



# Unannounced Care Inspection Report 20 September 2018



## Cove Manor

**Type of Service: Nursing Home**

**Address: 89 Mullanahoe Road, Ardboe, Dungannon, BT71 5AU**

**Tel no: 028 8673 6349**

**Inspector: Dermot Walsh**

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 31 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Cove Manor Care Home Ltd  <b>Responsible Individual(s):</b> Mr Sean McCartney	<b>Registered Manager:</b> Mrs Madge Quinn
<b>Person in charge at the time of inspection:</b> Mrs Madge Quinn	<b>Date manager registered:</b> 1 December 2010
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.  Residential Care (RC) PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. I – Old age not falling within any other category. LD(E) – Learning disability – over 65 years.	<b>Number of registered places:</b> 31  Category NH-DE for 3 identified patients only and category RC-LD(E) for 1 identified resident only. The home is also approved to provide care on a day basis only to 3 persons.

### 4.0 Inspection summary

An unannounced inspection took place on 20 September 2018 from 09.50 to 17.30 hours.

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

The term 'patient' is used to describe those living in Cove Manor which provides both nursing and residential care.

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

Evidence of good practice was found in relation to staffing arrangements, training and development, recruitment practice, monitoring the registration status of staff and accident management, risk assessment, teamwork, governance arrangements, quality improvement and

maintaining good working relationships. There was further good practice identified in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives.

Areas requiring improvement were identified under regulation in relation to recording visitors to the home, safe working practices, storage of chemicals, care planning and notifiable events. Areas for improvement were identified under standards in relation to the adult safeguarding policy and the storage of records. Areas for improvement previously identified in relation to the use of net pants and the complaints procedure were stated for the second time.

Patients described living in the home in positive terms. Some of their comments can be found in section 6.6. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	5	*4

\*The total number of areas for improvement includes two under standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Madge Quinn, Registered Manager and Sean McCartney, Responsible Individual, 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 18 July 2018

The most recent inspection of the home was an unannounced premises inspection undertaken on 18 July 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home

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

During the inspection the inspector met with nine patients, six staff and one patient's representative. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff duty rota for week commencing 17 September 2018
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patients' care records
- three patients' daily care charts including bowel management, personal care, food and fluid intake charts and repositioning charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 18 July 2018

The most recent inspection of the home was an unannounced premises inspection. The completed QIP will be reviewed by the estates inspector and will be validated at the next premises inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 10 July 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (1) (b)  <b>Stated:</b> First time	The registered person shall ensure that the recruitment process is reviewed to make sure that all relevant information has been obtained and/or reviewed prior to a staff member commencing in post.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of recruitment records evidenced that appropriate checks had been completed prior to the staff member commencing in post.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time	The registered person shall ensure that net pants are labelled for individualised patient use and unnamed net pants are not laundered and used communally.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Unlabelled and laundered net pants were observed in the laundry room with the potential to be shared.	
	This area for improvement has not been met and has been stated for a second time.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that drying racks and drip trays are provided in the sluice rooms in keeping with the management of infection prevention and control.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the environment evidenced that this area for improvement is now met.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that patients' care plans give clear direction in terms of frequency of repositioning and that these directions are followed.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of two patients' care plans, in relation to pressure management, evidenced a clear direction for the frequency of repositioning had been recorded. Repositioning records had been maintained appropriately.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 7</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the complaints procedure for the home is in accordance with legislation and DHSSPS guidance on complaints.</p>	<p><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the home's complaints procedure evidenced that it had not been amended since the last care inspection.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>		

## 6.3 Inspection findings

### 6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 17 September 2018 evidenced that the planned staffing levels were adhered to.

Discussion with patients, one patient's representative and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

Staff consulted confirmed that yearly appraisals were conducted in the home and that staff received a minimum of two recorded supervisions per year.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. The registered manager confirmed that there were no recent or ongoing safeguarding concerns relating to the home. An adult safeguarding champion had been identified, though, had not attended training pertinent to this role. The responsible individual confirmed that the home's adult safeguarding policy had not been updated to reflect the current regional guidelines. An area for improvement was made under standards.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and had been reviewed as required. However, deficits were found within two patients' care records in relation to care planning. This will be further discussed in section 6.5.



