

Unannounced Care Inspection Report 27 July 2017



Rathmena House Care Home

Type of Service: Nursing Home (NH)
Address: 26 Rathmena Gardens, Ballyclare, BT39 9HU
Tel No: 028 93 322980
Inspector: Karen Scarlett

www.rgia.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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing and residential care for up to 29 persons.

3.0 Service details

Organisation/Registered Provider: MD Healthcare Ltd Responsible Individual(s): Mrs Lesley Catherine Megarity	Registered Manager: Miss Methyl Dagooc
Person in charge at the time of inspection: Miss Methyl Dagooc	Date manager registered: 29 June 2017
Categories of care: Nursing Home (NH) PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years LD – Learning disability LD(E) – Learning disability – over 65 years I – Old age not falling within any other category Residential Care (RC) I – Old age not falling within any other category.	Number of registered places: 29 Not more than four persons in categories NH-LD and NH-LD(E) to be accommodated at any one time.

4.0 Inspection summary

An unannounced inspection took place on 27 July 2017 from 09.20 to 14.00 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 DHSSPS Care Standards for Nursing Homes 2015.

The term 'patients' is used to describe those living in Rathmena House 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 the management of staff, in particular the induction arrangements for staff on day and night duty. The culture and ethos of the home was positive and good relationships were evident between patients and staff. There had been works completed in the home to a good standard which had improved the experience of the patients. There was evidence of good governance by the registered manager. The mealtime experience of patients also evidenced good practice.

Areas requiring improvement were identified in relation to recruitment practices, the maintenance of bed bumpers, the availability of monthly quality monitoring reports, addressing negative comments in returned questionnaires and the arrangements for patients to exit the home should they so wish.

Patients were very positive in relation to the home and the staff; and patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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	3	3

Details of the Quality Improvement Plan (QIP) were discussed with Methyl Dagooc, Registered 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.

4.2 Action/enforcement taken following the most recent inspection dated 12 January 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 12 January 2017. 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.

There were no further actions required to be taken following the most recent 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
- 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, four staff and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution. A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 10 to 23 July 2017
- 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
- one staff recruitment and induction file
- three patient care records
- a selection of governance audits
- patient satisfaction survey template
- complaints record
- RQIA registration certificate
- certificate of public liability
- 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 person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 January 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 9 January 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
Area for improvement 1 Ref: Regulation 30 Stated: First time	The registered provider must give notice to RQIA without delay of the occurrence of notifiable events as stated in regulation 30.	Met
	Action taken as confirmed during the inspection: Review of accidents and incident forms and audits for the previous three months evidenced that these were appropriately notified to RQIA.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: First time	The registered person should ensure that time is scheduled at all changes of shift for handover reports to be given on patients' care and other areas of accountability.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and care staff confirmed that care staff attended the handover reports and that sufficient information was provided to enable them to deliver care to patients.	
Area for improvement 2 Ref: Standard 4 criterion 8 Stated: First time	The registered provider should ensure that following a suspected or confirmed head injury that neurological observations are carried out in accordance with best practice guidelines, documented and responded to appropriately.	Met
	Action taken as confirmed during the inspection: A review of care records, incident and accident records and discussion with the registered manager and registered nurse confirmed that appropriate action was taken following a suspected or confirmed head injury.	

Area for improvement 3 Ref: Standard 46 Stated: First time	The registered provider should ensure that the practice of storing packets of disposable wipes on toilet cisterns should cease.	Met
	Action taken as confirmed during the inspection: Disposable wipes were not stored inappropriately on toilet cisterns.	

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. The individual patient dependency levels were completed and maintained in each patient's record. However, there was no system for determining the overall patient dependencies in the home. This had been identified in the monthly report for July and was in the process of being implemented. This will be reviewed at future inspections.

A review of the staffing rota for week commencing 10 to 23 July 2017 evidenced that the planned staffing levels were mainly adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels.

Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection with the exception of the deputy manager's records. The registered manager explained that these were held at head office to maintain confidentiality. It was emphasised to the registered manager that all recruitment and personnel files should be available for inspection and that she should have the oversight of this information in relation to staff. An area for improvement was identified under the regulations.

