Unannounced Care Inspection Report
7 June 2016

Clairville

Type of Service: Residential
Address: 62 Bann Road, Rasharkin, BT44 8SZ
Tel No: 0282954 1139
Inspector: Bronagh Duggan

1.0 Summary

An unannounced inspection of Clairville took place on 7 June 2016 from 10:00 to 17:30.

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

Is care safe?

One requirement and three recommendations were made. The requirement related to reviewing of staffing levels within the home to ensure the assessed needs of all residents could be met. The recommendations included updating the homes safeguarding policy and procedure, to ensure that any areas identified as requiring improvement within staff competency and capability assessments should be followed up, and to ensure staff receive mandatory training on an up to date basis.

Is care effective?

One requirement and one recommendation was made. The requirement related to the accuracy and regular review of risk assessments. One recommendation was made this related to the frequency of staff meetings. These should be held on a more regular basis.

Is care compassionate?

No requirements or recommendations were made. Some examples of good practice included residents' spiritual and cultural needs being met within the home; residents being consulted about the standard and quality of care and about the home environment, residents meetings were being held on a regular basis.

Is the service well led?

One requirement and two recommendations were made. The requirement related to the reporting of notifiable events to RQIA. The two recommendations related to the maintaining of an up to date register of residents in the home and updating the homes policy regarding the management of complaints to reflect relevant legislation and DHSSPS guidance on complaints handling.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Wendy Dickie, deputy manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered provider: Mrs Veronica Reid	**Registered manager:** Mrs Veronica Reid
Person in charge of the home at the time of inspection: Mrs Wendy Dickie	**Date manager registered:** 01/04/2005
Categories of care: I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	**Number of registered places:** 17
Weekly tariffs at time of inspection: £494 per week	**Number of residents accommodated at the time of inspection:** 16

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned Quality Improvement Plan (QIP), notifications of accidents and incidents reported to RQIA since the previous inspection and the homes complaints return.

During the inspection the inspector met with eleven residents, two care staff, and the deputy manager. Twenty one user satisfaction questionnaires were distributed for completion to be returned to RQIA. Fifteen questionnaires were completed and returned, these included six from residents, five from staff and four from representatives. The returned questionnaires showed positive feedback in relation to the domains inspected.

The following records were examined during the inspection:

- Four care records
- Staff training records
- Staff duty rota
- Induction records
- Supervision and appraisal information
- Competency and capability Assessments
- Relevant policies and procedures
- Fire Safety Risk Assessment
- Minutes of residents meetings
- Minutes of staff meetings
- Accident and incident records
- Complaints records
- Falls audits

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26/04/2016

The most recent inspection of Clairville was an announced estates inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the specialist inspector at their next inspection

4.2 Review of requirements and recommendations from the last care inspection dated 17/11/2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 1.6 **Stated:** First time	The registered manager should ensure that that the views and opinions of residents and their representatives are sought formally at least once a year, preferably by an organisation or person independent of the home.	**Met**
	Action taken as confirmed during the inspection: Information was available in the home which evidenced the views and opinions of residents and their representatives had been sought formally by an organisation independent of the home.	

Recommendation 2 **Ref**: Standard 1.7 **Stated:** First time	The registered manager should ensure that a report is compiled from the information gathered, to reflect the comments made, issues raised and any actions to be taken for improvement. A copy of the report should be provided to residents and their representatives.	**Met**
	Action taken as confirmed during the inspection: A report was compiled and made available to residents and representatives which reflected the comments made, issues raised and any actions to be taken for improvement.	
Recommendation 3 **Ref**: Standard 9.2 **Stated:** Second time	The registered manager should ensure all care staff complete training in relation to continence management.	**Met**
	Action taken as confirmed during the inspection: Discussion with the deputy manager and review of training records maintained in the home showed staff had completed training in relation to continence management on 19 January 2016.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 4 **Ref**: Standard 21.1 **Stated:** Second time	The registered manager should ensure that the home's policy on the management of continence is updated.	**Met**
	Action taken as confirmed during the inspection: Following the inspection a copy of the updated policy on the management of continence dated January 2016 was forwarded to RQIA. The policy was satisfactory.	

