



Unannounced Care Inspection Report 26 November 2020



Victoria

Type of Service: Nursing Home (NH)
Address: 22-24 Windsor Park, Belfast, BT9 6FR
Tel no: 028 9066 8437
Inspector: Nora Curran

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

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

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 33 persons.

3.0 Service details

Organisation/Registered Providers: Dr Robert Francis Alistair Lynas Helen Lynas Responsible Individual(s): Dr Robert Francis Alistair Lynas Helen Lynas	Registered Manager and date registered: Tinny Zuma – acting manager
Person in charge at the time of inspection: Tinny Zuma	Number of registered places: 33
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 patients accommodated in the nursing home on the day of this inspection: 25

4.0 Inspection summary

An unannounced inspection took place on 26 November 2020 from 09.30 to 16.45 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- staffing
- environment and infection prevention and control (IPC)
- care delivery
- care records
- governance.

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	*4	*2

*The total number of areas for improvement includes one area under the standards which has been subsumed into an area for improvement under regulations, one area for improvement under the standards which has been stated for a second time and one area for improvement under standards which has been carried over for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Tinny Zuma, manager and Helen Chambers, director, 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.

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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with eight patients, two patients' relatives and four staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No responses to the staff survey or completed questionnaires were returned within the timeframe allocated.

The following records were examined during the inspection:

- RQIA registration certificate
- duty rotas from 16 November to 29 November 2020
- three staff recruitment files
- mandatory training records
- records confirming registration of staff with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- incidents and accidents records from January 2020
- a selection of governance audits
- monthly quality monitoring reports
- three patient care records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met. One area for improvement at the last inspection was carried forward to the next inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 22 December 2019.

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 5 (1) (a) (b) Stated: First time	The registered person shall ensure that each patient is provided with an individual written agreement setting out the terms and conditions of their residency in the home.	Met
	Action taken as confirmed during the inspection: A review of individual written agreements confirmed that these were in place and up to date with the current terms and conditions of residency in the home.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: The concerns identified at the previous inspection had been addressed. Staff were observed to use personal protective equipment (PPE) appropriately. There was evidence of regular updates to staff on the correct use of PPE. Deficits were identified in relation to the cleanliness of equipment which is discussed further in section 6.2.2.	

Area for improvement 3 Ref: Regulation 30 Stated: First time	The registered person shall ensure that all statutory notifications are submitted to RQIA in keeping with regulatory requirements.	Met
	Action taken as confirmed during the inspection: A review of accident and incident records were cross-referenced with the records of notifications to RQIA and evidenced that statutory notifications were being submitted as required.	
Area for improvement 4 Ref: Regulation 27 (4) (f) Stated: First time	The registered person shall ensure that by means of fire drills and practices at suitable intervals, that staff have an effective understanding of the procedure to be followed in the event of a fire. This is in regard to staff understanding of the home's fire alarm.	Met
	Action taken as confirmed during the inspection: Review of fire maintenance records evidenced that fire drills were taking place at regular intervals. Staff spoken with demonstrated their knowledge of fire emergency procedures. Concerns were identified in relation to records of fire drills. Please refer to section 6.2.1 for more detail.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 14.10 Stated: First time	The registered person shall ensure that each patient is provided with an individual written agreement setting out the terms and conditions of their residency in the home.	Met
	Action taken as confirmed during the inspection: A review of individual written agreements confirmed that these were in place and up to date with the current terms and conditions of residency in the home.	

<p>Area for improvement 2</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p>	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of patient records showed inconsistencies in the recording of property. In the case of two patients' records there was no evidence of property inventory and in one patient's records the inventory was poorly maintained.</p> <p>This will be discussed further in section 6.2.4.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 22</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that risk assessments and care plans are reviewed following a fall and that a post falls analysis is undertaken in accordance with Standard 22.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of patient records evidenced that relevant care plans and risk assessments were updated following a fall. A further area for improvement has been made in relation to post fall clinical observations. Please refer to section 6.2.4</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 35.7</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that any deficits identified through governance audit processes are addressed</p>	<p>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Action required to ensure compliance with this standard was not fully reviewed as part of this inspection and this will be carried forward to the next inspection. This will be discussed further in section 6.2.5.</p>		

