



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 7 June 2019



Valley Nursing Home

Type of Service: Nursing Home

Address: 8 Tullybroom Road, Clogher BT76 0UW

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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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 96 patients.

3.0 Service details

Organisation/Registered Provider: Valley Nursing Home (MPS) Ltd Responsible Individual: Paul Warren-Gray	Registered Manager and date registered: Ciara Currens Acting Manager
Person in charge at the time of inspection: Ciara Currens	Number of registered places: 96
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 85

4.0 Inspection summary

An unannounced inspection took place on 7 June 2019 from 09.00 to 16.40.

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.

Evidence of good practice was found in relation to staffing, induction, training, adult safeguarding, supervision and appraisal.

Areas requiring improvement were identified in relation to staff recruitment, environment, infection prevention and control, fire doors, risk management, enabling patients to make decisions about their daily lives and maintaining patients' dignity. Although there was evidence of progress to the general environment further work must be completed in a timely manner. This was discussed during feedback of the inspection and an action plan was required to be submitted detailing proposed actions with timescales.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff. Some of the comments made included statements made such as:

- “I like it here.”
- “It’s grand here; I am very happy.”
- “They are all looking after me well here.”

Comments received from patients, people who visit them, other professionals 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	*4

*The total number of areas for improvement includes one regulation and one standard which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ciara Currans, manager, and Louise Hughes McKenna, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 11 December 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 11 December 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

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

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 electronic 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 27 May 2019 to 9 June 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
- one staff recruitment and induction files
- six patient care records
- nine 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 monthly monitoring reports for April 2019 and May 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 outstanding areas for improvement from previous inspection

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement four were met and two were not met which have been included in the QIP at the back of this report.

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.

We arrived in the home at 09.00 and were greeted by the manager and staff who were helpful and attentive. Patients were mainly in their bedrooms and staff were attending to their needs. Some patients were seated in one of the lounges in preparation for breakfast whilst others remained in bed, again in keeping with their personal preference or their assessed needs.

The 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 27 May 2019 to 9 June 2019 evidenced that the planned staffing levels were adhered to on most occasions. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients but did state that short notice sickness can put them under pressure. The manager confirmed that there was ongoing recruitment for suitably skilled care assistants to ensure that a full complement of staff is available to meet the needs of the patients and to maintain a high standard of care delivery. Discussion with the manager further confirmed that they regularly utilise agency staff as a contingency measure to manage short notice sick leave when necessary.

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. Staff were observed to respond in a timely courteous manner to any patient requests.

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. Comments from staff included:

- "Had a good induction and still receiving support. Really helpful management and any suggestions are taken seriously."
- "I love it here."
- "Great wee team."
- "Feel supported by management."

We also sought staff opinion on staffing via the online survey. There was no response in the time frame allocated.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in the Valley Nursing Home. We also sought the opinion of patients on staffing via questionnaires. One questionnaire was received from a patient who was satisfied with the service across all four domains.

Review of one staff recruitment file evidenced that an enhanced AccessNI check was sought, received and reviewed prior to commencing work. However, a pre-employment health assessment had not been obtained prior to the commencement of employment in line with best

practice. This was discussed with the manager who advised that this is normal practice however on this occasion it had been over looked. This was identified as an area for improvement.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care assistants with the Northern Ireland Social Care Council (NISCC). Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

A number of audits were completed on a monthly basis by the manager and/or deputy manager to ensure the safe and effective delivery of care. Falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. Infection prevention and control, care records, hand hygiene and environment audits were also carried out monthly and were well maintained. The most recent environmental audit for May 2019 revealed a number of items of furniture/equipment and floor coverings that needed to be repaired and/or replaced. The audit further highlighted that painting/decorating was required urgently for identified areas within the home. This was discussed with the manager who provided evidence that this had been escalated to the regional manager for urgent attention.

On review of the home's environment which included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas, we identified similar findings to that of the manager's environmental audit findings. This included damage to the surface of chairs, over bed tables, bed frames, chest of drawers and paint work to identified walls, doors and door frames. The risk of damaged surfaces is significant in increasing the risk of spread of infection between patients and is identified as an area for improvement. This was discussed with the manager who had stated that a requisition had been made for most of the items identified and that a request had been forwarded to senior management for a painting contractor. The manager acknowledged that this request could take a number of weeks to develop and agreed to have the maintenance persons carry out paint work to areas that were in most need of refurbishment over the next number of weeks and until a suitable contractor had been established.

We further observed bedroom drawers that were broken in identified bedrooms and a carpet on a stairwell leading from a corridor within the dementia unit to a non-patient area substantially stained beyond repair. We discussed this with the manager who stated that this area was used for maintenance purposes and was not for staff or patients. The manager agreed to discuss this with the responsible person as a priority. The environment was discussed in detail with the manager and deputy manager and identified as an area for improvement requiring urgent action. We further requested that a detailed refurbishment plan with time scales be submitted with the returned QIP.

