



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report

8 November 2018



Thackeray Place

Type of Service: Residential Care Home

Address: 12 Ballyclose Street, Limavady, BT49 0BN

Tel No: 028 7776 3011

Inspector: John McAuley

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 32 beds that provides care for residents under categories of care as detailed in 3.0.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual: Dr Anne Kilgallen	Registered Manager: Jacqueline McCafferty
Person in charge at the time of inspection: Sharon Doherty senior care assistant	Date manager registered: Application received - "registration pending"
Categories of care: Residential Care (RC) A - Past or present alcohol dependence I - Old age not falling within any other category	Number of registered places: 32

4.0 Inspection summary

An unannounced care inspection took place on 8 November 2018 from 10.20 to 14.10 hours.

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

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to adult safeguarding and communication between residents, staff and other key stakeholders. Good practice was also found in relation to management of accidents and incidents and whistleblowing arrangements for staff.

Areas requiring improvement were identified in regard to the duty rota, the environment, progress records, complaints and monthly monitoring reports. One area of improvement was stated for a second time in relation to senior care assistant cover.

Feedback from residents and one visiting relative was all positive and complimentary.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	5	2

Details of the Quality Improvement Plan (QIP) were discussed with Sharon Doherty, senior care assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent pharmacy inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 October 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with 18 residents, one visiting resident's relative, one visiting health care professional, five members of staff and the senior care assistant in charge.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Five questionnaires were returned by residents and residents' representatives within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Four residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Infection control records
- Equipment maintenance records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 October 2018

The most recent inspection of the home was an unannounced medicines management inspection.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 1 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 8 (1) (a) and Regulation 20 (1) (a) Stated: First time	The registered person shall submit an action plan to address the deficit in senior care assistant cover and also addressing the permanency of the registered manager's position.	Partially met
	Action taken as confirmed during the inspection: Senior care assistant cover remains problematic with a full time long term absence needing cover. The registered manager status has been resolved with subsequent appointment.	

Area for improvement 2 Ref: Regulation 27 (2) (j) Stated: First time	The registered person shall submit an action plan with timescales to the home's aligned estates inspector detailing how the deficit and unsatisfactory provision of bathing/showering facilities will be resolved.	Met
	Action taken as confirmed during the inspection: This provision has been resolved.	
Area for improvement 3 Ref: Regulation 27 (4) (a) Stated: First time	The registered person shall submit an action plan with timescales to the home's aligned estates inspector detailing how the recommendation in the home's fire safety assessment dated 21 September 2017 will be dealt with.	Met
	Action taken as confirmed during the inspection: This action plan has been submitted to RQIA.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 28.5 Stated: First time	The registered person shall put in place a comprehensive review of all safe and healthy working practices and maintain accordingly.	Not reviewed
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 27.9 Stated: First time	The registered person shall submit the date of the most recent legionella risk assessment with outcome as a result to the home's aligned estates inspector.	Met
	Action taken as confirmed during the inspection: Details of this have been submitted to RQIA.	
Area for improvement 3 Ref: Standard 28.1 Stated: First time	The registered person shall make good the situation with the out of use office photocopier.	Met
	Action taken as confirmed during the inspection: A new photocopier has been put in place.	

6.3 Inspection findings

6.4 Is care safe?

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

The senior care assistant confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. Concerns were raised regarding senior staffing levels in that staff advised that it was very difficult to cover a long term absence. It was advised that this had a subsequent impact with morale and stress. This has been identified as an area of improvement in accordance with legislation for a second time.

Discussion with residents identified no concerns regarding staffing levels but some residents made comments regarding how busy the staff were.

An inspection of the duty roster confirmed that it did not accurately reflect the staff working within the home. This was highlighted in that the manager's hours were not recorded in the rota which has been identified as an area of improvement in accordance with legislation.

Inspection of a completed induction record and discussion with staff evidenced that an induction programme was in place for staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was inspected during the inspection.

Staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of a completed staff competency and capability assessment was inspected and found to be satisfactory.

Discussion with the senior care assistant confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the Western Health and Social Care Trust's personnel department.

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

The home's adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the senior care assistant, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

There were risk management procedures in place relating to the safety of individual residents. Discussion with the senior care assistant identified that the home did not accommodate any individuals whose assessed needs could not be met. Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

It was established that two residents smoked. An inspection of the care records of these residents identified that risk assessment and corresponding care plan was in place in relation to smoking.