4.3 Is care safe?

The deputy manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. However it was of note that two residents in the home had recently been assessed as requiring the assistance of two staff. The duty rota showed that from 5pm onwards there were only two staff available in the home. This issue was discussed with the deputy manager who confirmed the situation was manageable.

From discussions with two staff members one staff member confirmed that it “can be stressful in the evenings from 5pm onwards when there is only two staff on, especially when some of the residents need assistance of two”. The second staff member stated they did not usually work beyond 5pm so they were unable to comment on the work practices. The issue of having two staff on duty from 5 pm onwards when two residents were assessed as requiring the assistance of two staff was discussed with the deputy manager as was the need to ensure there are adequate staff numbers on duty at all times to meet the assessed needs of residents.

A requirement was made that a review of staffing levels should be completed without delay to ensure staffing levels are maintained at a suitable level to meet the needs of all residents at all times.

On the day of inspection the following staff were on duty –

- Deputy Manager
- Care Assistants x2
- Cook x1
- Domestic x1

From 5pm onwards the staffing levels included

- Senior Carer x1
- Care Assistant x1

Night duty

- Senior Carer x1
- Care Assistant x1

The deputy manager confirmed the registered manager is usually on call and remains in close proximity to the home.

Review of five completed induction records and discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection. The deputy manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained.

A sample of staff competency and capability assessments were reviewed. We found that some areas had been assessed and showed that further development was required for staff however there was no evidence to show what had been done to help the staff member develop further in their practice. The need to ensure staff are supported in the identified areas was discussed with the deputy manager. A recommendation was made that the training needs of individual staff for their roles and responsibilities should be identified and arrangements should be put in place to meet those needs.

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Recruitment records were not viewed during this inspection as the registered manager was not available, these shall be reviewed during a future inspection.

Arrangements were in place to monitor the registration status of staff with their professional body Northern Ireland Social Care Council (NISCC) this information was available for review in the home.

There was an adult safeguarding policy and procedure in place. A recommendation was made that this should be reviewed and updated to reflect the new regional adult safeguarding guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 alongside this plans should be put in place to identify a safeguarding champion within the home in keeping with the new regional guidance. Discussion with staff confirmed that they were knowledgeable and understood adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records relating to adult safeguarding forwarded to RQIA following the inspection showed that staff had completed training on 23 April 2015.

Discussion with staff members established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. Staff training records confirmed that all staff had last received training in infection prevention and control (IPC) in May 2013. This issue was discussed with the deputy manager as two yearly updates for staff are recommended. Further examination of staff training records maintained in the home showed staff had last completed manual handling training in 2014 this training was past renewal date as RQIA Mandatory Training Guidance recommends manual handling training should be provided annually. A recommendation was made that the registered person should make arrangements to ensure staff complete all mandatory training as needed within the specified timescales.

Discussion with the deputy manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The deputy manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the deputy manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments including manual handling, nutrition, and falls were reviewed and updated on a regular basis or as changes occurred however there was room for improvement as referred to in section 4.4 of this report.

The deputy manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the deputy manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly for example fire safety in the home.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The deputy manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated 25 February 2016 identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually the most recent fire safety training had been provided for staff on 10 March 2016. The most recent fire drill was completed on 10 March 2016. The deputy manager was advised that a record should be maintained of the names of all staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly / monthly and were regularly maintained.

Areas for improvement

Four areas of improvement were identified within this domain. These included one requirement and three recommendations. The requirement related to the reviewing of staffing levels within the home to ensure the assessed needs of all residents in the home could be met. Three recommendations were made, these related to the updating of the homes safeguarding policy and procedure, to ensure that any areas identified as requiring improvement within staff competency and capability assessments should be followed up, and to ensure staff complete all mandatory training as needed within the specified timescales.

