a second time.</p>	<b>Not met</b>
<b>Area for Improvement 3</b>  <b>Ref:</b> Regulation 13 (1) (a)  <b>Stated:</b> First time	<p>The registered person shall make proper provision for the health and welfare of residents. This relates specifically to ensuring that:</p> <ul style="list-style-type: none"><li>• medical attention is sought following any unwitnessed fall</li><li>• residents’ risk assessments are reviewed and updated following a fall.</li></ul> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was not reviewed at this inspection and has been carried forward for review at the next care inspection.</p>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 32  <b>Stated:</b> First time	<p>The registered person shall ensure that all medicines are stored at appropriate temperatures according to the manufacturer’s requirements.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was not reviewed at this inspection and has been carried forward for review at the next care inspection.</p>	<b>Carried forward to the next inspection</b>

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	The registered person shall ensure that audit procedures for the management of medicines are overseen by management and ensure consistency with the home's policy and procedures as detailed in the report.	<b>Carried forward to the next inspection</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was not reviewed at this inspection and has been carried forward for review at the next care inspection.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> Second time	The registered person shall ensure that the staff duty rota records the full names and grades of staff working in the home. In addition, there should only be one copy of the duty rota available in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the duty rota confirmed that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. We were unable to verify staff recruitment processes during the inspection as the person in charge was unable to access such records. This is discussed further in section 5.2.8.

There were systems in place to ensure that staff were trained and supported to do their job. There was a planner in place to ensure that staff were also provided with regular supervision.

Competency and capability assessments are completed for staff left in charge of the home when the manager is not on duty. The person in charge did not have full access to this information during the inspection. This is discussed further in section 5.2.8. During the serious concerns meeting on 19 May 2021, RQIA was advised that arrangements would be put in place to ensure that the person in charge of the home in the absence of the manager, can access the necessary records/information.

Staff said there was good team work and that they were satisfied with the staffing levels. The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge in the absence of the manager. It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way and to provide residents with a choice on how they wished to spend their day.

Staff said that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said that staff came to them very quickly if they needed help, staff knew them well and knew how best to help them.

There were systems in place to ensure that residents' needs were met in a timely manner by the number and skill of the care staff on duty. However, serious concerns were noted in regard to management arrangements which resulted in enforcement action being taken.

### **5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?**

Review of staff training records confirmed that all staff were required to complete mandatory training on adult safeguarding. Staff told us they were confident about reporting any concerns they might have regarding patients' safety and/or poor practice.

Staff were observed to be prompt in recognising residents' needs and were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

### **5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?**

Residents' bedrooms were personalised with items important to them. However, it was noted that some of the residents' bedrooms contained excess clutter, in particular, areas around the sink; the presence of such clutter rendered it difficult to effectively clean the sink area. This was identified as an area for improvement.

It was noted that there were a number of rooms which were not being used for their designated purpose. This included bedrooms and the prayer room. In addition, unoccupied bedrooms contained excess amounts of storage. This was identified as an area for improvement.

It was observed that there was no available dining area for residents; the designated dining area for residents was being used as a staff breakout area; this resulted in residents only having the option of dining within their own bedrooms. Staff told us that residents had their meals in their own bedrooms. This was identified as an area for improvement.

It was also observed that there was an unsecured connecting doorway between the home and the adjacent day centre. This meant that residents could easily move between both these areas. This was identified as an area for improvement.

Representatives on behalf of the Responsible Individual attended a meeting with RQIA via video teleconference on 19 May 2021 to discuss these shortfalls in regard to the environment. During this meeting, RQIA were advised that some of these matters were already addressed or there were plans in place to address the deficits highlighted. Such assurances provided to RQIA included; decluttering of residents bedrooms would take place as much as residents agree and allow; rooms would be returned to their original registered purpose, excess storage would be removed from bedrooms, a dining area would be made available for residents and they would be encouraged to have their meals in it.

In addition a key pad access door would be installed between the day centre and the residential home and only staff would have access to keypad code. Residents said that they enjoyed having their own space and could spend time in the communal lounge if they wished; they felt the home was kept clean and comfortable.

Serious concerns were noted in regard to the internal environment of the home which resulted in enforcement action being taken.

