

Unannounced Care Inspection Report 4 July 2016



Redburn Clinic

Type of Service: Nursing Home
Address: 89 Belfast Road, Ballynahinch, BT24 8EB
Tel No: 028 9756 3554
Inspector: Donna Rogan

1.0 Summary

An unannounced inspection of Redburn Clinic took place on 4 July 2016 from 10:00 to 15:30.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if Redburn Nursing Home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence that staff were competent in the safe delivery of care. A requirement is made regarding the management of selection and recruitment. There is an ongoing refurbishment plan in place. However, improvements are required to be made in relation to the environment and three requirements are made in relation to the management of the front door, the management of the identified bathroom and the provision of new stair and landing carpet.

All grades of staff were commended for their professional approach to the day to day delivery of services in the nursing home during the inspection.

Is care effective?

There was evidence, of positive outcomes for patients. All staff demonstrated a level of commitment to ensuring patients received the right care at the right time.

There is one requirement made in relation updating patients care records if their condition changes. This requirement is stated for the second time. One recommendation is made regarding the evaluations of care and one recommendation is made regarding the provision of meetings for patients and relatives.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

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. There were no requirements or recommendations made in relation to this domain.

Is the service well led?

There was evidence of systems and processes in place to monitor the delivery of care and services within Redburn Clinic. There was one recommendation made in relation to the auditing of care plans. Compliance with the requirements and recommendations made within the safe and effective domains will improve the overall services provided, the experience of service users and leadership within the home.

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 Department of Health (DHSSPS) Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5*	3

*The total number of requirements above includes one requirement that has been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Michael Bagood, Registered Manager, during the inspection 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 29 July 2015.

Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed evidence available in respect of any serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered provider: Spa Nursing Homes Ltd Christopher Philip Arnold	Registered manager: Michael Bagood
Person in charge of the home at the time of inspection: Michael Bagood	Date manager registered: 11 March 2015
Categories of care: RC-I, RC-PH, NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 27

3.0 Methods/processes

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

Prior to inspection the following information was analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with approximately 15 patients, four care staff, one registered nurse, three ancillary staff and three patients' representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- accident and incident records
- notifiable events
- audits
- records relating to Adult Safeguarding
- complaints records
- recruitment and selection records
- NMC and NISCC registration records
- staff induction, supervision and appraisal records

- staff, patients' and relatives' meetings
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- policies and procedures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 29 July 2015

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 29 July 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 24 (3) Stated: First time	<p>The registered manager must ensure that the complaint raised by the visiting relative be addressed with the family and recorded in the complaints record in keeping with policies and procedures.</p>	Met
	<p>The registered manager must ensure that relatives are kept informed if their relative's condition is deteriorating.</p>	
	<p>Action taken as confirmed during the inspection: A review of the complaints record evidenced that the complaint was recorded and was addressed in keeping with complaints policies and procedures.</p> <p>The registered manager stated that he ensures that families are kept informed of patients' condition when necessary.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p>	<p>The registered manager must ensure that he and all staff receive up to date formal training regarding the management of safeguarding vulnerable adults.</p> <p>The registered manager must also ensure that an up to date flow chart is made available to all staff managing allegations of abuse to guide them to follow the correct protocol.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The training records reviewed evidenced that all staff had received formal training regarding the management of safeguarding. There was an up to date flow chart available to guide staff of the action to be taken should an allegation of abuse should be made.</p>		
<p>Requirement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered persons must review the management of the clinical waste bins and replace the identified cupboards in the kitchen which are unable to be effectively cleaned.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The identified cupboard had been replaced. An additional clinical waste bin was provided and clinical waste was observed to be managed appropriately.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: First time</p>	<p>The registered manager must ensure that care records are updated as changes to condition occur and that they are updated to reflect the advice provided by relevant healthcare professionals.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Three care records were reviewed. They were not always updated as changes to patients' condition occur. A requirement is made in this regard for a second time.</p> <p>The care records were updated following advice provided by healthcare professionals.</p>		

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 35.7 Stated: First time	The registered person must ensure the monitoring visits are conducted in an organised way and on one particular date.	Met
	Action taken as confirmed during the inspection: At review of Regulation 29 monitoring visits evidenced that they are conducted on one day, were unannounced and conducted at various times.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and stated that the levels were subject to regular review in order to ensure that the assessed needs of patients were being met. Examples were provided of the indicators they used to evidence that there was sufficient staff to meet the needs of the patients, this included details of patients dependency levels.