Number of requirements	1	**Number of recommendations**:	3

4.4 Is care effective?

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of four care records confirmed that these included up to date assessment of needs, life history, care plans and daily / regular statement of health and well-being of the resident. It was noted from two of the care records inspected that falls risk assessments were either incomplete or completed inaccurately. This issue was discussed with the deputy manager. The need to ensure risks are assessed accurately and reviewed at regular intervals was discussed with the deputy manager. It was also noted that records stated risk assessments should be reviewed three monthly however evidence in the home showed that this was not always being done.

A requirement was made that the registered manager should ensure that assessments of residents needs are kept under review; this is to ensure accuracy of reporting, identifying risks and introducing strategies to reduce the identified risks. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. For example residents are asked their preferences daily at meal times.

The care records reflected multi-professional input into the residents' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The deputy manager confirmed that records were stored safely and securely in line with data protection.

The deputy manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents were completed on a monthly basis. The audits showed the number of accidents and incidents. Additional information should be included in audits in order to identify in some way the residents who had an accident or incident as to allow the opportunity to identify patterns or changes in resident's needs.

The deputy manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. It was noted from records maintained in the home that staff meetings were being held on an irregular and infrequent basis. The benefits of regular staff meetings were discussed with the deputy manager including providing greater opportunities for staff to share ideas / experiences from working in the home.

A recommendation was made that staff meetings should be held at least quarterly and more frequently if required. Discussion with the deputy manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident meetings were available for inspection.

Areas for improvement

Two areas of improvement were identified within this domain. One requirement was made relating to the accuracy and reviewing of residents assessed needs. A recommendation was also made that staff meetings should be held at least quarterly and more often if required.

Number of requirements	1	**Number of recommendations**:	1

4.5 Is care compassionate?

The deputy manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, choice and consent of residents.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, were met within the home. Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

The deputy manager, residents and staff confirmed that consent was sought in relation to care and treatment. Residents, staff and observation of interactions demonstrated that residents were treated with dignity and respect.

Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected. For example staff spoke about how they would approach residents individually and discretely to see if they needed assistance with their continence needs. Staff were also aware of closing the office door when visiting professionals were in the home to speak about individual resident's needs.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The deputy manager confirmed that residents were listened to, valued and communicated with in an appropriate manner , residents also have the opportunity to have their say at regular residents meetings. Discussion with staff, residents, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Some comments from residents included:

- "Everyone is very good. Honestly you couldn't ask for better. They are all so kind, the food is good, I have everything I need"
- "This is a nice place, everyone is very kind"
- "The food is good, the staff are very nice, no complaints from me"
- "They are all very good here, couldn't be nicer"
- "I like it here alright. I have everything I need"
- "All good here"

The deputy manager confirmed that residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example regular residents meetings, informal meetings with representatives and regular care reviews.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them. Eleven completed questionnaires were returned to RQIA by residents and representatives. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home. Some comments made within the questionnaires included:

- "The staff are very attentive. (He/she) enjoys the activities"
- "Always feel protected, the staff are good. There is good care here. Always treated with dignity and respect"

Areas for improvement

No areas of improvement were identified.

Number of requirements	0	**Number of recommendations**:	0

4.6 Is the service well led?

The deputy manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

The home had a complaints policy and procedure in place. A recommendation was made that this policy should be updated to reflect relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. There had been no new complaints recorded since the previous inspection.

The deputy manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events showed one occasion when RQIA had not been notified about the death of a resident in the home. This was in breach of Regulation 30 which states the registered person shall give notice without delay of the occurrence of the death of any resident, including the circumstances of his death. A requirement was made. Further to this it was noted that the residents register had not been kept up to date reflecting the transfer of residents from the home to hospital. A recommendation was made that the register should be maintained on an up to date basis at all times.

A regular audit of accidents and incidents was undertaken and this was available for inspection. As already stated earlier in section 4.4 of this report the need to be able to identify the individual residents was discussed with the deputy manager to allow greater opportunity to analyse data and learn from accidents and incidents. We shared with the deputy manager the availability the Falls Prevention Toolkit as a resource and advised to make use of this to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed. We informed the deputy manager that quality assurance systems shall be focused on in greater detail when the registered manager is present.

