



Unannounced Care Inspection Report 18 April 2018



Seaview House

Type of Service: Nursing Home
Address: 276 Seacliff Road, Ballyholme, Bangor, BT20 5HS
Tel no: 028 9146 0833
Inspector: Sharon McKnight

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 registered nursing home which is registered to provide nursing care for up to 21 persons and residential care for one named patient.

3.0 Service details

Organisation/Registered Provider: Seaview House Private Nursing Home Responsible Individual: Ms Fiona Gilmore	Registered Manager: Mrs Clair O'Connor
Person in charge at the time of inspection: Clair O'Connor	Date manager registered: 21 April 2015
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 22 18 on day of inspection There shall be a maximum of 1 named resident receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 18 April 2018 from 10:30 to 16:40 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The term 'patients' is used to describe those living in Seaview House which provides both nursing and residential care.

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

Significant concerns were identified regarding the lack of effective monitoring and governance arrangements in the home. This had resulted in breaches of regulation in relation to recruitment processes, the provision of mandatory training, monitoring of staff registration with the Northern Ireland Social Care Council (NISCC) and the completion of monthly quality monitoring visits. These deficits had the potential to impact negatively on patients.

As a consequence a meeting was held on 24 April 2018 in RQIA with the intention of issuing a failure to comply notice under Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005.

During the intention meeting, an action plan to address the identified concerns was submitted. The action plan evidenced that sufficient progress had been made to address the recruitment issues identified. However, RQIA were not fully assured that the remaining actions to address identified breaches were sufficient to enable all of the necessary improvements to be made. Given the potential impact on patient safety, it was decided that a failure to comply notice would be issued, with the date of compliance to be achieved by 25 June 2018.

Evidence of good practice was found in relation to staffing, the management of falls and restrictive practice. There were examples of good practice found in relation to care planning, the maintenance of contemporaneous records, management of nutrition, wound care and end of life care. We also identified good practice in relation to the culture and ethos of the home, dignity and privacy and listening to and valuing patient and relative opinions.

Areas for improvement under the regulations were identified in relation to staff recruitment, fire safety and the reviewing of the comprehensive assessment of patient need.

Areas for improvement under the standards were identified with regard to the replacement of the hall and stairs carpet and the auditing process within the home.

Patients said they were happy living in the home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	2

Details of the Quality Improvement Plan (QIP) were discussed with Clair O'Connor, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. Significant concerns were identified regarding the lack of effective monitoring and governance arrangements in the home. This had resulted in breaches of regulation in relation to recruitment processes, the provision of mandatory training, monitoring of care staff registration with the Northern Ireland Social Care Council and the completion of monthly quality monitoring visits. These deficits had the potential to impact negatively on patients.

As a consequence a meeting was held on 24 April 2018 in RQIA with the intention of issuing a failure to comply notice under Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005. The meeting was attended by Ms Fiona Gilmore, responsible individual, Ms Clair O'Connor, registered manager and Ms Ruth Magowan, company director. During the intention meeting, an action plan to address the identified concerns was submitted. RQIA were assured by the actions presented in relation to recruitment issues. RQIA were not fully assured that the remaining actions to address the breaches were sufficient to enable all of the necessary improvements to be made. Given the potential impact on patient safety, it was

decided that a failure to comply notice would be issued, with the date of compliance to be achieved by 25 June 2018.

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

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

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

4.2 Action/enforcement taken following the most recent inspection dated 15 August 2017

The most recent inspection of the home was an announced estates inspection undertaken on 15 August 2017. There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing .
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with six patients, three staff and four patients' relatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection.

Questionnaires were also left in the home to obtain feedback from patients and their representatives. A poster was provided which directed staff to complete an online survey; this enabled staff not on duty during the inspection to provide feedback to RQIA.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 9 – 22 April 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and NISCC
- staff training records
- incident and accident records
- three staff recruitment and induction files

- four patient care records
- one patient's care charts including food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement 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 15 August 2017.

