



# Unannounced Care Inspection Report

## 3 June 2019



## Malone

**Type of Service: Residential Care Home**

**Address: 188 Upper Malone Road, Belfast BT17 9JZ**

**Tel no: 028 9061 1745**

**Inspectors: Alice McTavish and Gemma McDermott, Estates  
Support Officer**

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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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 28 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Malone Residential Home  <b>Responsible Individual:</b> Kevin McKinney	<b>Registered Manager and date registered:</b> Julie-Ann Russell 17 November 2015
<b>Person in charge at the time of inspection:</b> Julie-Ann Russell	<b>Number of registered places:</b> 28  A maximum of three persons accommodated in category RC-PH. Maximum of 10 persons in RC-DE category of care.
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment	<b>Total number of residents in the residential care home on the day of this inspection:</b> 25

### 4.0 Inspection summary

An unannounced inspection took place on 3 June 2019 from 09.30 to 19.00. This inspection was undertaken by a care inspector and an estates support officer.

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

Areas for improvement from a previous premises inspection have been reviewed and validated as required.

Evidence of good practice was found in relation to staff recruitment and induction, record keeping, nutrition and the dining experience for residents, privacy and dignity and maintaining good working relationships.

Eight new areas requiring improvement were identified. These related to mandatory staff training, NISCC registrations, aspects of the home's environment, records of activities, the Statement of Purpose, the Residents Guide, quarterly staff meetings and the reports of the visits by the registered provider. One area for improvement relating to fire drills identified during the last care inspection was found to be partially met during this inspection; the area is therefore stated for a second time.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	*6

\*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Julie-Ann Russell, registered manager and Kevin McKinney, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 28 March 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 28 March 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included findings from previous premises, medicines management and finance inspections, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Three questionnaires were returned from residents or residents' relatives. The respondents indicated that they were very satisfied with all aspects of care in the home. One commented: "...we are very pleased with the level of care and compassion of all the staff and the manager Julie-Ann."

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

- staff duty rotas from 27 May to 9 June 2019
- staff training schedule and training records
- three staff recruitment and induction records
- three residents' records of care

- complaint records
- compliment records
- governance audits/records
- accident/incident records from March 2019 to June 2019
- reports of visits by the registered provider from January 2019 to May 2019
- RQIA registration certificate

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

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care and premises inspections

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement, two were met and one was partially met. This area for improvement has been included in the QIP at the back of this report. Areas for improvement identified at a previous premises inspection have been reviewed and assessed as met.

### 6.2 Inspection findings

#### 6.3 Is care safe?

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

The people who live in this home told us that there was always staff around to help them if they needed help, and that this included during the night. The manager and staff on duty confirmed that staffing was safe and kept under review.

#### Staffing and recruitment

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties. We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with activities.

We looked at staff files to make sure that staff were properly recruited and that all pre-employment checks had been made. All staff were properly vetted and suitable to work with the residents in the home.

## **Staff induction, supervision, appraisal and competency**

We spoke with staff who told us that they had a good induction to working in the home. New staff were supervised by senior staff until they felt confident enough to work alone. Staff told us that they were able to approach their senior colleagues or the manager for guidance and that their colleagues encouraged this. Staff confirmed that they got regular supervision after their probationary period in employment and that they got an annual appraisal of their work.

All senior care staff had an assessment of their competency and capability completed by the manager to ensure that they can take charge of the home when the manager is not on duty. The manager would review this if the member of staff was returning from a long term absence, for example, after sickness or maternity leave. This is good practice.

## **Staff training**

We looked at staff training records and found that some areas were out of date such as moving and handling and Control of Substances Hazardous to Health (COSHH). We asked that this area is improved to ensure that it meets the regulations.

## **Staff registrations with their professional body**

All care staff in the home are expected to be registered with their professional body, the Northern Ireland Social Care Council (NISCC) and to pay their annual fees. We found that one member of staff was no longer on the NISCC register. This was discussed with the manager who took the appropriate action. We asked that this area is improved to ensure that it meets the regulations.

## **Safeguarding residents from harm**

The manager described how residents in the home were protected from abuse or harm. The home had safeguarding policy and procedures as well as a safeguarding champion. A report on the safeguarding arrangements for the previous year was being completed.