We reviewed accidents/incidents records since the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Notifications of accidents were submitted in accordance with regulation. From a review of records and discussion with the registered manager there was evidence of proactive management of falls.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. There was evidence of ongoing refurbishment in the home.

On entry to the home, it was observed that a visitors' sign in book had not been made readily available for visitors to record the date and time that they entered or left the home. This was discussed with the registered manager and identified as an area for improvement.

A review of the laundry facility identified a concern with the safety of working practices. A plug had been secured to an electrical socket by means of tape. Given the amount of tape used the condition of the plug was not visible. This was discussed with the registered manager and identified as an area for improvement. Chemicals were observed accessible to patients in an identified room on the ground floor. This was discussed with the registered manager and identified as an area for improvement to ensure compliance with control of substances hazardous to health (COSHH) legislation.

Laundered net pants were observed in the laundry room. Net pants should be single use only unless labelled for single patient use. The net pants observed did not have any patient identification visible. An area for improvement made in this regard has been stated for a second time.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, the use of bedrails. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to recruitment practice, monitoring the registration status of staff and accident management.

### **Areas for improvement**

Areas for improvement were identified under regulation in relation to recording of visitors to and from the home, the safety of working practices and compliance with COSHH legislation.

An area for improvement was identified under standards in relation to safeguarding.

An area for improvement identified under standards in relation to the use of unidentified net pants has been stated for the second time.

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

### 6.5 Is care effective?

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

Review of three patients' care records evidenced that all appropriate assessments had been conducted on admission and reviewed appropriately. We reviewed the management of nutritional care to patients, patients' weights, wound care and restrictive practice. Nutritional care, patients' weights and restrictive practice had been managed appropriately and documented well.

One patient's wound care plan had not been updated sufficiently to give a clear direction of the wound dressing regime. A review of a recently admitted patient's care plans evidenced that these had not been personalised and did not contain sufficient information to direct patient care. This was discussed with the registered manager and identified as an area for improvement.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, tissue viability nurses, speech and language therapists and dieticians.

Supplementary care charts such as repositioning, bowel management and food and fluid intake records evidenced that contemporaneous records were maintained and that these records had been maintained in accordance with best practice.

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

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Comments from staff in relation to teamwork highlighted that "everyone gets on very well" and that "patients always come first." Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. Staff commented that the home's management were, "very approachable" and "always try to find a solution to any concerns raised".

Discussion with the registered manager confirmed that staff meetings were conducted every three months in the home. A notice was displayed advising of a staff meeting scheduled for 24 September 2018.

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

Patient and patients' representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and teamwork.

### Areas for improvement

An area for improvement was identified under regulation in relation to care planning.

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

#### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff consulted were also aware of the requirements regarding the handling of patient information and maintaining patient confidentiality. However, archived patients' care records were observed within an accessible storeroom in the home. This was discussed with the registered manager and identified as an area for improvement.

The environment had been adapted to promote positive outcomes for the patients. For instance, bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

The serving of lunch was observed in the dining room. Patients were seated around tables which had been appropriately set for the meal. Food was served directly from the kitchen when patients were ready to eat or be assisted with their meals. The food which was served appeared nutritious and appetising. Meal choices were offered and alternatives provided when neither choice was preferred. Portion sizes were appropriate for the patients to whom the food was served. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience. A menu was available at the entrance to the dining room and also on patients' tables.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- "I never cease to be amazed at the kindness, good humour and compassion of all your staff."
- "Thank you for taking very good care of ... and the friendship given to him. He appreciated it and so did we."

- “Thank you so much for all you have done for ... . You showed her respect and kindness in the last years of her life and we will be forever grateful for this.”