<p>Area for improvement 5</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety and that all unnecessary risks to their health and safety are eliminated as far as is reasonably practicable. This relates specifically to those areas identified in this report.</p> <p>Action taken as confirmed during the inspection: During the inspection we observed that areas which contained items with potential to cause hazards to health and wellbeing were not sufficiently secured.</p> <p>Therefore this area for improvement has not been met and has been subsumed into a new area for improvement under Regulation.</p> <p>Please refer to section 6.2.2 for more detail.</p>	<p>Not met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any outside smoking area designated for patient use is well maintained and fit for patient use.</p> <p>Action taken as confirmed during the inspection: The outside patient smoking area was observed to be clean and well maintained.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person shall ensure that adult safeguarding is effectively embedded into practice. This relates to staff awareness of what appropriate actions to take in the event of witnessing a potential safeguarding incident.</p> <p>Action taken as confirmed during the inspection: Staff spoken with demonstrated a good understanding of the safeguarding process.</p>	<p>Met</p>
<p>Area for improvement 8</p> <p>Ref: Standard 19</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff adhere to the home's uniform policy at all times and that this facilitates effective communication with patients, relatives and visitors.</p> <p>Action taken as confirmed during the inspection: During the inspection we observed all staff to adhere to the uniform policy.</p>	<p>Met</p>

6.2 Inspection findings

6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of inspection we were told that one care assistant was off on unplanned sick leave and there had not been enough notice to get this 08.00 to 14.00 shift covered. However we observed that staffing levels and skill mix were satisfactory and patients' needs were met in a professional, polite and timely manner. Relatives and patients spoken with expressed no concerns in relation to provision of staffing. Some staff expressed that it was hard work when unplanned absences occurred but they were still able to complete tasks.

Patients said about staff:

- "Some days there are four care staff and some days there are five, but I always get all I need."
- "They are wonderful."
- "I couldn't say good enough about them"
- "They are very good here and there is enough of them about."
- "Couldn't get better."
- "They do the very best."
- "I get what I need."

Relatives spoken with during the inspection said:

- "The staff are friendly and there is enough about."
- "The staff are very good...loads of them on."

Staff told us:

- "It can be tough sometimes when we have four instead of five care assistants on in the mornings...we just don't get to do as much of the social stuff with the patients...but we get all the main things done."
- "We have a good team."
- "Staffing levels are alright."

Review of three employee recruitment records evidenced that the necessary checks were completed prior to the staff commencing work, and there was evidence of induction programmes relevant to the employees' roles. The manager had overview of staff appraisals and supervisions with a yearly planner. We could see from this planner that while supervisions had taken place over the year and most staff were on track to have had at least two sessions completed, there was a delay in completing the annual appraisal sessions as planned for every staff member. This was due to the Covid-19 pandemic and the manager had plans in place to ensure all staff would have their appraisal completed before end of December 2020. This will be reviewed at the next inspection.

There was a system in place to monitor that relevant staff were registered with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC), as required. This was checked by the manager monthly.

Staff told us that they received mandatory training as required, however this was solely being provided online due to the pandemic. Records confirmed that the last face to face training sessions took place in November 2019. On the day of inspection the mandatory training records demonstrated a satisfactory level of compliance.

Staff said:

- “Training is good...they organise extra if needed and it’s all online at the minute.”
- “Helen (director) is great at sorting training.”

We were unable to view the fire awareness training records on the day of inspection; however these were submitted by the home the following day and showed a poor compliance level. Prompt action was taken by the manager; all staff were fully compliant in fire safety awareness course by 4 December 2020. During discussions, all staff spoken with were able to explain what to do in the event of the fire alarm activating. All staff spoken with also confirmed that they had taken part in at least one fire drill in recent months. A review of the fire maintenance records confirmed that fire drills had taken place; however the records did not capture what staff participated in the drill and what the outcome was. This was discussed with the manager and agreed that more detailed fire drill records would ensure that all staff were captured in this practical training exercise and that any learning needs would be identified and addressed. An area for improvement was made in relation to fire drill records.

6.2.2 Environment and infection prevention and control (IPC)

We reviewed the home’s environment; this included communal bathrooms, communal lounges, dining room, treatment room, a sample of bedrooms, stores, sluice rooms and the laundry. We found the home to be clean, warm, well-lit and generally welcoming. There were no malodours detected in any area of the home. Domestic staff confirmed that there was a system in place to ensure frequent touch points were regularly cleaned and there was sufficient supply of cleaning materials.

The patient smoke area at the front of the home was clean and tidy. Notices with Covid-19 guidance were neatly displayed at the front door and entrance hall. Personal protective equipment (PPE) donning stations were located at the front and back doors and at other strategic locations throughout the home, along with hand sanitiser. PPE stations were noted to be well supplied.