#### **5.2.4 How does this service manage the risk of infection?**

The person in charge described the systems and processes in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases; the home participated in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) had been provided. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Domestic staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

While visiting and Care Partner arrangements were in place within the home, it was noted that visiting arrangements were not being managed in line with the current Department of Health (DoH) and IPC guidance; namely, visiting was not being accommodated in residents' bedrooms and children under the age of 16 years of age were not permitted to visit the home. This matter was discussed during the serious concerns meeting held on 19 May 2021 and assurances were provided by the Trust following this meeting that DoH regional visiting guidance was now being implemented within the home.

Robust IPC arrangements were in place within the home; however, serious concerns were noted in regard to visiting arrangements which resulted in enforcement action being taken.

#### **5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.**

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, residents' care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, residents had well-fitting footwear and any obvious hazards had been removed.



Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need support with meals which can range from simple encouragement to full assistance with eating and drinking.

There was a choice of meals offered; the food was attractively presented and smelled appetising, and good portions were provided. There was a variety of drinks available. Residents said that they had enjoyed their meal. However, we noted that there was no menu on display for the residents. This was identified as an area for improvement.

Residents consumed their meals in their own bedrooms and meals were covered on trays when being transported to patients' bedrooms. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents' care records accurately reflected residents' dietary needs.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

In summary, resident/staff feedback, review of care records and observation of staff provided assurance that the right care was provided at the right time and in the right way. Further improvement to the quality of care delivery and service provision will be achieved through compliance with the areas for improvement identified.

#### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?**

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Residents' care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to reflect the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Resident's individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each resident's care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

There were systems in place to ensure that residents' care records were personalised and accurately reflected residents' assessed needs.

#### **5.2.7 How does the service support residents to have meaning and purpose to their day?**

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own bedrooms or in the lounges.

Residents' needs were met through a range of individual and group activities such as listening to music, bingo and quizzes. Where residents preferred to spend time in their bedrooms, staff engaged with these residents in one to one activities. A number of residents preferred to read their daily paper in their own bedrooms.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was restricted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones.

Visiting and Care Partner arrangements are discussed in Section 5.2.4.

Residents said the range of available activities within the home kept them occupied during the day. Staff said that they enjoyed participating in activities with the residents.

### **5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

We were informed by staff that there was no manager in post as the previous manager, had commenced employment elsewhere. RQIA had not been notified of this change to the management arrangements.

Staff expressed concern regarding inconsistent management arrangements. Staff also advised that while they were able to contact the Trust senior management team at any time, there was no manager in charge of the home on a day to day basis. Discussion with the Trust's senior management team immediately following the inspection confirmed that the manager had been moved elsewhere and that senior care staff were in charge on a daily basis.

During the serious concerns meeting on 19 May 2021, assurances were provided by the trust representatives that they were in the process of appointing a manager for the home. This was identified as an area for improvement to ensure that a manager is appointed to the home and that RQIA are notified in a timely manner in regards to any changes in the management arrangements.

The person in charge during the inspection was unable to access some staff records, for instance: staff were unable to access staff selection and recruitment records; competency and capability records (bar one record) were also unavailable for inspection. During the serious concerns meeting on 19 May 2021, RQIA was advised that arrangements would be put in place to ensure that the person in charge of the home in the absence of the manager, can access the necessary records/ information. This was identified as an area for improvement.

There was no evidence available during the inspection that effective managerial oversight of staff registration with the Northern Ireland Social Care Council (NISCC) was being maintained. At the meeting on 19 May 2021 RQIA were advised that all staff NISCC registration details were displayed within the manager's office for review at inspection. This was identified as an area for improvement.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents.

There was an effective system in place to manage complaints. Residents said that they knew who to approach if they had a complaint / had confidence that any complaint would be managed well. A record of compliments received about the home was kept and shared with the staff team, this is good practice. Review of the home's record of complaints confirmed that they were well managed.

A review of the records of accidents and incidents which had occurred in the home identified incidents where RQIA were not appropriately notified. In addition, there was no manager in place to oversee trends / patterns with regard to accidents and incidents. This area for improvement was stated for the second time.

The home was visited each month by the registered provider's representative to consult with residents, their relatives and staff and to examine all areas of the running of the home. These were available for review by residents, their representatives, the Trust and RQIA.