A review of the staffing roster for weeks commencing 27 June 2016 and 4 July 2016 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff staffing rosters it was confirmed that, maintenance, catering, domestic and laundry staff were on duty daily. Staff spoken with were satisfied that there were sufficient staff to meet the needs of patients. Relatives commented positively regarding the staff and care delivery.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. One completed induction programme was reviewed. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence. The manager also had signed the record to confirm that the induction process had been satisfactorily completed.

A review of two staff records and discussion with the registered manager confirmed that a competency and capability assessment was completed with all registered nurses who were given the responsibility of being in charge of the home.

There were systems in place to monitor staff attendance and compliance with training. Review of staff training records evidenced that the attendance/compliance levels with mandatory training was generally good. Following discussion with staff it was ascertained that planned training was in place for staff that had not yet completed their training. A management system is in place to ensure that staff required to attend training are identified and reminded to complete their training. A training matrix is in place to inform the manager of staff attendance at training.

Discussion with the staff on duty and a review of records confirmed that there are systems in place to ensure that staff receives supervision and appraisal. Discussion with staff and a review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff were appropriately managed.

A review of two personnel files evidenced that recruitment processes were generally in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. One of the files reviewed did not have a reference from their most recent employer in place. A requirement is made in this regard.

A review of documentation confirmed that adult safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA have been appropriately notified. The manager had robust systems in place to monitor the progress of safeguarding issues with the local health and social care trust and the PSNI.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process to accurately identify risk and inform the patient's individual care plans. Care records/planning is further discussed in section 4.4 of the report.

Discussion with registered nursing staff and review of records also evidenced that systems were in place to ensure that notifiable events were investigated and reported to the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The registered manager completed a monthly analysis of falls to identify any trends or patterns.

A general inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home smelt fresh, clean and was appropriately heated. Fire exits and corridors were observed to be clear of clutter and obstruction.

There is an ongoing refurbishment programme in place. There were three issues raised in relation to the environment. The use of the front main entrance door is required to be reviewed. Staff informed the inspector that this door is maintained locked as there is a problem when there is windy weather which causes the door to blow open. In order to manage this issue the main entrance door is maintained locked and any visitors/staff/patients are prompted to come through the laundry area in order to enter the nursing home. This is not in keeping with good infection control practice and in addition the laundry area is a particularly small space. This practice should cease and the door should be repaired. A requirement is made in this regard.

Another area for improvement is in relation to the management of the bathroom on the first floor. This room is currently identified as being, 'out of order'. However, the room was unlocked and in use. There was stagnant water observed in the bath and there was curtain poles submerged in it. There were various pieces of equipment stored in this area. A requirement is made that the use of this room should be clarified and it should be maintained in keeping with best practice. If a change of use of the room is required then an application should be applied for to the RQIA registration team as discussed. A requirement was made that the carpet on the stairs and first and second floor landings is replaced.

Areas for Improvement

There were four areas for improvement identified under the safe domain they were in relation to the environment and the management of selection and recruitment files.

Number of requirements	4	Number of recommendations:	0
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4.4 Is care effective?

Review of three patient care records evidenced that initial plans of care were based on the pre admission assessment and referral information. A comprehensive, holistic assessment of patient's nursing needs was completed at the time of admission to the home. As previously discussed a range of validated risk assessments were completed as part of the admission process. The outcome of patient assessments of need and risk assessments were evidenced to inform the care planning process. One care plan was required to be updated to reflect the risk of choking of one identified patient. The evaluation of care was not completed in this regard. Another care record was not updated to reflect that a patient had surgery. There was no monitoring care plan in place to manage this issue. However, it was evident when speaking with staff that they fully aware of the patients' needs. A requirement is made that the identified care records are updated and that care all care records are maintained up to date in keeping with patients' needs and changes.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians and palliative care nurse facilitators. Care records were regularly reviewed and updated, as required, in response to patient need. However, the formal evaluations of care should contain more detail of the outcomes for patients, the term, "all care given" was being used. A recommendation is made in this regard.