Staff who we spoke to presented as having a good understanding of the importance of safeguarding. Staff were also familiar with the home's whistleblowing policy and knew that their first obligation was to the safety of the residents. Staff told us that they felt confident about reporting such poor practice.

## **Environment**

The home was well decorated. It looked clean and felt warm. We looked at some of the bedrooms some of which had en-suite bathrooms; all bedrooms and en-suites were personalised and pleasant. Residents told us that they liked their rooms and felt they had their own space and privacy.

There was a lounge for residents on the ground floor with an adjoining dining room leading to a conservatory. There was also a hairdressing room. We noted that all fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair.

We saw that there were some areas which needed attention and these were discussed in feedback. These included some areas which required to be repainted and others which needed to be cleaned. We asked that this area is improved to ensure that it meets the standards.

### **Restrictions**

The manager told us that she makes sure that residents living in Malone enjoyed as much freedom as possible whilst remaining safe and some restrictions were necessary to achieve this.

When we looked at care records for residents we saw that any restrictions were documented. We spoke with a member of staff from a Trust who told us that any restrictions were discussed and agreed with residents and their relatives, kept under review and removed when they were no longer needed.

### **Infection prevention and control (IPC)**

The manager told us about the arrangements in place to make sure that the home was kept free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities.

### **Areas of good practice**

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

### **Areas for improvement**

Three areas were identified for improvement. These were in relation to mandatory staff training, NISCC registrations and the home's environment.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	2	1

#### **6.4 Is care effective?**

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

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe in detail the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

### **Management of risks relating to residents**

The manager described a robust assessment and admissions process before residents could be admitted to Malone. When risks are identified and assessed, a plan is put in place to meet the care needs of the resident and to reduce any risks.

The manager told us about falls management in the home and we were assured that the procedure and practice was good. The manager actively looks for any patterns or trends for

falls and considers actions to reduce the likelihood of further falls happening. The manager and staff were aware of how they could get professional advice from medical or trust staff.

Staff told us about how any resident who might be at risk of choking was referred to a speech and language therapist for specialist advice. The advice was shared with care and kitchen staff and the latest guidance for preparing food and fluids at the correct consistency was available. If any resident was at risk of losing weight, they were referred to a dietician and were weighed regularly.

### **Care records**

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

There was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. We saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year. We also saw evidence that the care records were checked regularly to make sure that they were accurate and up to date.

### **The dining experience**

We could see that the dining room was spacious, clean and bright. There was a menu on display setting out the choice of two hot dishes on the lunch and dinner menus. We saw that the catering kitchen was spacious, well equipped and kept very clean.

We spoke with the cook who told us that all food, including baked items, was made fresh on the premises and the menu changed weekly over a monthly cycle. The cook was able to describe how residents would be provided with additional support for modified food and fluids, if necessary. The cook reported that kitchen and care staff were aware of how food for one resident should be prepared according to the recommendation of a Speech and Language Therapist. Where residents were assessed as needing higher calorie diets, full fat milk or cream was used and where residents were diabetic, suitable foods and fluids were provided.

The cook told us how he worked with the manager to make sure that there was a good variety of dishes available each day and there were always alternatives available. The kitchen can be accessed by staff when the catering staff are not on duty so that residents who want drinks or snacks in the evenings or during the night can have these. The cook also makes meals for special occasions, for example, Christmas, Easter and Halloween and bakes birthday cakes for residents.

Residents told us that they liked to come to the dining room for all meals and that the breakfast service was available throughout the morning. Staff told us that there was no set time for breakfast and that residents could choose when they wished to come for this meal; a small number of residents preferred to take breakfast in their own room and this was facilitated by staff.

We observed the lunch time and evening meal services and noted that these were conducted in a relaxed but orderly manner by staff. The portions provided were good and the plates were attractively presented. Residents had the choice of water, juices or milk.



We saw that staff were attentive to the needs and preferences of residents and gave encouragement to those residents who needed additional support.

The residents we spoke with said that they enjoyed the food in the home and we saw that the registered manager consulted the residents regularly about their views on the meals provided in the home and responded to any requests made by residents.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 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.**

### Culture and Ethos of the home

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, and we saw warm and supportive interactions between residents and staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff. We saw that when a resident became distressed, staff were able to offer appropriate comfort and support.

We could see that person centred care was reflected within the records. There was information about what activities each resident would like to do and residents' daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed and whether they liked to be checked during the night. Staff told us that the residents' routines depended on what they wanted to do and staff adopted flexible approach.