The most recent inspection of the home was an announced estates inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 25 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: : Regulation 29(3) Stated: First time	The registered provider must ensure that unannounced visits are completed monthly.	Not met and subsumed into a failure to comply notice
	Action taken as confirmed during the inspection: There were no reports to evidence that unannounced monthly monitoring visits had been completed in 2018. This area for improvement has not been met and has been subsumed into the failure to comply notice.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35.6 Stated: First time	The registered provider should ensure that the working arrangements of the registered manager are kept under review to ensure they have sufficient time to undertake the day to day operational management of the home effectively.	Not met and subsumed into a failure to comply notice
	Action taken as confirmed during the inspection: A review of the duty roster for the period 9 – 22 April 2018 evidenced that the majority of the registered manager’s hours were worked in the capacity of a registered nurse, rather than the registered manager. There was evidence that the registered manager had insufficient hours in a management capacity to ensure effective quality monitoring and governance within the home. This area for improvement has not been met and has been subsumed into the failure to comply notice.	

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 registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 9 and 16 April 2018 evidenced that the planned staffing levels were adhered to.

A review of the duty rota evidenced that the majority of the registered manager’s hours were worked in the capacity of a registered nurse, rather than the registered manager. There was evidence that the registered manager had insufficient hours in a management capacity to ensure effective quality monitoring and governance within the home. The impact of this is further discussed in section 6.7.

Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients’ needs were met by the levels and skill mix of staff on duty and that staff attended to patients’ needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No responses were received prior to this report being issued.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Seaview House. Patients commented:

“The staff are second to none.”
“I settled in straight away.”

We spoke with relatives of three patients during the inspection all of whom were complimentary regarding the attitude and attention of staff. A total of four completed questionnaires were received from relatives during the inspection and one was received following the inspection. All of the respondents indicated that they were satisfied, or very satisfied that there were enough staff and that they could talk to staff if they had a concern.

Staff recruitment information was available for inspection and three staff records reviewed identified that recruitment processes were not in keeping with legislative requirements. This was identified as an area for improvement under regulation. The following gaps were identified with the records:

- an enhanced Access NI check had not been received for one candidate prior to the commencement of their employment
- no references had been obtained for two of the applications prior to the commencement of their employment
- a full employment history was not recorded for one candidate.

During the intention meeting, an action plan to address the identified concerns with the recruitment processes was submitted. RQIA were satisfied that the actions presented would ensure the issues were addressed. Compliance with this area for improvement will be assessed at a future inspection.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC. A review of records, to confirm the registration status of care staff registration with NISCC, were also reviewed. There was insufficient evidence available to assure RQIA that robust checks of staffs' registration with NISCC had been undertaken.

We discussed the provision of mandatory training with the registered manager who identified that improvements were required with the monitoring of attendance at mandatory training and the completion of the training matrix to provide an overview. A review of training records evidenced that no practical manual handling training had been provided since 2015. The registered manager and staff confirmed that new staff received instruction from registered nurses; however enhanced training for trainers in manual handling had not been provided to registered nurses to fulfil this role. Twelve out of 22 staff had completed manual handling theory training via e learning in the past 12 months. Records evidenced that practical fire safety training was provided in October 2017; not all staff attended; neither had all staff completed the e learning training for fire awareness in the past 12 months. There was a lack of oversight by the registered persons with the provision and attendance of staff at mandatory training.

Given the identified concerns with the monitoring of NISCC registration, lack of provision of mandatory training and the potential impact to patient safety, it was considered that these matters would be addressed through a failure to comply notice in respect of Regulation 10(1) of The Nursing Homes Regulations (Northern Ireland) 2005. Compliance must be achieved by 25 June 2018 and further inspection will be undertaken to assess compliance .

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that they were currently considering what systems were required to collate the information for the annual adult safeguarding position report.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. Records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats. There was also evidence of consultation with relevant persons.