The home was operating a visiting policy in line with the Department of Health (DOH) Covid-19 visiting guidance. Visits took place by appointment only in a designated area at the back of the dining room. Visitors used a separate entrance at the back of the home and health checks and temperature checks were recorded for each visit. Strategically positioned table and seating assured distancing and visitors were provided with PPE.

The communal lounges were spacious and allowed for social distancing of patients. Bedrooms were found to be clean and uncluttered. There was a large activities notice board for patients located in the main hall, which we noted to have out of date information displayed. This was

discussed with the manager and the information was removed. This will be reviewed at the next inspection.

Communal toilets and bathrooms were generally clean and free from inappropriate storage, however we did note that multiple bins located in bathrooms and throughout the home had swing-top lids which would not meet IPC standards. We also observed the underside of some towel dispensers to be visibly dirty. Several commode frames were rusted around the legs and undersides. One bedrail bumper was ripped and one light pull-cord in a bathroom was uncovered. There was also signage in a poly-pocket on display on a bathroom door which was tattered. These deficits would not be conducive to effective cleaning and therefore not meet IPC standards. We also observed some incontinence aids being stored outside of their original packaging. An area for improvement was made.

In relation to IPC and Covid-19, patients told us:

- “I feel really safe here...we get tested for Covid now, I hate the test but better safe than sorry...the place is spotless, they (staff) are always cleaning.”
- “Everyone here keeps us safe, they are wonderful, place is kept clean.”
- “We are safe from Covid cause they stop too many people coming in...couldn't be better...there is always a mop on the go.”
- “This is one of the best places to be...they are always disinfecting door handles and tables.”
- “Everything is due to the staff...it's excellent.”

Relatives said:

- “I feel safe coming in on visits.”
- “The visits are going quite well...I think Covid has been managed well...place is kept clean.”

Staff spoken with told us that they felt safe coming into work, they were briefed regularly on the Covid-19 guidance updates and had no issues with supplies of PPE. Comments included:

- “I feel less anxious now we know what we are doing...I always feel safe in work...no issues with supplies.”
- “We have these buzz meetings with Covid updates.”

During the inspection we were able to gain access a store room which contained cleaning materials with a potential to cause hazard to health. We also found the door to the lift machinery room to be unlocked. And on viewing the treatment room we noted that the oxygen cylinders were not secured properly to the wall as required. This was discussed with the manager and we requested assurances that action was taken to address these areas. The manager later provided an action plan which included twice daily checks by the person in charge and a handover sheet whereby the person in charge would sign to confirm these areas were secured. This area for improvement had been stated at the previous inspection under standards and was subsumed into a new area for improvement under regulation.

6.2.3 Care delivery

Patients looked well groomed, comfortable and content in their surroundings. Interactions between staff and patients were noted to be polite and respectful.

We observed that patients in the communal areas were spaced safely apart and that they could still engage in social interactions or watch TV. Patients who chose to spend time in their bedrooms had access to a nurse call bell system and indicated that staff usually responded promptly if required. We noted that a few patients, who could not communicate verbally or could not use the call bell system, were checked on regularly by staff.

Staff were seen to spend time chatting with patients in the afternoon and there was some excitement around preparing for Christmas.

We observed the lunch time serving and could see that a menu was available with two choices of main meal. We noted that staff also told patients what the options were and encouraged them to choose. Staff adhered to safe food handling standards and were seen to wear appropriate PPE. Patients chose where they wished to have their meal and seating in the dining room was spaced out appropriately to encourage social distancing. The food appeared and smelled appetising.

Patients told us:

- “I’m here a few years now and love it.”
- “The food is lovely.”
- “I’m quite happy...I was very ill when I first came here but they (staff) got me back...I do a speech every year at Christmas to thank them and this year will be an extra special speech.”
- “The food is beautiful; it’s like being in the Grand Central...if you don’t like the food they get you something else...It’s a home from home.”
- “The food is very good.”
- “Some food I don’t like...some food affects me...they get me something different...my niece gets to come visit.”
- “I knit and do lots of puzzles...always occupied.”
- “I always get what I need...I’m also on a special diet but the food tastes lovely...I get snacks too.”

Relatives told us:

- “I’m happy with the care.”
- “I have no concerns.”

Staff said:

- “The care is good...it’s person centred...we always consider the individual person.”
- “In comparison to my previous care job we get to spend more time with the patients here.”
- “The care is 100 per cent here.”

6.2.4 Care records

During the inspection three patients’ care records were reviewed. We could see that risk assessments were completed monthly or more often if required, and that relevant care plans were in place to address any needs identified. In one patient’s records we found that there was a gap in care plan evaluations between July and August. This was discussed with the manager and could see that they had already identified this during care records auditing and the matter

had been addressed with nursing staff. The manager gave assurances that this was being monitored closely through ongoing and regular auditing process.

