



Unannounced Care Inspection Report 21 August 2019



Fairfields Care Centre

Type of Service: Nursing Home

Address: 80a Fair Hill Road, Cookstown BT80 8DE

Tel no: 02886766294

Inspectors: Gillian Dowds and Lyn Buckley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides nursing and residential care for up to 70 patients.

3.0 Service details

Organisation/Registered Provider: Care Facilities and Management Ltd Responsible Individual: Barabara Haughey	Registered Manager and date registered: Phillip McGowan 18 April 2016
Person in charge at the time of inspection: Phillip McGowan	Number of registered places: 70 A maximum of 28 in category NH-DE, 33 patients in the categories NH-I/NL-PH, no more than one in NH-MP(E), and one identified patient in category NH-LD(E). The home is approved to provide care on a day basis to up to five persons and there shall be a maximum of three named residents in residential care.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD (E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 70

4.0 Inspection summary

An unannounced inspection took place on 21 August 2019 from 09.30 hours to 18.15 hours.

The inspection assessed progress with all areas for improvement identified in the home 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.

The term 'patient' is used to describe those living in Fairfields Care Centre which provides both nursing and residential care.

Evidence of good practice was found in relation to the provision of communal lounges, staff knowledge of adult safeguarding, management of falls, care plans for acute infection and enteral feeding, staff interaction with patients and training.

Areas requiring improvement were identified in relation to staffing/supervision in the dementia units, propping open of doors, patient access to the kitchen area, patient centred care planning, up to date Speech and Language Therapy (SALT) recommendations in care plans, activities in the dementia unit, complaint management and notifications to RQIA.

Patients described living in the home as being a good experience and in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*6	8

*The total number of areas for improvement includes one which has been stated for a second time and two which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Phillip McGowan, manager, as part of the inspection process. The timescales for completion commence from the date of inspection

4.2 Action/enforcement taken following the most recent inspection dated 26 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 26 February 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

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

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 12 August 2019 to 1 September 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider
- RQIA registration certificate.

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

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspections

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 Stated: First time	The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.	Not met
	Action taken as confirmed during the inspection: Environmental and infection prevention and control issues were raised during the inspection as discussed in section 6.3.	

Area for improvement 2 Ref: Regulation 13 (1)(a)(b) Stated: First time	<p>The registered person shall ensure that pressure relieving equipment used is appropriately set in regards to manufacturer’s guidance and patient weight. The settings required should be appropriately recorded in care plans and reviewed as required.</p> <p>Action taken as confirmed during the inspection: It was confirmed that the settings were documented in care plans and an audit was in place and up to date at the time of inspection.</p>	Met
Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 28 Stated: First time	<p>The registered person shall review the non-administration of two identified medicines; a report of the findings and action should be forwarded to RQIA.</p> <p>Action taken as confirmed during the inspection: The information was received as requested.</p>	Met
Areas for improvement from the last estates inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Ref: Regulations 27.(4)(a) & 14.(2)(a),(b) & (c) Stated: First time	<p>The registered person shall ensure that the facility health & safety, plus the NIHTM84 fire risk assessments are reviewed. The risk assessments action plan recommendations must be implemented in accordance with risk assessor`s time-frame.</p> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	Carried forward to the next care inspection

Ref: Regulations 14.(2)(a),(b) & (c) Stated: First time	The registered person shall confirm that new glazing conforms with relevant safety standards	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.3 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 from 12 August 2019 to 1 September 2019 evidenced that the planned daily staffing levels were adhered to. The registered manager also confirmed that agency staff was employed to cover sick leave if necessary.

Observations and discussion with staff confirmed that from 14:00 hours one registered nurse was on duty for the two first floor units. Concerns were also raised by staff in respect of staffing levels generally and within the first floor units in particular. Details were discussed with the manager during feedback and he acknowledged that staffing levels and deployment of staff needed to be reviewed to ensure the safety of patients. An area for improvement was made.

We observed staff attending to patients' needs. They appeared to know their patients well and were able to discuss their likes, dislikes and care of patients individually.

We also sought staff opinion on staffing via the online survey; no responses were received.

Review of records confirmed there was a system in place to monitor the registration status of care staff with the NMC and NISCC and this clearly identified the registration status of all staff.

