

Unannounced Care Inspection Report 25 & 29 June 2020



Clanrye

Type of Service: Residential Care Home (RCH)

Address: 128 Glenarm Road, Larne, BT40 1DZ

Tel No: 028 2827 5701

Inspectors: Marie-Claire Quinn, Joseph McRandle and Julie Palmer

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 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 residential care home registered to provide care for up to 17 residents.

3.0 Service details

Organisation/Registered Provider: Clanrye Responsible Individual(s): Heather Margaret Leo	Registered Manager and date registered: Jennifer Moore – registration pending
Person in charge at the time of inspection: Jennifer Moore – Manager	Number of registered places: 17 Two named individuals in category RC-LD(E). The home is also approved to provide care on a day basis only to 1 person. Maximum of 5 existing residents in DE category of care.
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential home on the day of this inspection: 15

4.0 Inspection summary

An unannounced joint care and finance inspection took place on 25 June 2020 from 10.00 to 15.50 hours and continued on 29 June 2020 from 10.10 to 15.05 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. RQIA received information from the Northern Health and Social Care Trust (NHSCT) which raised concerns in relation to infection prevention and control (IPC) practices in the home. In addition, concerns were identified by RQIA in relation to the home's management of falls and the robustness of management and governance arrangements in the home. In response to this information, RQIA decided to undertake an inspection of the home.

Significant concerns were identified with regard to the cleanliness and condition of the home's environment, management of falls, staff recruitment and management, leadership and governance arrangements. As a consequence, a meeting was held on 3 July 2020 in RQIA with the intention of issuing four failure to comply notices under The Residential Care Homes Regulations (Northern Ireland) 2005, in relation to:

- Regulation 10.-(1) relating to the management, leadership and governance arrangements
- Regulation 13.-(1) relating to the health and welfare of residents, specifically the management of falls
- Regulation 27.-(2) relating to the cleanliness and condition of the home's environment
- Regulation 21.-(1) relating to staff recruitment

The meeting was attended, via teleconference, by Mrs Heather Margaret Leo, Responsible Individual (RI), Ms Jennifer Moore, Manager, and Ms Lisa Harrison, Management Consultant.

At the meeting, RQIA were provided with a detailed account of the actions taken to address these matters since the inspection. RQIA received sufficient assurances that actions had been taken regarding the deficits identified in relation to Regulation 13.-(1), Regulation 27.-(2) and Regulation 21.-(1) therefore the intended notices, under these regulations were not served.

However, during the meeting RQIA did not receive the necessary assurance required in relation to the effectiveness and robustness of the management, leadership and governance arrangements within the home. RQIA had evidenced that all of the deficits identified were attributable to the overall deficits identified in the management, leadership and governance arrangements. It was therefore decided that one failure to comply notice would be issued under Regulation 10.-(1) with the date of compliance to be achieved by 17 August 2020.

The following areas were examined during the inspection:

- management, leadership and governance arrangements
- management of the environment and Infection Prevention and Control practices
- management of falls
- care records
- staff recruitment
- management of residents finances
- delivery of personal care and activities.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	5

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jennifer Moore, Manager, via telephone on 26 June 2020. Further feedback was provided to Ms Moore and Lisa Harrison, Management Consultant, at the conclusion of the inspection on 29 June 2020. The timescales for completion commence from the date of inspection.

An intention to serve failure to comply notices meeting resulted from the findings of this inspection. One failure to comply notice was issued under The Residential Care Homes Regulations (Northern Ireland) 2005 as follows:

FTC Ref: FTC000101 with respect to Regulation 10.-(1).

Two areas for improvement from the previous care inspection, regarding staff recruitment and monthly monitoring reports, have been subsumed into the Failure to Comply Notice issued. One area for improvement, in relation to care plans for the management of pain and distressed reactions, has been subsumed into an area for improvement under Regulation 19.

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.