The senior care assistant confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

There were risk management policy and procedures in place. The records of risk assessment relating to safe and healthy working practices were not inspected on this occasion. This is carried forward for inspection at the next inspection.

The senior care assistant confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

An up-to-date LOLER service inspection report was in place.

A questionnaire was left for the manager to submit details to RQIA details of when the last legionella risk assessment was and confirmation whether any recommendations from this assessment had been dealt with.

The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

There had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The home was clean and tidy with décor and furnishings reasonably maintained. Areas of improvement were identified with paintwork needed in room 13 and flooring in need of repair in rooms 1,2,15 and 39. This has been identified as an area of improvement in accordance with standards.

Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items.

Inappropriate storage was found in both the male and female changing rooms. For example one of the rooms contained decommissioned fridges dated March 2018. Another room contained a significant number of old manual handling equipment and aids. This has been identified as an area of improvement in accordance with legislation to make good.

There were no other obvious hazards to the health and safety of residents, visitors or staff.

A questionnaire was left for the manager to submit details to RQIA details of when the last fire safety risk assessment was and confirmation whether any recommendations from this assessment had been dealt with.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Five completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and adult safeguarding.

Areas for improvement

Areas of improvement were identified in respect of this domain in relation to senior staffing provision, the duty rota and the environment.

	Regulations	Standards
Total number of areas for improvement	3	1

6.5 Is care effective?

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

Discussion with the senior care assistant established that staff in the home responded appropriately to and met the assessed needs of the residents.

An inspection of four residents' care records was undertaken. This sample confirmed that these were largely maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments and care plans.

The statement of health and well-being identified issues of assessed need that had no corresponding statement of care/treatment given with effect(s) of same. For example one record contained a statement of weight loss and another contained a statement of pain. Neither had a statement of follow up care etc. However the senior care assistant advised that both these issues had been dealt with. This has been identified as an area of improvement in accordance with legislation.

Care needs assessment and risk assessments such as manual handling, nutrition and falls were inspected and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident.

A varied and nutritious diet is provided which meets the individual and recorded dietary needs of residents. The menu is rotated over a three weekly period and is reviewed accordingly to meet seasonal changes. Systems were in place to regularly record residents' weights and any significant changes in weight are responded appropriately. There are arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required.

Observations of the supervision and assistance with the lunch time meal found that this was undertaken in an unhurried, organised manner with a nice ambience in place for residents to enjoy their meal. The meal was appetising and nicely presented with provision of choice. Dining tables were nicely set with choice of condiments. Aids and equipment were in place to help residents in their independence with eating and drinking. Throughout the inspection residents commented positively on the provision of meals and snacks.

Discussion with staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner. Resident's wound pain was found to be managed appropriately.

Discussion with staff confirmed that a person centred approach underpinned practice. This was reflective of their knowledge and understanding of individual residents' assessed needs, likes and dislikes and social preferences.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Records were stored safely and securely in line with data protection.

The senior care assistant confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

Five completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Areas of good practice

There were examples of good practice found in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

One area of improvement was identified in respect of this domain during the inspection. This was in relation to ensuring issues of assessed need recorded in residents' progress records have a recorded statement of care/treatment given with effect(s) of same.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The senior care assistant advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care.

Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

Residents confirmed that consent was sought in relation to care and treatment.

Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

Staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them.

Discussion with staff, residents, and/or their representatives, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents enjoying the company of one another, reading or watching television or resting. A planned programme of activities was in display, which largely takes place in the afternoons and evenings. There were also photographs on display of recent entertainment events in the home.

The inspector met 18 residents in the home at the time of this inspection. All spoke in complimentary terms about the provision of care, the kindness and support received from staff, activities and events and the provision of meals. Some of the comments made included statements such as:

- "I love it here in every way. I recognise I am fortunate to have a place here and I am delighted that the home remains and stays open."
- "It's a great home. The staff are absolutely marvellous."
- "The staff are brilliant."
- "I have benefitted greatly from coming here.. It is great there is such a place."
- "The staff are all so attentive. Every one of them are friendly and nice."
- "There is lovely, lovely staff here."

The inspector also met with one visiting relative. This relative spoke with praise and gratitude for the provision of care and the kindness and support received from staff.

Five completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The senior care assistant outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. RQIA's complaint poster was available and displayed in the home.