All other staff records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005 with the exception of evidence of the staff's physical and mental fitness for work. This was identified as an area for improvement under the standards. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. One care assistant explained that she had been inducted in to the day shift in the home but should she need to work nights a further induction had to be completed in this regard. This was commended as an area of good practice.

Review of the training matrix/schedule for 2016/17 indicated that training has been completed to ensure that requirements were met. The majority of staff had completed training in wound care, infection control, manual handling, first aid, health and safety, fire safety and challenging behaviours. Training was in progress for the 2017/18 year.

Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

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

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. There was evidence that this information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous inspection confirmed that these were appropriately managed. An area for improvement under the regulations identified at the last care inspection had been met.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, the lounge, the dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment. Two bathrooms were found to have pads and a roll of clinical waste bags stored on top of the fittings. This was discussed with the registered manager who removed the items immediately and agreed to address this with staff. An identified patient's bed bumpers were found to be worn and could not be effectively cleaned. An area for improvement under the standards was identified.

It was noted that the home had been redecorated, carpet laid and bathrooms refurbished which improved the environment. Further refurbishment works are planned and the registered manager was reminded to inform RQIA by submitting the appropriate application once these plans were finalised.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas of good practice

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

Areas for improvement

Areas for improvement were identified, one under the regulation and one under the standards, in relation to staff recruitment practices. A further area for improvement under standards was identified in relation to the maintenance of the bed bumpers.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. The home had changed ownership in November 2016 and it was noted that there were a combination of documents from the previous owners and MD Healthcare. The registered manager and nursing staff were in the process of transferring all patient information onto the MD Healthcare templates which will further enhance the quality of the record keeping.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Supplementary care charts including daily care charts and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

Review of patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition. An area for improvement under the standards made at the previous care inspection had been met.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioner's (GP), speech and language therapy (SALT), dietician, and tissue viability nurses (TVN). Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with the registered manager confirmed that staff meetings were held on a quarterly basis. Records were maintained and were available for staff to review.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and/or the registered manager. One staff questionnaire respondent was of the opinion that management did not appropriately respond to concerns. Please refer to section 6.6 for further information.

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

Discussion with the registered manager and review of records evidenced that a family meeting had been held in July and further meetings were planned. Minutes were available.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives knew the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and communication amongst the staff team and with the management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Care staff were observed completing their charts in the lounge mid-morning and chatted with patients as they did so. Good relationships were evident between the staff and patients.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There had been a family meeting held on 22 July 2017 at which satisfaction questionnaires had been distributed to ascertain the views of patients and their representatives in relation to the staff, the environment, cleanliness, communication and meals. The home management were awaiting return of these and intend to report back on the findings.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Consultation with patients individually, and with others in smaller groups, confirmed that living in Rathmena House was a positive experience. They spoke in very positive terms about the care provided and the staff in the home. No complaints were raised.

Three patient representatives commented positively in relation to the care and the staff. One relative commented that activities provision could be improved for those patients who could not leave their own rooms. One patient commented that they were unaware if activities were taking place and tended to stay in their room and watch television. The provision of activities was discussed with the registered manager as no schedule was on display. She explained that they employed an activities leader and that activities took place in the afternoon. She stated that the schedule was currently undergoing a review. Reminiscence activity was observed to be taking place in the lounge following lunch. This will continue to be monitored at future care inspections.

Questionnaires were left for distribution at the inspection. Three relatives and one staff returned questionnaires within the timeframe for inclusion in the report. The staff respondent raised concerns that some staff were not responsive to patients' needs and concerns were not responded to appropriately by the manager. Comments in the three relatives' questionnaires expressed dissatisfaction in relation to the accessibility of buzzers for patients, lack of activities, attention to personal care, and a lack of response by management when concerns were raised. This was contrary to the findings on inspection and the comments were shared with the deputy chief executive of MD Healthcare, Mr Watson, following the inspection who agreed to address this. An area for improvement under the standards was identified requiring action to be taken to address the negative comments made.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

The serving of breakfast was observed and it was noted that the atmosphere was calm and relaxed. Tables were nicely set and a choice of food and beverages were readily available. Patients were observed to be enjoying their meal. Ample assistance from staff was available as required.