In summary, serious concerns were found in regard to governance arrangements and the lack of managerial oversight within the home; this resulted in enforcement action being taken.

## 6.0 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a respectful manner. We observed positive interactions between staff and the residents.

However, serious concerns were highlighted in regard to the lack of robust management and governance arrangements, and the home's environment.

Representatives on behalf of the Responsible Individual attended a serious concerns meeting with RQIA via video teleconference on 19 May 2021 to discuss the inspection findings and their plans to address the issues identified. Eight new areas for improvement were highlighted and one area for improvement was stated for the second time. This is discussed within the body of the report and Section 7.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5*	7*

\* The total number of areas for improvement includes one area which has been stated for a second time and three areas which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Anne McGinnis, senior care assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 30 (1) (f)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure that RQIA are informed of any accident in the home. This relates to the submission of statutory notifications.</p> <p>Ref: 5.1 &amp; 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>            All senior Care staff are aware of the reporting of incidents and accidents and have access to RQIA portal to submit form 1a notification.</p>
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 13 (1) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> With Immediate effect	<p>The registered person shall make proper provision for the health and welfare of residents. This relates specifically to ensuring that:</p> <ul style="list-style-type: none"> <li>• medical attention is sought following any unwitnessed fall</li> <li>• residents' risk assessments are reviewed and updated following a fall.</li> </ul> <p>Ref: 5.1 &amp; 5.2.5</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 18 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 25 May 2021	<p>The registered person shall ensure that all rooms are only used for their designated purpose at all times and that inappropriate storage within identified rooms is removed.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            All rooms have been returned to their designated purpose. All inappropriate storage has been removed.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 27 (2) (g)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2021	<p>The registered person shall ensure that all residents have access to an appropriate communal dining space at all times.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            All residents are offered the choice of dining in communal areas or in their own rooms.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 8 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With Immediate effect</p>	<p>The registered person shall ensure that a manager is appointed to manage the home and that RQIA is formally notified of this appointment.</p> <p>Ref: 5.2.8</p> <p><b>Response by registered person detailing the actions taken:</b> A new manager has been recruited and will commence fulltime permanent employment on 4-8-21.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b></p>	
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 November 2019</p>	<p>The registered person shall ensure that all medicines are stored at appropriate temperatures according to the manufacturer's requirements.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b> All medication is stored according to the manufacturers requirements and recommendations. This is now also checked through weekly audit.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 December 2019</p>	<p>The registered person shall ensure that audit procedures for the management of medicines are overseen by management and ensure consistency with the home's policy and procedures as detailed in the report.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b> All medication audits carried out are checked and audited by the manager for consistency. Governance lead also checks consistency of audits during Reg 29 visit. Schedule for daily audits for medications in place for band 5 senior care to follow.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that the daily menu is accessible and displayed in a suitable format for residents.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Staff ensure all residents are informed and made aware of the daily menu choices. Daily menu is also displayed on menu board in residents day rooms.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that all bedrooms are clean and free for clutter. This is in specific reference to ensuring that sink areas within residents' bedrooms are effectively maintained.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All bedrooms are cleaned and checked daily. Care staff ensure daily all sink areas in residents bedrooms are clear of any clutter to ensure easy access and facilitate good infection control practice.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 27.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2021</p>	<p>The registered person shall ensure that an identified doorway between the home and an adjacent day centre is effectively secured.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> key pad accessible doorway is now installed between the home and adjacent Day centre.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 22.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With Immediate effect</p>	<p>The registered person shall ensure that relevant records are available for inspection in the home at all times.</p> <p>Ref: 5.2.8</p> <p><b>Response by registered person detailing the actions taken:</b> All relevant records required for inspection are now available and accessible.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 20.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2021</p>	<p>The registered person shall ensure that there is a system in place to check and monitor staff registration with their professional body.</p> <p>Ref: 5.2.8</p> <p><b>Response by registered person detailing the actions taken:</b> Register within managers office displayed of all staff registration details with dates for renewal. Staff are reminded through supervision of renewal dates for registration and personal responsibility to renew on time. Staff who have not renewed registration HR contact manager and staff are suspended from duties until registration is updated.</p>

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



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