Inspection of the complaints records confirmed that arrangements were largely in place to effectively manage complaints from residents, their representatives or any other interested party. However inspection of a sample of residents' progress records identified two expressions of dissatisfaction relating to lost property. These expressions were not recorded in the record of complaints nor were there any follow up information in relation to this recorded in the progress records. This has been identified as an area of improvement in accordance with legislation. The records of complaints did include details of any investigation undertaken, all communication with complainants, and the outcome of the complaint and the complainant's level of satisfaction.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was inspected as part of the inspection process. The senior care assistant advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Discussion with staff confirmed that information in regard to current best practice guidelines was made available. Staff advised that they were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action. An area of improvement in accordance with standards was identified in that none of these reports contained interviews with staff nor did they contain adequate detail on complaints as identified from inspection of progress records.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. Staff also advised that they would have no hesitation with reporting any concerns and felt that such would be taken seriously and managed appropriately.

Discussion with staff confirmed that there were good working relationships within the home but there was an impact on staff morale with the difficulties with senior care assistant cover. The senior care assistant advised that there were transparent methods of working and effective working relationships with internal and external stakeholders.

Five completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of accidents and incidents and whistleblowing arrangements for staff.

Areas for improvement

Two areas for improvement were identified in respect of this domain in relation to complaints managements and monthly monitoring visits.

	Regulations	Standards
Total number of areas for improvement	1	1

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 Doherty, senior care assistant, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: Second time To be completed by: 8 December 2018	The registered person shall submit an action plan to address the deficit in senior care assistant cover. Ref: 6.4
	Response by registered person detailing the actions taken: The registered person has inducted a new band 5 Senior Care Assistant who is covering the gaps in the Senior Care rota. Consultation shraed re work force.
Area for improvement 2 Ref: Regulation 19 (2) Schedule 4 (7) Stated: First time To be completed by: 15 November 2018	The registered person shall ensure that the manager's hours of duty are accurately maintained in the duty rota. Ref: 6.4
	Response by registered person detailing the actions taken: The Managers name is now included in the management rota outlining her working pattern.
Area for improvement 3 Ref: Regulation 27 (2) (l) Stated: First time To be completed by: 8 January 2019	The registered person shall make good the inappropriate storage in the female and male changing rooms. Ref: 6.4
	Response by registered person detailing the actions taken: The registered person has liasised with the waste management department to dispose of broken/damaged equipment in the staff changing rooms.
Area for improvement 4 Ref: Regulation 19 (1) (a) Schedule 3 (3) (k) Stated: First time To be completed by: 15 November 2018	The registered person shall ensure that identified issues of assessed need in the progress records have a recorded statement of care/treatment given with effect(s) of same. Ref: 6.5
	Response by registered person detailing the actions taken: The registered person has shared this finding with Senior Care Assistants and Care Assistants and requested that they record care/treatment given and outcomes.

Area for improvement 5 Ref: Regulation 24 (3) Stated: First time To be completed by: 15 November 2018	The registered person shall ensure that any expression of dissatisfaction or complaint are recorded in the record of complaints and managed accordingly. Ref: 6.7 Response by registered person detailing the actions taken: The registered person has shared this finding with all staff to ensure that any expressions of dissatisfaction or complaints are recorded and managed appropriately.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 28.5 Stated: First time To be completed by: 1 August 2018	The registered person shall put in place a comprehensive review of all safe and healthy working practices and maintain accordingly. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 27.1 Stated: First time To be completed by: 8 February 2019	The registered person shall make good the following deficits in the environment: <ul style="list-style-type: none"> • Paintwork to room 13 • Repairs to flooring in rooms 1,2,15 and 39 Ref: 6.4
Area for improvement 3 Ref: Standard 20.11 Stated: First time To be completed by: 8 December 2018	Response by registered person detailing the actions taken: The registered person has submitted a request to the relevant estates supervisors to request flooring be repaired and paint work carried out.
	The registered person shall ensure that monthly monitoring reports have adequate detail with: <ul style="list-style-type: none"> • Interviews with staff • Complaints Ref: 6.7 Response by registered person detailing the actions taken: Head of Service contact number is displayed so staff can contact at any time if any issues. This is highlighted in providers monthly visit where Head of Service spoke to staff on duty who are given opportunity to express issues. Head of Service reviews recorded complaints during visits and if no complaints this is recorded.

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



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