Staff demonstrated awareness of the importance record keeping and of patient confidentiality in relation to the storage of records. There was evidence within the care records that patients and/or their representatives were involved in the care planning process. There was also evidence of regular, ongoing communication with relatives. The registered nurse spoken with confirmed that care management reviews were arranged by the relevant health and social care trust. These reviews were generally held annually but could be requested at any time by the patient, their family or the home.

Discussion with the manager and staff evidenced that nursing and care staff were required to attend handover meetings at the beginning of each shift. Staff were aware of the importance of handover meetings in ensuring effective communication. Staff spoken with confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted with clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff also confirmed that if they had any concerns, they would raise these with the manager.

We discussed how management consulted with patients and relatives and involved them in the issues which affected them. The registered manager stated that formal meetings were not held recently with residents or relatives. A recommendation is made that meetings are reintroduced and minutes are held.

The serving of lunch was observed. Tables were nicely set with cutlery, condiments and napkins. Those patients who had their lunch in the lounges or bedrooms were served their meal on a tray which was set with cutlery and condiments and the food was covered prior to leaving the dining room. Meals were transported from the kitchen in a heated trolley. Registered nurses and care staff were both in attendance to attend to the nutritional needs of patients. The serving of the lunch was observed to be well organised with all of the patients being attended to in a timely manner. The meals were nicely presented and smelt appetising. All of the patients spoken with stated that the food was always good and that they had enjoyed their lunch.

Areas for Improvement

One requirement and one recommendation were made regarding the management of care records and one recommendation was made in relation to patient and relatives meetings.

Number of requirements	1	Number of recommendations:	2
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4.5 Is care compassionate?

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff were quietly attending to the patients' needs.

Patients were observed to be sitting in the lounges, or in their bedroom, as was their personal preference. We observed occasions when staff offered patients' choice and took time to find out what the patients wanted when it was not always apparent and patients were unable to express their wishes clearly. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Staff spoken with were knowledgeable regarding patients' likes and dislikes and individual preferences.

Patients spoken with commented positively in regard to the care they received. Those patients who were unable to verbally express their views were observed to be appropriately dressed and were relaxed and comfortable in their surroundings. Observation of care delivery confirmed that patients were assisted appropriately, with dignity and respect, and in a timely manner.

Numerous compliments letters and cards had been received by the manager from relatives and friends of former patients.

Ten questionnaires were issued to patients; five were returned prior to the issue of this report. The patient response indicated that all aspects of care was of a high standard and that the service was being well managed.

Five relative questionnaires were issued to relatives; two were returned prior to the issue of this report. The comments assessed the delivery of safe care, effective and compassionate care as being commendable. The relatives also commended the well led domain.

The following comments were provided from patients and relatives during inspection and in the returned questionnaires:

- “It’s fantastic here, I’m so happy”
- “I love it here”
- “The food is marvellous”
- “I would recommend it”
- “Staff are attentive”
- “I enjoy the company”
- “This is a good home my is very content and well cared for”

Six questionnaires were issued to nursing, care and ancillary staff; none were returned prior to the issue of this report. All staff spoken with stated that morale was excellent in the home. They felt they were listened to and that if they had any concerns that they would go to the manager.

There is a formal activities programme ongoing in the home. Patients were observed to be involved and there are various opportunities to encourage patients to become involved in the daily activities. Activities were patient led and in accordance with their wishes. Discussion with the activity therapist evidenced that there was enthusiasm by all staff to ensure planned activities were well organised. All staff spoken with stated that the activity programme was varied and reflective of patient preferences.

Areas for Improvement

There were no areas for improvement required in this domain.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The certificate of registration issued by RQIA and the home’s certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. The ‘Statement of Purpose’ and ‘Patient Guide’ were available.

Discussion with staff evidenced that there was a clear organisational structure within the home. Staff spoken with were knowledgeable regarding line management within the home and who they would escalate any issues or concerns to; this included the reporting arrangements when the manager was off duty. Discussions with staff also confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients and their representatives confirmed that they were confident that staff and/or management would address any concern raised by them appropriately. Patients were aware of who the registered manager was. Information on how to make a complaint was displayed in the home.