Discussion with staff confirmed they were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding. Review of training records confirmed staff had completed mandatory training in this area. The registered manager, as the nominated person in the role of adult safeguarding champion (ASC), had completed the necessary training. Staff spoken with were aware that the registered manager was the ASC for the home.

Discussion with staff and a review of records confirmed falls were managed within best practice guidance and an analysis performed to identify any patterns or trends. It was identified that not all that were appropriately notified to RQIA as discussed in section 6.6.

Infection prevention and control (IPC) measures were observed and shortfalls were identified throughout the environment within various sluice rooms. We observed inappropriate storage of equipment, for example visitors chairs in one, two commodes were found not to be cleaned effectively and in some sluice areas commodes were not stored appropriately. In one toilet a raised frame was noted to be rusty and soiling to the leg.

In some areas toilet brushes were observed not air drying. In the locked barber's room individual patient prescribed topical creams were on view. Uncovered food was noted in an identified fridge and on one occasion a staff member was observed not following guidelines for disposal of used laundry or handwashing. This was addressed by the nurse in charge at the time. Pads were observed opened behind an outer door outside the pad store.

A malodour was identified in the stairwell to the Church unit. We discussed these shortfalls with the manager as part of the inspection process. An area for improvement in relation to IPC has been stated for a second time as an area for improvement.

In the Church unit it was observed that an entrance to a dining room was obstructed with a large game. This appeared to be in place to prevent patient access to this room. This was discussed with the manager who agreed to cease this practice.

In the same unit a door was observed propped open to a small kitchen area. Here we observed access to patient information in files; patients potentially had access to supplements, cleaning chemicals and kitchen equipment. The manager viewed this at the time of inspection and it was discussed further on feedback. An area for improvement was identified.

Discussion with the registered manager confirmed that there was a refurbishment plan in place as various repairs/replacements have been identified during monthly visits by the registered provider. Plans included improvements such as, replacement of the flooring in the corridors and dining room in the Church Unit.

We observed that there were many well-appointed communal areas throughout the home, for example, quiet rooms, large lounges and smaller sitting rooms. This provided patients with plenty of options when deciding whether to spend time alone, with other patients, or with visitors, as they preferred.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to provision of communal lounge areas, staff knowledge of adult safeguarding, refurbishment plan for the floor replacement and staff management of falls.

Areas for improvement

The following areas were identified for improvement in relation to staffing levels and supervision in the dementia units, data protection, propping open of doors and patient access to chemicals and equipment.

	Regulations	Standards
Total numb of areas for improvement	2	2

6.4 Is care effective?

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

We observed the delivery of care to patients throughout the inspection and it was obvious staff knew them well and had a good understanding of their care needs. Staff demonstrated effective communication skills and were seen to attend to patients in a caring manner.

We reviewed three patients' care records and these evidenced that although care plans were in place to direct patient care shortfalls were identified. One care plan reviewed in respect of patient behaviour and one for personal care were not patient centred or reflective of the assessed care needs for either patient. Discussion with staff identified they were knowledgeable about the needs of their patients. An area for improvement was identified.

Patients' nutritional needs had been identified and validated risk assessments were completed to inform care planning. Patients' weights were monitored on at least a monthly basis and there was evidence of referral to the dietician and the speech and language therapist (SALT) where required. However it was observed one care plan did not reflect the most up to date guidance for SALT recommendations. Staff did confirm the patient was receiving the correct diet and were knowledgeable in the provision of modified diets. An Area for improvement was identified.

We reviewed the records of a patient who had been on antibiotic medication for a chest infection and the care plan was in place and directed the care for this patient and a history of antibiotic use was in place.

We observed that, for patients who required enteral feeding, a record of the daily regimen, care of the gastrostomy tube and checks carried out, was maintained. Staff spoken with demonstrated their knowledge of the management of enteral feeding.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge of their patients and care planning for acute infections and enteral feeding.

Areas for improvement

The following areas were identified for improvement in relation to patient centred care plans and nutritional care plans reflecting most recent SALT guidelines.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care compassionate?

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

During the inspection we spoke with eight patients individually and in small groups and two visitors and three staff. Patients who were unable to communicate their opinions appeared to be relaxed and well cared for.

Comments from patients were positive and complimentary about life in the home; these included:

- “Great place.”
- “Lovely.”
- “Good house.”

A visitor spoken to felt staff were very good with patients and comments such as:

- “They are very good to him.”