As already stated in section 4.3 of this report omissions were evident in relation to the provision of mandatory training which resulted in a recommendation being made.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. The deputy manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The deputy manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responded to regulatory matters in a timely manner however one omission has already been referred .

The deputy manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The deputy manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

Areas for improvement

Three areas of improvement have been identified, these included one requirement and two recommendations. The requirement related to the reporting of notifiable events in the home. Two recommendations were made these included updating the homes policy on complaints and ensuring the residents register is maintained on an up to date basis.

Number of requirements	1	**Number of recommendations**:	2

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Wendy Dickie, deputy manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

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

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP RQIA's office for review by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 **Ref:** Regulation 20.(1) (a) **Stated:** First time **To be completed by:** 17 June 2016	The registered provider must undertake a review of staffing levels without delay to ensure staffing levels are maintained at a suitable level to meet the needs of residents at all times.
	Response by registered provider detailing the actions taken: The Registered Provider has undertaken a Review of Staffing to ensure that they meet the requirements of maintaining care in relation to residents needs.
Requirement 2 **Ref:** Regulation 30.(1) (a) **Stated:** First time **To be completed by:** 7 July 2016	The registered provider must give notice without delay of the occurrence of the death of any resident, including the circumstances of his death.
	Response by registered provider detailing the actions taken: Registered Provider will ensure that notification are forwarded within time Scales.
Requirement 3 **Ref:** Regulation 15.(2) (a) **Stated:** First time **To be completed by:** 7 August 2016	The registered provider should ensure that the assessments of residents needs are accurate and kept under review.
	Response by registered provider detailing the actions taken: The Registered Provider has Reviewed the assessed needs of the residents to ensure they are accurate.

Recommendations	
Recommendation 1 **Ref:** Standard 23.4 **Stated:** First time **To be completed by:** 7 August 2016	The registered provider should ensure the training needs of individual staff for their roles and responsibilities should be identified and arrangements put in place to meet those needs. **Response by registered provider detailing the actions taken:** Staff capability assessment is being updated to identify training needs & assist staff to meet those needs.
Recommendation 2 **Ref:** Standard 16.1 **Stated:** First time **To be completed by:** 7 August 2016	The registered provider should update the homes adult safeguarding policy and procedure to reflect the new regional adult safeguarding guidance Adult Safeguarding Prevention Protection in Partnership, July 2015 and include plans to identify a safeguarding champion. **Response by registered provider detailing the actions taken:** The registered provider has updated the homes adult Safeguarding policy & procedure to reflect current guidance & legislation.
Recommendation 3 **Ref:** Standard 23.3 **Stated:** First time **To be completed by:** 7 August 2016	The registered provider must make arrangements to ensure staff complete all mandatory training as needed within the specified timescales. **Response by registered provider detailing the actions taken:** Arrangements are in place to update all Mandatory Training as required.
Recommendation 4 **Ref:** Standard 25.8 **Stated:** First time **To be completed by:** 7 August 2016	The registered provider should ensure that staff meetings are held at least quarterly and more frequent if required. **Response by registered provider detailing the actions taken:** Staff Meetings are being held on a quarterly basis. or will be held & given more regularly if needed.

Recommendations	
Recommendation 5 **Ref:** Standard 17.1 **Stated:** First time **To be completed by:** 7 September 2016	The registered provider should ensure the homes complaints policy is updated to reflect relevant legislation and DHSSPS guidance on complaints handling.
	Response by registered provider detailing the actions taken: The registered provider has updated the homes Complaint policy in line with current guidance & Legislation
Recommendation 6 **Ref:** Standard 20.8 **Stated:** First time **To be completed by:** 7 July 2016	The registered provider should ensure that the residents register is maintained on an up to date basis.
	Response by registered provider detailing the actions taken: The registered provider will ensure that the resident's Register is maintained in an up to date basis.

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