It was noted that a coded keypad was in place at the front door in order to enter and exit the home. It was acknowledged that the home needed to be secured from the outside but that patients needed to be able to exit the home independently as was their wish. The registered manager was asked to review this practice and it was identified as an area for improvement under the regulations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, the relationships between patients and staff and the mealtime experience.

Areas for improvement

An area for improvement under the regulations was identified in relation to the use of a coded key pad to exit the home. An area for improvement under the standards was made in relation to addressing the negative comments received in returned questionnaires.

	Regulations	Standards
Total number of areas for improvement	1	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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

A review of the duty rota evidenced that the registered manager’s hours were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team.

The registration certificate and certificate of public liability insurance was up to date and displayed appropriately. Discussion with the registered manager and observation evidenced that the home was operating within its registered categories of care.

Policies and procedures were indexed, dated and approved by the registered provider.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Patients and their representatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately. This was contrary to the feedback provided in the questionnaires and an area for improvement was identified within the domain of compassionate care (section 6.6). Patients were aware of who the registered manager was.

A review of notifications of incidents to RQIA during the previous inspection year/or since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, patient weights, infection prevention and control, environment, complaints and incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

In discussion the registered manager stated that Regulation 29 monthly, quality monitoring visits were completed by the deputy chief executive. Copies of the reports were reviewed from January this year. Reports for February, March, May and June 2017 were unavailable for inspection as required. The reports which were available were well completed and an action plan was generated to address any areas for improvement. There was evidence that actions had been addressed. The availability of these reports has been identified as an area for improvement under the regulations.

Discussions with staff on inspection confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management structure and the auditing arrangements.

Areas for improvement

An area for improvement under regulation was identified in relation to the availability of the monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	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 Methyl Dagooc, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the 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 RQIA office for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 27 August 2017</p>	<p>The registered person shall ensure that the recruitment information specified in Schedule 4 is at all times available for inspection in the home by any authorised person. The manager should have oversight of the recruitment information and a record kept.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: .A full copy of deputy managers recruitment documents was received from our Head Office. Home Manager is aware that all information for new recruits must be held in the Home.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 29 (5)</p> <p>Stated: First time</p> <p>To be completed by: 27 August 2017</p>	<p>The registered person shall ensure that monthly quality monitoring reports in accordance with Regulation 29 are available for inspection.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: A copy of all previously completed Regulation 29 reports are available in the Home for inspection.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p> <p>To be completed by: 27 August 2017</p>	<p>The registered person shall review the use of the front door exit keypad in conjunction with guidance from the Department of Health on human rights and the deprivation of liberty (DoLs); and the home's registered categories of care and statement of purpose.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: A printed door exit code is in place for everyone to have unrestricted access/egress through the door as required.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed by: 27 September 2017</p>	<p>The registered person shall ensure that recruitment records include evidence or a declaration that the person is physically and mentally fit for the purposes of working in the nursing home.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: A complete recruitment record pack has been received from our Head Office and will be used to ensure records of personnel is complete ensuring all are fit for the purpose of working in the home.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 44.8</p> <p>Stated: First time</p> <p>To be completed by: immediately from date of inspections</p>	<p>The registered person shall ensure that the identified, worn bed bumpers are replaced and that all such equipment is appropriately maintained.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Worn beds were replaced. Nurses and Carers were made aware to check and report faulty or worn out equipment so that immediate replacement can be arranged.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 27 October 2017</p>	<p>The registered person shall ensure that the negative comments made within the returned questionnaires are addressed with staff, patients and their representatives and action is taken to address any concerns.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Negatives comments was discussed between Home Manager and Senior Management and steps agreed to address. Annual satisfaction survey for relatives/service users/residents has been issued to all residents and relatives. Feedback from this is in process of being gathered and collated and any identified actions as required will be addressed. A staff meeting was conducted so as all staff could be informed of the outcome of inspection and to allow for any concerns to be voiced. Meetings ongoing in Care Reviews for residents and families to comment on service and quality. Relatives meeting held in July and next again in November. Home Manager is conducting daily walkaround checks and speaking to residents and relatives to ascertain views and feedback on service which are recorded and available for inspection.</p>

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



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