We could see that staff could communicate well with any residents who have a sensory disability and with those who may sometimes be confused and in need of additional reassurance or support.

### Activities

Staff told us about the range of activities available and how the activities co-ordinator worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. On the day of the inspection we saw that residents were enjoying a visiting entertainer whilst staff spent one to one time with other residents.

The registered manager told us that a new activities co-ordinator had recently taken up post and was in the process of meeting with residents individually to establish their preferences. The activities co-ordinator described the variety of activities planned for the summer period. We looked at the records of activities for individual residents and saw that no entries had been made since early May 2019. We asked that this area is improved to ensure that it meets the standards.

Residents said that they enjoyed the activities on offer. One resident said “You couldn’t get a better place...they write up (on the board) what’s happening every day and we can come along and join in if we want...but I really like to spend time in my own company”.

### **Resident involvement**

We looked at the minutes of residents’ meetings and could see that this gave residents an opportunity to discuss areas such as catering, activities, housekeeping, laundry or care. In addition, staff reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

We spoke with residents who told us that they enjoyed living in the home. Some comments made by residents were:

- “I like it here. They (staff) are good to me. I like the food, you never leave the table hungry...my room is lovely.”
- “This is a first class place...they look after me so very well...the girls are great and they take the time to have a chat.”
- “The staff here are kind, sympathetic, supportive and considerate to me; they really understand how it is for me to adjust to being less independent and having to rely on them for help.”
- “It’s good here...they (staff) are very nice to me.”
- “The staff are very good, they look after us well...it’s a beautiful place.”

We spoke with a member of staff from a Trust who told us “There is always a member of staff around and I never have to wait for attention when I arrive. Residents and their relatives always speak positively about the care provided. The staff know the residents and their needs very well and they enjoy good relationships with them. Staff are kind and attentive and they always follow any recommendations we make.”

We spoke with the relative of a resident who told us that his family member was very happy in Malone and seemed to be very well treated by staff in the home.

### **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, listening to and valuing resident and their representatives and taking account of the views of resident.

## Areas for improvement

One area for improvement was identified during the inspection. This related to the records of activities for individual residents.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.6 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.**

Staff in the home said that they were very well supported by their manager who was approachable and available to them for guidance. The manager described the staff team as dedicated, reliable and committed to delivering a high quality of care to residents.

### Managerial oversight

The registered manager described her role in terms of the tasks essential to ensuring that the home runs well. She oversees areas as such as accidents and incidents, mobility equipment and catering and looks for any ways in which these areas can be improved. The manager makes sure that staff are properly supported to do their jobs and makes sure, too, that all of the systems are in place to ensure the safety of the home, for example, that all fire checks are completed and safety services are maintained.

### Complaints and Compliments

The manager deals with any complaints raised by residents or their family members. We could see that they were recorded and managed appropriately. Residents told us that they knew how to make a complaint.

We looked at the home's Statement of Purpose and saw that this document contained limited information regarding the management of complaints. We asked that the Statement of Purpose is reviewed to ensure that it meets the standards.

We looked at the home's Residents Guide and saw that information regarding the management of complaints was limited and that it did not describe the staffing arrangements and organisational structures in the home. We asked that the Residents Guide is reviewed to ensure that it meets the standards.

The registered manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning. We looked at the records of compliments. Some comments made are as follows:

- "Thank you to everyone who made my stay at Malone Residential Home so enjoyable. Thank you for your great care and attention shown to me over many years."
- "(Our relative) was happier in your care than we had seen her in a long time. It was good for us to know she felt happy, safe and secure with you."
- "The staff are really kind and caring towards (my relative) and she often says how good everyone is to her...this has made such a positive difference to all our lives."

## **Accidents and incidents**

The manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

## **Additional training**

The manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in dementia, conflict resolution and in diabetes awareness.

## **Communication**

The registered manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. She also made sure that any best practice guidance, for example, the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and could be used in the home, when necessary, for the benefit of residents.

We looked at the minutes of staff meetings and saw that the last two sets of meetings were held in October 2018 and April 2019 which means that the meetings were not being held quarterly. We asked that this area is improved to ensure that it meets the standards.

## **Visits by the registered provider**

The responsible individual was present for part of the inspection. Mr McKinney described how he ensured that the home was well organised and managed. There was a clear management structure throughout the organisation.