We reviewed accidents/incidents records for the period January – March 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails, lap belts. There was also evidence of consultation with the patient, where possible, and their relatives. Care plans were in place for the management of bedrails and lap belts. It was good to note that the outcome of assessments for bedrails was discussed with the patient and/or their relatives and their preferences recorded. Where a decision was taken not to use bedrails the rationale for this was recorded. This is good practice.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, lounges and the dining room. A number of bedrooms had recently been refurbished with further rooms identified for refurbishment. The home was found to be warm, clean, well decorated and, with the exception of one bedroom, fresh smelling throughout. Odour management in one identified bedroom was discussed with the registered manager who readily agreed to address the issue. The hall and stairs carpet was worn in places and requires to be replaced; the registered manager explained that costings for a new carpet have been obtained but there was no identified timescale for a replacement. Arrangements to replace the carpet should be progressed; this was identified as an area for improvement.

Fire exits and corridors were observed to be clear of obstruction. However two chairs were stored under the external fire exit adjacent to the nursing office. This was discussed with the registered manager who agreed to take immediate action and remove the chairs without delay. Flammable items must not be stored at any time adjacent to escape route staircases. This was identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, the management of falls and restrictive practice.

Areas for improvement

As previously discussed a failure to comply notice under Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005 was issued with the date of compliance to be achieved by 25 June 2018.

Two areas for improvement were identified under regulation in relation to staff recruitment and fire safety.

One area for improvement under the standards was identified with regard to the replacement of the hall and stairs carpet.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

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

A review of four patient care records evidenced that a comprehensive assessment of need and a range of validated risk assessments were completed as part of the admission process. Risk assessments were reviewed regularly. The comprehensive assessment of need was not reviewed regularly. This was identified as an area for improvement. There was evidence that risk assessments informed the care planning process.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of monthly. We reviewed the management of nutrition and weights for one patient identified as having actual weight loss. The patient had been referred to the dietician. A nutritional risk assessment was completed monthly; a care plan for nutritional management was in place.

We reviewed the management of falls for two patients. Falls risk assessments were completed and reviewed regularly. A post falls review, to examine a range of factors, was completed for each patient following a fall. Care plans for falls management were in place.

We reviewed the management of wound care for one patient. Care plans contained a description of the wound, location and the prescribed dressing regime. The patient had been reviewed regularly by the tissue viability nurses (TVN). A review of wound care records for the period 2 March – 18 April 2018 evidenced that dressing regime prescribed by the TVN was generally adhered to.

We observed that robust systems were in place for the management and delivery of end of life care. Referrals were made to healthcare professionals such as General Practitioners (GPs) and palliative care nurse specialists in a timely manner; there were regular multidisciplinary

reviews of patients to ensure treatment plans were meeting the needs of the individual patients. The management of end of life care was identified as an area of good practice during this inspection.

Supplementary care charts, for example; food and fluid intake records and repositioning charts were completed daily. Staff demonstrated an awareness of the importance of contemporaneous record keeping.

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

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning, the maintenance of contemporaneous records, management of nutrition, wound care and end of life care.

Areas for improvement

An area for improvement under regulation was identified in relation to the reviewing of the comprehensive assessment of patient need.

	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.

We arrived in the 10:30 hours and patients were enjoying a morning cup of tea in the lounge or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs.

All patients spoken with commented positively regarding the care they received and the caring and kind attitude of staff. 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. Discussion with patients individually and with others in smaller groups, confirmed that living in Seaview House was a positive experience.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and in a timely manner. Patients able to communicate indicated that they enjoyed their meal. Staff explained that patients select their meals from the menu the day before; staff confirmed that there is always sufficient food to allow patients to changes their mind at the time of serving the meal. Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks.

Cards and letters of compliment and thanks were displayed in the home. The following is an example of a comment recorded:

“Thank you to all the staff for looking after my... so well and for making us as a family feel so welcome.”

As previously discussed a total of four completed questionnaires were returned during the inspection and one was received following the inspection. All of the respondents indicated that they were satisfied, or very satisfied that care was safe, effective, compassionate and that the home was well led. The following comment was provided:

“The care is of the highest standard ... couldn’t be in a better place.”

“all aspects of my ... care has been excellent. The kitchen staff have gone out of their way to make food she can eat.”

“...absolutely amazing and compassionate care...staff look after us too.”

Staff were asked to complete an on line survey; we received no responses within the timescale specified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and listening to and valuing patient and relative opinions.

Areas for improvement

No areas for improvement were identified 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 certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within its registered categories of care.