We also sought the opinion of patients and patients’ visitors on the service received in Fairfield’s via questionnaires; two were returned within the time frame and comments from same were passed to the manager who agreed to review and identify any action to be taken.

Staff were observed to treat the patients with respect and dignity and maintained their privacy and knocking patients’ bedroom doors before entry.

We reviewed the activities on offer throughout the home and the activity planner was available to view. We discussed activities with the activity therapist on the dementia unit, who was very enthusiastic about her role. On discussion a training deficit was identified in relation to activities for dementia patients and an area for improvement was identified.

On the day of inspection we observed the serving of lunch on both floors. Patients were encouraged to eat at the dining table and staff were observed to be present in the dining area and offered the patients choice and encouragement to eat their meal. Staff were also observed offering assistance to patients with their meal. Patients able to communicate indicated that they enjoyed their meals. The menus were displayed but in the Church unit the print was small, not in picture form and was difficult to read. An area for improvement was identified.

Patients spoken with indicated they were happy with their meals comments such as:

- “Good.”
- “Plenty to eat.”

Staff spoken with were able to discuss their roles and responsibilities in the home and reported that they work well together and were able to discuss the patient’s likes and dislikes and understood their needs.

Staff spoken to were mostly positive about teamwork and concerns were raised about staffing as discussed in section 6.3.

Observation of staff interactions with patients' evidenced effective and sensitive communication was maintained. Staff also demonstrated that effective communication was maintained within their teams. Patients' visitors spoken with on the day of inspection confirmed they were kept very well informed and were consulted with about their relative's care needs.

A record was kept of cards and compliments received, remarks included:

- "Thank you for the care and compassion shown."
- "A massive thank you for the care for..."
- "Huge thank you for all the care and attention that the staff of Fairfield's gave to my father."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to interaction of staff and patients, the meal time experience for patients and staff awareness of patients' likes and dislikes.

Areas for improvement

The following areas were identified for improvement in relation to the menu display and dementia training for the activity therapist.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is the service well led?

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

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. The registered manager discussed an application of variation to this registration. RQIA will review this.

There had been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the registered manager's hours on front of the duty rota and the nurse in charge of each shift was clearly identified.

Discussion with staff, patients and visitors confirmed that the registered manager's working pattern allowed for plenty of opportunities to meet with him if necessary and that he was accessible.

Discussion with the registered manager and review of a selection of governance audits evidenced that systems were in place to monitor the quality of nursing care and other services provided in the home. Audits were completed to review, for example, accidents/incidents, IPC measures, falls, complaints and care plans. However, it was noted that where corrective actions or improvements were identified, this was not always signed as completed. This was discussed with the manager and an area for improvement was identified.

We reviewed the system in place for managing complaints. Prior to the inspection we had sought assurance from the responsible individual in regard to complaint management in the home. This was due to concerns raised through RQIA. After discussion with the registered manager and review of the complaints it was evidenced that a system was in place for recording of complaints. In some cases it was not clear if actions had been taken to resolve the complaint. An area for improvement was identified.

Discussion with the registered manager and review of records evidenced the systems in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies. Shortfalls were identified in the reporting to RQIA of accidents in the home where a head injury was identified and other notifiable events. This was discussed with the manager who felt they may have been missed due to him being the only person to have access to the system. It was suggested that he could allocate another staff member access to assist with this. An area for improvement was identified.

We reviewed a sample of reports of monthly monitoring visits carried out by the registered provider. These included evidence of consultation with patients, staff and visitors, a service improvement plan and an action plan which indicated who would undertake the task and a completion date for this.

Review of records confirmed the home provided mandatory training to ensure staff were adequately trained for their roles and responsibilities. A mandatory training schedule was maintained and staff were reminded when training was due.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interaction with patients and staff training.

Areas for improvement

The following areas were identified for improvement in relation to oversight of audits, complaints management and notifications to RQIA.