Review of patient records showed inconsistencies in the recording of property. In the case of two patients' records there was no evidence of property inventory and in one patient's records there was a page with an inventory list but this was not dated or signed. An area for improvement in this regards has been stated for a second time.

There was evidence of referral to associated healthcare professionals when required, such as dietician, speech and language therapist (SALT) and tissue viability nurse (TVN). Recommendations made by other professionals were documented in the relevant care plans.

In the event of a fall we could see that incident records were completed, relevant persons such GP, next of kin and where required RQIA we informed, and that risk assessments and care plans were updated accordingly. Review of neurological observations records obtained in the event of an actual or potential head injury evidenced that these were not consistently recorded. An area for improvement was made.

6.2.5 Governance

At the start of the Covid-19 pandemic RQIA had been made aware that temporary changes had to be made in relation to the management arrangements. This resulted in the deputy acting up in day to day management of the home. It was acknowledged that constraints caused by these exceptional circumstances had some impact on the governance within the home.

A sample of governance audits evidenced that management oversight of the home was inconsistent, with some auditing systems accurately identifying and addressing deficits, for example in care records, and some audits were not accurately reflective of findings in the home during the inspection, for example the environmental IPC areas as discussed in section 6.1.2.

We discussed the inconsistencies in auditing process with the management team, who were aware of the deficits; they had a more robust management arrangement in place, and were working towards a more consistent approach. Taking into account the circumstances in management arrangements brought about by the pandemic it was felt that this area for improvement could not be fully reviewed and was therefore carried forward to the next inspection.

Provider monthly monitoring visits had also been affected by the pandemic, in that between March and September 2020 monitoring was conducted remotely to reduce the footfall through the home. A review of the monthly monitoring reports evidenced that some records were being reviewed remotely and there was regular liaising with the manager in relation to action plans. Monthly monitoring visits from October 2020 were back onsite and unannounced.

Areas of good practice

Areas of good practice were identified in relation to provision of staff, teamwork, visiting arrangements and interactions between staff and patients. Further areas of good practice were seen in care delivery, provision of PPE and patients' dining experience.

Areas for improvement

Areas for improvement were identified in relation to environmental IPC, fire drill records, post-falls management, and securing of areas with potential hazards to health and safety.

	Regulations	Standards
Total number of areas for improvement	4	0

6.3 Conclusion

There was a warm, homely atmosphere in the home on the day of the inspection. Patients looked well cared for and comfortable in their surroundings. Staff were seen to treat patients with dignity and respect.

Following the inspection the manager provided RQIA with further information and actions they had taken to address any areas for improvement. This included; details of a handover system whereby the nurse in charge of each shift confirmed the security of rooms with potential hazards such as lift machinery room and cleaning stores, details of staff attendance at the most recent fire drill, and evidence of replacement of some items identified as not meeting IPC standards, such as the purchase of two new commodes.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tinny Zuma, Manager and Helen Chambers, Director, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety and that all unnecessary risks to health and safety are eliminated as far as is reasonably practicable. This relates to those areas identified in this report.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: lift door now secured. checklist now added to handover sheet, so door will be checked at the start of each shift by nurse in charge and signed to evidence same.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (f)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that records are maintained in relation to staff participation in fire drills.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: fire drill logs in place. staff attending recorded on the log.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all falls with actual or potential head injury are managed in line with current best practice and that neurological observations are obtained.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: all nurses now informed and full explanation of observations required.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 24 December 2020</p>	<p>The registered person shall ensure that the infection prevention and control issues identified with the home's environment are addressed. This is with specific reference to swing top bins, the condition of some commodes and a bed rail bumper, undersides of paper towel dispensers, the storage of incontinence aids outside of original packaging, one identified pull cord uncovered and signage displayed in poly-pockets.</p> <p>Ref: 6.1.2</p>
	<p>Response by registered person detailing the actions taken: order of new bins will arrive 12/1/2021. underneath of all dispensers cleaned immediately and added to daily cleaning rota. commodes with defects identified pre inspection, replaced commodes were ordered pre inspection supplier states they are waiting for back order as yet they have not arrived. incontinence pads now stored as required. pull cord identified and recovered immediately after inspection.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 35.7</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that any deficits identified through governance audit processes are addressed.</p> <p>Ref: 6.1 and 6.2.5</p> <p>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.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.26</p> <p>Stated: Second time</p> <p>To be completed by: 7 January 2021</p>	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: this was completed by 15/12/2020</p>

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



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