As previously discussed a review of the duty rota evidenced that the majority of the registered manager's hours were worked in the capacity of a registered nurse, rather than the registered manager. There was evidence that the registered manager had insufficient hours in a management capacity to ensure effective quality monitoring and governance within the home. Issues were identified with the recruitment procedures which resulted in candidates commencing employment without the necessary checks being completed. There was insufficient evidence available to assure RQIA that robust checks of staffs' registration with NISCC had been undertaken. There was a lack of oversight with the provision and attendance of staff at mandatory training.

Deficits were also identified with the completion of the monthly quality monitoring visits, to be conducted in accordance with Regulations 29 of The Nursing Homes Regulations. There were no reports available to evidence that these visits had been completed during 2018.

In addition to the issues identified during this inspection, RQIA raised the matter of monthly quality monitoring visits and the registered manager's working arrangements during the previous inspection of Seaview House on 25 May 2017. These areas for improvement were assessed as not met during this inspection.

RQIA are aware of the current ambiguity in relation to the responsible individual arrangements and the findings of the inspection have demonstrated that the lack of robust arrangements are adversely impacting on the governance and operational management of the home. This was despite recent and frequent contacts by RQIA to resolve this. An application for a change to the responsible individual has now been received; however the application is incomplete. RQIA are awaiting further information before the application can be progressed. Given the potential for adverse outcomes for patients, a failure to comply notice under Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005, was issued.

We discussed the arrangements in place for monitoring the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients.

Review of the home's complaints records evidenced that systems were in place to ensure 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. Patients and relatives spoken with were confident that staff/management would manage any concern raised by them appropriately.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were

completed regarding accidents/incidents, infection prevention and control practices, medications and care records. Where deficits were identified there was no evidence that these had been addressed or re-audit carried out to check for compliance. This was identified as an area for improvement.

Areas of good practice

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

Areas for improvement

As previously discussed a failure to comply notice under Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005, was issued with compliance to be achieved by 25 June 2018.

One area for improvement under the standards was identified with regard to the auditing processes within the home.

	Regulations	Standards
Total number of areas for improvement	0	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 Clair O'Connor, registered manager, 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 nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21(1)(b) Stated: First time To be completed by: Immediate from the date of inspection	<p>The registered person shall ensure that before making an offer of employment the following information is obtained and reviewed:</p> <ul style="list-style-type: none"> • An enhanced criminal record check • two references including one from the candidate's present or most recent employer (if any) • a full employment history together with a satisfactory explanation of any gaps in employment. Reasons for leaving previous employment with children or vulnerable adults should be recorded in the application form. <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Pre employment check list in place. Manager and admin signatures required on all parts before employment can commence.</p>
Area for improvement 2 Ref: Regulation 15(2)(b) Stated: First time To be completed by: 16 May 2018	<p>The registered persons shall ensure that the assessment of patient need is reviewed as required and no less than annually.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Care plan audited and assessments of needs requiring review highlighted to named nurse for action</p>
Area for improvement 3 Ref: Regulation 27(4)(c) Stated: First time To be completed by: Immediate from the date of inspection	<p>The registered person shall ensure that flammable items are not stored at any time adjacent to escape route staircases.</p> <p>Ref: Section 6.3</p>
	<p>Response by registered person detailing the actions taken: removed immediately after inspection.</p>
Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 Ref: Standard 44 Stated: First time To be completed by: 13 June 2018	<p>The registered person shall ensure that the arrangements to replace the hall and stairs carpet are progressed within a meaningful timeframe.</p> <p>Ref: Section 6.3</p>
	<p>Response by registered person detailing the actions taken: refurbishments are ongoing within bedrooms as needed at</p>

	present,after which the hall stairs and landing carpets will be managed.
Area for improvement 2 Ref: Standard 35 Stated: First time	The registered person shall ensure that areas for improvement identified through the auditing processes are re-audited to check for compliance. Ref: Section 6.7
To be completed by: 16 May 2018	Response by registered person detailing the actions taken: The manager is having time made available to re-audit audits to ensure problems are addressed and compliance reached.This is visited as part of RI monthly visit.

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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