Consultation with nine patients individually, and with others in smaller groups, confirmed that living in Cove Manor was a positive experience. Ten patient questionnaires were left for completion. Six patient questionnaires were returned within the expected timeframe.

Patients’ comments:

- “The care is very good. Staff are brilliant.”
- “It’s not so bad here. Staff are very nice.”
- “It is ok here. I am happy enough.”
- “All is good here.”
- “Overall the care here is very good.”
- “It’s very nice here.”
- “Doing a good job. I am satisfied and content.”
- “Cove Manor is a good place to live.”
- “Food is very good”

One patient’s representative was consulted during the inspection. Ten relative/representative questionnaires were left for completion. Three were returned. All respondents indicated that they were very satisfied with the service provision across all four domains. Some patients’ representatives’ comments were as follows:

- “The care here is first class. Staff are great and the food is very good.”
- “Family are very satisfied with uncle’s care. Nothing is ever a problem.”

Two questionnaires were returned which did not indicate if they were from patients or their relatives/representatives. Both respondents indicated that they were very satisfied with the service provision in Cove Manor.

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from staff consulted during the inspection included:

- “We are a good close knit home here.”
- “It is good here. It’s like home from home.”
- “I love working with the patients here. It gives you a lift.”
- “I really like it here.”

Any comments from patients, patients’ representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives.

## Areas for improvement

An area for improvement was identified under standards in relation to the storage of patients' care records.

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

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the registered manager and staff, and observations confirmed that the home was operating within its registered categories of care.

A variation is currently being processed by RQIA in relation to the formation of a separate residential care home within the premises. RQIA and the home's management are liaising to achieve this.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that a recent complaint had been managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. However, a review of the complaints procedure in the home evidenced that it continued not to be in accordance with the DHSSPS guidance on complaints against registered services. The current complaints procedure did not direct the complainant to the commissioning Trust as an option to raise/forward their complaint to. This was discussed with the registered manager and an area for improvement made in this regard was stated for the second time.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, wound care, restrictive practice and infection prevention and control practices.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Discussion with the registered manager and responsible individual and a review of records evidenced that not all notifiable events which had occurred in the home had been reported to RQIA. An area for improvement was made under regulation.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

### Areas for improvement

An area for improvement was identified under regulation in relation to the reporting of notifiable events to RQIA.

An area for improvement, in relation to the complaints procedure, made under standards at the previous care inspection has been stated for the second time.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Madge Quinn, Registered Manager and Sean McCartney, Responsible Individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

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

## 7.2 Actions to be taken by the service

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 19 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that a record is maintained of all visitors to the home.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Visitors book in place.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 27 (4) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the working practices in the laundry are safe and do not present a fire risk. This is in relation to the taping of plugs to electrical sockets.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Completed</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 14 (2) (a)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Chemicals are stored safely in keeping with legislation.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Regulation 16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that person centred care plans are developed in a timely manner from admission and reviewed as required to ensure that the care directed is current.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Care plans are prepared in a timely manner.</p>

<p><b>Area for improvement 5</b></p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all notifiable events are reported to RQIA in a timely manner from the date of the incident.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person will ensure that all events are reported in a timely manner.</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 6</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2018</p>	<p>The registered person shall ensure that net pants are labelled for individualised patient use and unnamed net pants are not laundered and used communally.</p> <p>Ref: 6.2 and 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Net Pants are not being reused and are disposed after use.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 7</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2018</p>	<p>The registered person shall ensure that the complaints procedure for the home is in accordance with legislation and DHSSPS guidance on complaints.</p> <p>Ref: 6.2 and 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> completed</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2018</p>	<p>The registered person shall ensure that the home's adult safeguarding policy is updated to reflect regional guidelines.</p> <p>Training pertinent to the role of the adult safeguarding champion must be sourced for the person identified in the role.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Training has been provided for a number of members of staff.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all records in the home are stored in accordance with legislative requirements and best practice guidelines.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person will ensure that all records in the home are stored appropriately.</p>

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





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