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
- the Northern Health and Social Care Trust's (NHSCT) Infection Prevention Team's report dated 17 June 2020

The following records were examined during the inspection:

- care records of four residents
- daily progress notes for two residents
- accidents and incidents records from 1 June to 26 May 2020
- monthly monitoring reports for November and December 2019 and February 2020
- a sample of governance records
- the recruitment records for two members of staff
- a sample of staff training records and competency and capability assessments
- the home's 'COVID-19' information file
- three residents' finance files including copies of written agreements
- a sample of financial records including residents' personal allowance monies and a sample of copies of bank statements from the residents' bank account
- a sample of records of fees paid on behalf of two residents
- financial policies and procedures

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

6.0 The inspection

6.1 Review of areas for improvement from previous care and medicines management inspection 24 and 25 June 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 Schedule 2 (1) and (7) Stated: First time	The registered person shall ensure staff are recruited properly with particular reference to ensuring that there are two written references in place, linked to the requirements of the job and there is a health and fitness assessment in place.	Not met
	Action taken as confirmed during the inspection: Review of two staff recruitment records evidenced that records were not maintained in accordance with regulations to ensure staff were safely recruited. This area for improvement has been subsumed into the failure to comply notice. Refer to section 6.2.5 for further information.	
Area for improvement 2 Ref: Regulation 27 (4) (a) Stated: First time	The registered person shall submit an action plan with timescales to the home's aligned estates inspector detailing how the nine recommendations made at the fire safety risk assessment dated 21 May 2019 will be addressed.	Met
	Action taken as confirmed during the inspection: RQIA received the necessary confirmation in September 2019 which evidenced that this area of improvement, as stated, had been met.	
Area for improvement 3 Ref: Regulation 19 (1) (a) Schedule 3 (2) Stated: First time	The registered person shall ensure a recent photograph of the resident is maintained in the care records.	Met
	Action taken as confirmed during the inspection: Review of the care records of four residents evidenced that this area for improvement had been met.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20.11 Stated: First time	The registered person shall improve the robustness and quality of monitoring visits and subsequent reports, so as to ensure adequate and suitable governance is in place.	Partially met
	Action taken as confirmed during the inspection: Review of monthly monitoring reports confirmed these had been completed as required. However, there was limited evidence of robust management oversight and governance as identified issues had not been reviewed and actioned in a timely manner. This area for improvement has therefore been subsumed into the failure to comply notice. Please see section 6.2.1 for further information.	
Area for improvement 2 Ref: Standard 6 Stated: Second time	The registered person shall ensure that care plans include the management of pain and distressed reactions specific to the resident.	Not met
	Action taken as confirmed during the inspection: Review of care records evidenced that these were unsatisfactory and this area for improvement has been subsumed into an area for improvement under Regulation 19 regarding care records. Please see section 6.2.4 for further information.	

6.2 Inspection findings

6.2.1 Management, Leadership and Governance Arrangements

During the inspection of 25 and 29 June 2020 we evidenced deficits in the overall day to day leadership, management and governance of this home. For example, management of falls, IPC practices and measures, ensuring the day to day cleanliness and maintenance of the home and regularly reviewing the quality of care and other services provided by the home.

In addition, residents care records were not recorded with sufficient detail to enable anyone inspecting them to trace details of how staff managed events such as falls, incidents or changes in a resident's health and well-being. Recruitment records reviewed did not provide assurances that staff had been recruited safely to protect residents from harm.

Monthly monitoring reports reviewed confirmed that deficits in the governance systems had been identified in November 2019. However, there was a lack of evidence to confirm that the home's management had made the necessary improvements to address these deficits in a timely manner; this was concerning given the potential risk of harm to residents.

During the inspection on 29 June 2020, the management team provided a sample of a new audit and governance system they planned to implement.

During the meeting on 3 July 2020 the responsible individual and manager acknowledged that these deficits had not been addressed in a timely manner and, through their management consultant, provided details of how they would secure the necessary improvements needed to achieve compliance with regulations and standards.

However, RQIA did not receive the necessary assurance required in relation to the effectiveness and robustness of the management, leadership and governance arrangements within the home. This also included the appropriate delegation of tasks, such as audit and notifying relevant agencies of incidents or events; to the person in charge of the home when the manager was off duty. RQIA had evidenced that the deficits identified through the inspection were attributable to the deficits identified in the management, leadership and governance arrangements for the home. It was therefore decided that a failure to comply notice would be issued under Regulation 10.-(1).