We looked at the monitoring reports of the monthly visits between January and May 2019 and found that the issues identified in this inspection had not been noticed during these visits. This is an indicator that better governance arrangements require to be implemented. We asked that this area is improved to ensure that it meets the regulations.

## **Assessment of premises**

The most recent fire risk assessment for the premises was in place and the significant findings were being addressed in a timely manner. A current risk assessment with regard to the control of legionella bacteria in the premises' hot and cold water systems carried out in June 2018 and work was ongoing to have the issues addressed. There was also a current certificate in relation to the premises' electrical installation was available for inspection.

The servicing of the fire detection and alarm system, fire-fighting equipment and emergency lighting were being undertaken in accordance with current best practice guidance.

## **Areas of good practice**

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

## Areas for improvement

Four areas were identified for improvement. These were in relation to reviews of the home's Statement of Purpose and the Residents Guide, quarterly staff meetings and the reports of the visits by the registered provider.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julie-Ann Russell, 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 residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

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

### 7.2 Actions to be taken by the service

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 1 c i  <b>Stated:</b> First time  <b>To be completed by:</b> 30 August 2019	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> <li>• all staff complete mandatory training</li> <li>• the system of managerial oversight is reviewed so that any gaps in mandatory training can be identified and addressed in a timely manner</li> </ul> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            All staff currently completing mandatory training. Regular review carried out to ensure compliance.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 1 c ii  <b>Stated:</b> First time  <b>To be completed by:</b> 31 July 2019	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> <li>• the system of managerial oversight is reviewed to support staff to maintain their registration with their professional body at all times</li> <li>• a policy and procedure is developed to guide staff regarding registration with their professional body</li> </ul> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Regular audit carried out to ensure all staff maintain their registration and policy developed.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 29 4 b  <b>Stated:</b> First time  <b>To be completed by:</b> 28 June 2019	<p>The registered person shall ensure that the visits made on his behalf, designed to provide assurance regarding the governance arrangements employed in the home, provide sufficient detail of all necessary areas to include, but not limited to:</p> <ul style="list-style-type: none"> <li>• mandatory staff training</li> <li>• staff registration with NISCC</li> <li>• the home's environment</li> <li>• staff meetings</li> </ul> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered provider reviewed the Reg 29 reports and will continue to monitor to ensure he is satisfied.</p>

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 29.4 <b>Stated:</b> Second time <b>To be completed by:</b> 30 August 2019	<p>The registered person shall ensure that unannounced practice fire drills are carried out regularly to ensure that all staff participate in a fire drill at least annually.</p> <p>Ref: 4.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            All staff complete Fire Awareness at least twice annually which includes a Fire Drill. In addition unannounced Fire Drills will be carried out for all staff at least annually.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time <b>To be completed by:</b> 30 August 2019	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> <li>• all external railings are repainted</li> <li>• fire escapes have rust and debris removed and are repainted</li> <li>• the sluice room is tidied</li> <li>• bathrooms receive regular high dusting</li> <li>• the hairdressing room is thoroughly cleaned after each use</li> <li>• the undersides of toilet frames are cleaned daily</li> <li>• the rail on the main staircase is cleaned regularly</li> <li>• the damage to paintwork on the ceiling of the lounge is repaired</li> <li>• pressure cushions on chairs need to be removed or replaced</li> </ul> <p>Ref: 6.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Programme of maintenance and improvement works to the internal and external environment continues.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 13.9 <b>Stated:</b> First time <b>To be completed by:</b> 28 June 2019	<p>The registered person shall ensure that the records of activities for individual residents are kept up to date.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Programme of activities continues to be developed and records retained of activities taking place.</p>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 20.6 <b>Stated:</b> First time <b>To be completed by:</b> 30 August 2019	<p>The registered person shall ensure that the home's Statement of Purpose is reviewed to include more detailed information regarding the management of complaints.</p> <p>Ref: 6.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Statement of Purpose reviewed and updated.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 20.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 August 2019</p>	<p>The registered person shall ensure that the home's Residents Guide is reviewed to include information regarding the management of complaints the staffing arrangements and organisational structures in the home.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Residents Guide reviewed and updated</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 25.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 August 2019</p>	<p>The registered person shall ensure that staff meetings are held on at least a quarterly basis.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Manager to ensure meetings are held at least quarterly.</p>

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





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