A record of complaints was maintained by the manager. The record included the date the complaint was received, the nature of the complaint, details of the investigation and a copy of the letter sent to the complainant. There was evidence that the manager assessed that the complainant was satisfied with the outcome of the complaint and the level of satisfaction was recorded.

Any contract compliance issues raised by the local health and social care Trust were recorded as complaints. In these instances the Trust informs the manager if the complainant is satisfied with the outcome. Discussion with the manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

As previously stated there were numerous thank you cards and letters received from former patients and relatives. These are displayed throughout various areas in the home.

There are systems in place to monitor the quality of the services delivered and a programme of audits was completed on a monthly basis. Areas for audit included care records, infection prevention and control practices, falls, complaints and the environment. A review of the record of audits evidenced that where an area for improvement was identified and an action plan was developed, completed and the area re-audited to check that the required improvement has been completed. However given that there were two care records which were required to be updated, a recommendation is made that the registered manager should conduct an audit of all care records to ensure care plans are appropriately updated in a timely manner.

It was discussed how patients and relatives were involved or consulted with regards to issues which affected them. As previously discussed there are no regular meetings held with patients/relatives the manager has agreed to reintroduce such meetings as soon as possible. There is information is displayed for relatives on dedicated notice boards.

A review of records evidenced that the unannounced monthly visits required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed in accordance with the regulations. An action plan was generated to address any areas for improvement.

Areas for Improvement

Areas for improvement were identified in the previous domains of safe, effective care. Compliance with the requirements and recommendations will improve the overall services

provided, the experience of service users and leadership within the home. There was one recommendation made in relation to care plan audits.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Michael Bagood, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to nursing.team@rqia.org.uk by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<p>The registered provider must ensure that all staff has a reference from their most recent employer prior to them commencing employment.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>It is company policy that 2 satisfactory written references are obtained in respect of all staff we intend to employ. The company stipulate that one of the references must be sought from the applicant's current or most recent employer and we reserve the right to contact any previous employer for a reference. In the event that references have been sought repeatedly from an applicant's current / most recent employer and the employer has either failed to respond or supplied dates of employment only, the company would seek an alternative reference and retain proof that the original reference was requested.</p>
<p>Requirement 2</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2016</p>	<p>The registered provider must ensure that visitors/patients cease to use the laundry area as a means of access to the home. The front door should be repaired as a matter of urgency.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The front entrance has been re-organised for visitors to use the main door into the home in all weather conditions. Access through the laundry area has now ceased.</p>
<p>Requirement 3</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2016</p>	<p>The registered provider must ensure that the use of the identified bathroom is clarified and the room should be maintained in keeping with best practice. If a change of use of the room is required then an application should be applied for to the RQIA registration team.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The use of the identified bathroom is currently being given urgent consideration and a plan will be in place and actioned promptly. If it is decided to change the the use of this room, a variation form will be submitted to the RQIA for approval prior to this change being made.</p>

<p>Requirement 4</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider must ensure that the carpet to the stairs and landing is replaced.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: New carpet has been ordered for the stairs and landing.</p>
<p>Requirement 5</p> <p>Ref: Regulation 15 (2)</p> <p>Stated: Second time</p> <p>To be completed by: 30 July 2016</p>	<p>The registered manager must ensure that care records are updated as changes to condition occur.</p> <p>The registered provider must ensure made that identified care records are updated and that care all care records are maintained up to date in keeping with patients' needs.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: All nurses have been made aware of their responsibility to ensure that care plans are kept up to date according to patients current condition. Care plan audits are completed to monitor this.</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2016</p>	<p>The registered provider should ensure that the formal evaluations of care should contain more detail of the outcomes for patients.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: All nurses have been made aware that the evaluations of care should be based on actual problems and the outcomes should be specific.</p>
<p>Recommendation 2</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider should ensure that patients/relatives meetings are reintroduced.</p> <p>Ref: Section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: Resident relative meetings will be reintroduced in the home.</p>
<p>Recommendation 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider should conduct further care plan audits to ensure they are updated as appropriate and in a timely manner.</p> <p>Ref: Section 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: Monthly care plan audits are now in place, completed by the Home Manager, to monitor the residents plan of care and ensure these are up to date.</p>



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