6.2.2 Management of the environment and Infection Prevention and Control practices

Prior to the inspection, the NHSCT's Infection Prevention team had identified significant concerns regarding the home's environment, IPC measures and staff use of PPE during their visit on 17 June 2020. A deep clean of the home was arranged by the NHSCT following this visit.

During RQIA's inspection, staff were generally observed to use PPE appropriately. However, we observed staff on several occasions not to be wearing face masks and guidance was provided by inspector to the staff concerned. Details were provided to the manager during feedback.

Observations of the home's environment evidenced concerns with the cleanliness and maintenance of the home. For example, identified toilets and bathrooms required to be thoroughly cleaned; bedroom furniture required to be repaired or replaced to allow it to be effectively cleaned; identified resident equipment, such as commodes showed signs of wear and tear which meant it could not be effectively cleaned; and flooring in the downstairs bathrooms and hallway needed to be replaced due to water damage, wear and tear.

There was no evidence to show that the manager had oversight of the cleanliness of the home. There were no systems or processes in place to ensure the home remained clean and safe on a day to day basis. For example, there were no cleaning schedules in place to direct staff or evidence of quality monitoring and the cleaning arrangements discussed with inspectors only specified which floor housekeeping staff were to work on. This was concerning given the issues identified by the NHSCT's Infection Prevention Team.

In addition there was also no clear audit or action plan in place regarding the required maintenance and refurbishment of the home.

At the meeting on 3 July 2020 the responsible individual and manager, through the management consultant, provided assurances that the necessary improvements had or would be addressed.

The management team said that the NHSCT would continue to monitor adherence to IPC measures in the home and provide further guidance and follow up visits to support the home.

A decision was therefore made that the FTC notice with regard to Regulation 27.-(2) would not be served.

6.2.3 Management of falls

RQIA evidenced significant concerns regarding the management of falls in the home. For example, there was little or no evidence within records that following a fall where a head injury was suspected that the appropriate medical attention was sought promptly. There was also little or no evidence that effective and timely communication with relevant professionals such as G.P's, district nursing staff and care managers had taken place in relation to any accident or incident which affected the well-being of the residents.

RQIA were unable to evidence that a clear and robust falls management policy and procedure was in place to guide and support care staff.

RQIA were unable to evidence that accurate and traceable accident and incident records were maintained or that management had oversight of this process.

RQIA evidenced that there were significant delays in notifying RQIA in accordance with The Residential Care Homes Regulation (Northern Ireland) 2005 – Regulation 30.

At the meeting on 3 July 2020 the home provided assurances that the necessary improvements had or would be addressed; and a decision was made that the FTC with regard to Regulation 13.-(1) would not be served. Areas for improvement in relation to falls management were subsumed into the FTC notice issued under Regulation 10.-(1).

6.2.4 Care records

Prior to RQIA's review of care records, the manager advised that there were plans to review and implement a new system for recording care delivered. This was to be completed in conjunction with the management consultant and that staff training had been arranged for 10 July 2020 to focus on recording and the new system.

Care records reviewed contained a person centred initial risk assessment and detailed social histories. A recent photograph of the resident was also retained in care record and so this area for improvement from the previous care inspection was met.

We reviewed a sample of residents care records. We evidenced a number of deficits including the completion and timely review of relevant risk assessments and care plans; and that the records generally were not accurately or consistently maintained to enable the tracing of actions taken, and by whom, when residents care needs or well-being had changed.

In addition concerns were identified with the language used within the daily care records to describe residents. This was not person centred and in some cases derogatory.

Review of governance records from November and December 2019 confirmed that deficits in care records had been identified however there was little to no evidence to confirm that any action had been taken to address these deficits in a timely or systematic manner.

We were unable to evidence a system to ensure a robust annual care review of residents' care needs. The manager said that changes in care management in NHSCT had caused this delay. However, as stated previously, there was no evidence that residents' care needs had been kept under regular review by the home; or that the home had escalated this lack of review by care manager/social workers to the Trust.

The management team did provide an example of a new resident care record to the inspector on 29 June 2020 and this was acknowledged as part of the discussion at the meeting on 3 July 2020.