	Regulations	Standards
Total number of areas for improvement	1	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Phillip McGowan, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 Stated: Second time To be completed by: 31 October 2019	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The areas identified during the inspection were immediately rectified. Home manger has replaced all toilet brushes in the home The issue of unopened pads outside the pad store door was discussed with IPC nurse and while they are NOT to be left in a clinical space, the area stated in the report is not clinical and is used as the dissemination area.</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: Immediately from time of inspection	<p>The registered person shall ensure that the practice of propping open of doors ceases with immediate effect.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The door into the snack kitchen had alarm closures fitted during the inspection</p>
Area for improvement 3 Ref: Regulation 14 (2) (a) (b) (c) Stated: First time To be completed by: Immediately from time of inspection	<p>The registered person shall ensure as far as reasonably practicable unnecessary risks to the health and safety of patients is identified and so far as possible eliminated this is particular reference to:</p> <ul style="list-style-type: none"> • Access to equipment, chemicals and supplement drinks. <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All staff have been made aware of the correct storage environment and the need to adhere to COSHH regulations. Cleaning products and supplements that must remain in the kitchen area are now in a cupboard. All other products have been removed to the domestic storage area.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2019</p>	<p>The registered person shall ensure that RQIA are notified of events occurring in the home in accordance with Regulation 30.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: All events are reported in line with Regulation 30</p>
<p>Area for improvement 5</p> <p>Ref: Regulations 27.(4)(a) & 14.(2)(a),(b) & (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the facility health & safety, plus the NIHTM84 fire risk assessments are reviewed. The risk assessments action plan recommendations must be implemented in accordance with risk assessor's time-frame.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and will be carried forward to the next care inspection.</p>
<p>Area for improvement 6</p> <p>Ref: Regulations 14.(2)(a),(b) & (c)</p> <p>Stated: First time</p>	<p>The registered person shall confirm that new glazing conforms with relevant safety standards.</p> <p>Ref: 6.6</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and will be carried forward to the next care inspection.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: Immediately from time of inspection</p>	<p>The registered person shall ensure that a review of the staffing levels and supervision arrangements is carried out to ensure the social and care needs of the patients are met. This is in particular reference to the Spires and Church units.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Staffing levels have been reviewed in line with the dependency levels of clients in house and the standard staffing model meets these requirements. The Home manager is aware of the staffing model and in the case of staff sickness shifts are put out to external agency. As happened in the week of the Inspection, where staff are not available the staffing ladder is adjusted to ensure the safety of clients at the highlighted risk and heavy care periods.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2019</p>	<p>The registered person shall ensure that confidential information regarding patients' individual care is not on view or accessible by others to protect patients human rights.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The posters with residents names have been removed from the snack kitchen area</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2019</p>	<p>The registered person shall ensure that robust patient centred care plans are in place for each patient's assessed need, including those with a dementia diagnosis and presentation of behaviour that challenges.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff have been reminded that as care needs change the care plans need to reflect the individualised changes of each resident</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2019</p>	<p>The registered person shall ensure that nutritional care plans are reflective of the current SALT guidelines.</p> <p>Ref 6.4</p> <p>Response by registered person detailing the actions taken: Staff have been reminded that if a resident receives a new SALT assessment the care plan is required to be updated.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2019</p>	<p>The registered person shall ensure the daily menu is displayed in an appropriate format in each dining area in the home.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: . The inspector viewed the menu list not the daily menu display. The home displays the daily menu on TV sets in each dining area. The RQIA inspector was not on this visit shown this by the nurse who was asked about the menu displayed. The home manager will ensure all staff are aware that when asked about daily menus they show the person the computerised system</p>

<p>Area for improvement 6</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2019</p>	<p>The registered person shall review the provision of activities in the dementia unit to ensure meaningful activities are offered and training is sourced to enable the activity therapist to provide same.</p> <p>Ref :6.5</p> <p>Response by registered person detailing the actions taken: The home manager disputes this recommendation in part. The dementia home support team attend the home twice weekly and the activities are in line with the assessed needs of those under assessment in those units. The activities are therefore of meaning. The manager does however agree that the current therapist requires more training into her specific role regarding group and events therapies</p>
<p>Area for improvement 7</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2019</p>	<p>The registered person shall ensure that the actions taken to address complaints are clearly recorded and include the complainant's levels of satisfaction with the complaint process.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Registered Manager has changed the complaints analysis form to cover the two areas above in a more measured manner. The monthly audit will also take into account the level of satisfaction</p>
<p>Area for improvement 8</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2019</p>	<p>The registered person shall ensure that a robust system is in place to ensure the outcome of the governance audits is implemented and maintained.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Governance agendas have been reviewed to firstly include a review of actions from previous month so the 'loop' can be closed.</p>

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



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