During the meeting the responsible individual and manager also acknowledged that the deficits identified in care records had not been addressed in a timely manner. Through their management consultant, the responsible individual and manager provided details of how they would secure the necessary improvements needed to achieve compliance with regulations and standards.

RQIA were satisfied that these concerns could be managed through the quality improvement plan

6.2.5 Staff recruitment

Recruitment records reviewed were not robust and did not provide the necessary assurance that staff working in the home had been recruited safely. For example, pre employment checks such as AccessNI checks were not available; and there was no evidence to confirm that gaps in staff employment history had been identified and explored.

RQIA requested written assurances, from the manager that all staff working in the home since 2015 had the required AccessNI checks completed prior to them commencing work in the home. This was received on 30 June 2020.

At the meeting on 3 July 2020 the home provided sufficient assurances that the necessary improvements had or would be implemented to address deficits in the recruitment record keeping process; and a decision was made that the FTC with regard to Regulation 21.-(1) would not be served.

However, areas for improvement in relation to the management of staff recruitment were subsumed into the FTC notice issued under Regulation 10.-(1).

6.2.6 Management of residents finances

Financial systems and controls in place at the home regarding residents' monies were reviewed; these included the system for recording transactions undertaken on behalf of residents, the system for recording the reconciliations of residents' monies, the system for recording residents' personal property and the system for retaining residents' personal monies.

A review of three residents' files evidenced that copies of signed written agreements were retained within all three files. Although the agreements reviewed showed the current amount of the third party contribution paid on behalf of the residents, they did not show the current weekly fee paid by, or on behalf of, the residents. This was discussed with the manager and identified as an area for improvement under the standards.

Discussion with the manager and a review of records confirmed that social security benefits for two residents were paid into a residents' bank account. A review of a sample of bank statements from the account showed that periodically the total balance in the account was withdrawn and deposited into the home's business bank account, the amount withdrawn included the residents' personal allowance monies. There were no records of the residents' bank account being reconciled at least quarterly, in line with the DHSSPS Residential Care Homes Minimum Standards, August 2011. There were no records of a breakdown of the amounts withdrawn e.g. the amount owed from the benefits towards the residents' fees and the amount of personal allowance belonging to the two residents. This was discussed with the manager and two areas for improvement were identified under the standards.

Discussion with the manager confirmed that the two residents were handed their full amount of personal allowance on a weekly basis. A review of records showed that the residents last received their monies at the end of February 2020. The manager confirmed that this was suspended due to the onset of Covid-19. There was no record of the amount owed to each resident since the end of February 2020. This was discussed with the manager and identified as an area for improvement.

The manager was advised to contact the two residents' care managers at the Health and Social Care Trust to agree how the residents would receive their backdated monies.

A discussion with the manager confirmed that hairdressing treatments provided to residents were paid by the home. Transactions for residents (apart from the two residents identified during the inspection) were undertaken by the residents' representatives.

The manager was advised to review the financial policies and procedures and update them to include the procedure for paying the hairdresser and the procedure for purchases undertaken on behalf of the two residents identified during the inspection.

A review of a sample of monthly monitoring audits evidenced that the management of residents' finances was not included in the audits. The benefit of including this area periodically as part of the audit was discussed with the manager and identified as an area for improvement.

6.2.7 Delivery of personal care and activities

Observation confirmed that residents had been supported by staff to attend to their personal care and they were wearing clean and comfortable clothing. One resident was delighted at having their hair brushed and styled, while another enjoyed a blow dry after their shower.

Staff attended to residents in a prompt and friendly manner. Discussions with staff confirmed that they were knowledgeable of the residents' needs, individual likes and preferences, including their preferred daily routines. This reflected our observations during the inspection, as some residents chose when to have a shower or enjoyed a lie in in the morning.

Staff delegated tasks well for the serving of breakfast and lunch, which created a calm atmosphere for the residents. The food was served hot and looked appetizing. Residents were encouraged to eat, and staff ensured to offer alternatives if necessary. Residents were positive about the quality, quantity and choice of the food provided in the home. One resident told us how much they had enjoyed a BBQ a few weeks earlier; another had enjoyed a leisurely breakfast of tea, cereal and toast “just the way I like it.” We saw that residents were provided with plenty of hot and cold drinks throughout the day and were encouraged to drink. This was particularly important during the recent heatwave.

During the inspection on 25 June, staff offered residents a selection of activities in the lounge such as skittles or floor games. Other residents told us they were content with reading the newspaper, or books which are delivered regularly from the local library. Some residents enjoyed the privacy and space of being in their bedrooms.

Areas of good practice

There was evidence of good practice in relation to ensuring that the personal care, nutrition and hydration needs of residents were met. We saw residents being provided with choice about what to eat and how to spend their time. Care records contained detailed social histories.

Areas for improvement

Areas for improvement were identified in relation to management, leadership and governance arrangements, management of the environment and Infection Prevention and Control practices, and management of falls and staff recruitment. These are to be addressed through the Failure to Comply notice issued under Regulation 10.-(1).

Eight new areas for improvement, to be managed under the Quality Improvement Plan, were identified in relation to care records and the management of residents' finances.

	Regulations	Standards
Total number of areas for improvement	3	5

6.3 Conclusion

Following the inspection a Failure to Comply notice was issued under Regulation 10.-(1) in regards to the management, leadership and governance arrangements in the home. Compliance with this notice is to be achieved by 17 August 2020.

Notices under Regulation 13.-(1), Regulation 27.- (2) or Regulation 21.- (1) were not issued due to the assurances provided and action plans received by RQIA from Heather Margaret Leo, responsible individual.

Additional areas for improvement are to be managed through the Quality Improvement Plan (QIP).

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jennifer Moore, Manager via telephone on 26 June 2020. Further feedback was provided to Ms Moore and Lisa Harrison, Management Consultant, at the conclusion of the inspection on 29 June 2020. 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 home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19.-(1) (a) and Schedule(3) (k) Stated: First time To be completed by: 29 September 2020	<p>The registered person shall ensure that residents' care records are maintained in accordance with regulations, the care standards and professional standards set out for social care workers by NISCC.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: A new and robust careplanning, governance and recording system has been introduced with all staff receiving further training</p>
Area for improvement 2 Ref: Regulation 15.-(2) (a) and (b) Stated: First time To be completed by: 29 September 2020	<p>The registered person shall ensure that risk assessments are kept under review and revised to reflect any change in the resident's condition.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: As part of the new revised care planning system the new risk assessments have been embedded into same, again all staff have received further training</p>
Area for improvement 3 Ref: Regulation 16.-(2) Stated: First time To be completed by: 29 September 2020	<p>The registered person shall ensure that care plans are regularly reviewed to ensure they accurately reflect the current care needs of residents.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: A new robust auditing system is in place to review care plans monthly by the Registered Manager</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 4.6 Stated: First time To be completed by: 31 August 2020	<p>The registered person shall ensure that residents' written agreements are updated to show the current fee paid by, or on behalf of, residents.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: All agreements have been updated</p>

<p>Area for improvement 2</p> <p>Ref: Standard 15.12</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2020</p>	<p>The registered person shall implement a system for recording the reconciliations (at least quarterly) of the bank account for which two residents' social security benefits are paid into.</p> <p>The reconciliation should be recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: This has been completed and is under review with an outside consultant to improve best practice</p>
<p>Area for improvement 3</p> <p>Ref: Standard 15.12</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2020</p>	<p>The registered person shall implement a system to show a breakdown of the monies withdrawn from the residents' bank account and deposited into the business bank account e.g. the amount owed from the benefits towards the residents' fees and the amount of personal allowance monies belonging to the two residents.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: Completed again a more robust system is in development</p>
<p>Area for improvement 4</p> <p>Ref: Standard 15.6</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2020</p>	<p>The registered person shall ensure that a record is maintained of the amount of personal allowance monies owed to the two residents, identified during the inspection, from the last hand over at the end of February 2020.</p> <p>Once agreed with the Health and Social Care Trust, RQIA should be informed of the date the backdated monies have been handed over to the residents.</p> <p>Ref: e.g. 6.2.6</p> <p>Response by registered person detailing the actions taken: Completed and forwarded to relevant Named workers.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2020</p>	<p>The registered person shall ensure that the management of residents' finances are periodically included in the monthly monitoring audits (at least every three months).</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: This has been added to monthly monitoring</p>

****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
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care