We reviewed the space on the first floor and identified a staff area that was no longer being used. On discussion with the manager the staff currently use the patients' dining area for their breaks outside of patient meal times. Staff spoken with requested if a keypad would be acceptable on one of the dining room doors so that they would not be interrupted during their break and that visitors would be able to establish that they are off duty during this period. Due to this being a patient area we did not agree that this would be a positive outcome for patients as this had the potential to restrict their freedom of movement. This information was shared with the manager who recognised the importance of staff being able to have their breaks and for patients to be able to move freely around the home. The manager agreed to share this information with the responsible person with the option of reinstating the first floor as a staff area.

Some concerns were identified in regards to the potential ligature risks associated with window dressings. The manager was made aware of the urgent need to review all window dressings to assess any potential risks. This is stated as an area for improvement was identified in relation to current health and safety guidelines.

Fire exits and corridors were observed to be clear of clutter and obstruction; however, gaps under a number of bedroom doors were identified which would not be effective in the event of fire. This was discussed with the manager who following the inspection liaised with the home’s fire risk assessor and recommendations were made to install fire resisting strips at the bottom of each identified door. This was shared with the estates inspector for RQIA and a letter was forwarded to the responsible individual for immediate action to be taken to resolve this issue. This was identified as an area for improvement.

An area identified at the previous care inspection in relation to the uneven surface of the outdoor patient smoking area within the Valley suite had not been repaired and has been stated for a second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, adult safeguarding, supervision and appraisal.

Areas for improvement

The following new areas were identified for improvement in relation to staff recruitment: the environment, infection prevention and risk management, and fire doors.

	Regulations	Standards
Total number of areas for improvement	4	1

6.4 Is care effective?

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

Review of six patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We reviewed the management of nutrition, patients’ weight, management of infections and wound care. There was evidence of regular communication with representatives within the care records. A system was also in place to audit patient care records and each patient had a key worker. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if necessary.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician. Patients were routinely assessed against the risk of reduced nutrition using a recognised Malnutrition Universal Screening Tool (MUST). Supplementary care charts such as, repositioning and fluid intake records evidenced that contemporaneous records

were not always maintained. The manager confirmed that supplementary care records were in the process of being transferred from hard copy onto a new electronic recording system.

On review of fluid intake records it was identified that there was no set fluid intake targets documented within the recording charts and the 24 hour fluid intake was not consistently recorded within the charts for identified patients. We reviewed a sample of repositioning records and identified that the frequency of repositioning was not consistently recorded and there were gaps within the charts where patients had not been repositioned as per their care plan. This was an area for improvement that was identified at the previous care inspection and has been stated for a second time. Staff were also unable to review the previous shifts recorded input on the new electronic system and were unsure of where to locate the patients set fluid target or frequency of repositioning. The manager acknowledged that staff were still adjusting to the new system and agreed to monitor this closely until staff are fully competent.

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 stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and other key stakeholders.

Areas for improvement

There were no new areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

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. Staff were observed to be polite, friendly and courteous at all times in their interactions with patients. On discussion with some of the patients, in one specific unit, it was noted that they were unaware of when their last care management review was held and who their care manager was. This was discussed with the manager who agreed to provide a

notice within each patient's bedroom of who their care manager is and how to make contact with them if necessary. This was identified as an area for improvement.

We identified that patients' bedrooms were not consistently personalised with possessions that were meaningful to them and that lacked character. Although a variety of methods were used to promote orientation, for example, appropriate signage, photographs and the provision of clocks and prompts for the date, this was not evident throughout the home. Overgrown foliage was evident from the window view of identified patient bedrooms and bed linen was worn. This was discussed with the manager who acknowledged that bed linen was required and had been ordered. The manager further recognised that identified areas throughout the home required personalisation and agreed to devise a refurbishment plan. This was identified as an area for improvement and will be reviewed at a future inspection to ensure that refurbishment has been initiated and progress made.

We witnessed staff entering patient bedrooms in one identified unit, without knocking on the door first to establish if the patient was in agreement for them to enter. This was discussed with the manager and identified as an area for improvement.

Consultation with 16 patients individually, and with others in small groups, confirmed that living in the Valley Nursing Home was a positive experience.

Patient comments:

- "The staff are looking after me well."
- "Food is great."
- "I like it in here."
- "It's grand here. I am very happy."
- "They are very good to me here but I'd rather be at home."
- "I cannot complain about a thing."

Representatives' comments:

- "Very happy with the care."
- "No concerns."

Professional comments:

- "I have been visiting the home for a while and have no concerns."

During the inspection we met with two relatives who were complimentary regarding the delivery of care. One relative commented that if they had any concerns the manager was very approachable and addresses concerns promptly. We also sought relatives' opinions on staffing via questionnaires. There was no response in the time frame allocated.

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

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity schedule was on display within each unit and on the day of the inspection a number of patients attended a local hotel for morning tea and entertainment. Patients enjoyed a

game of quiz within the Amadeus unit and were observed planting shrubs and flowers outdoors in the afternoon. The activity coordinator discussed the provision of activities and the current arrangements within the home to facilitate patient involvement. The patients appeared to enjoy the interaction between the staff and each other.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the interaction between patients, their representatives and staff.

Areas for improvement

The following areas were identified for improvement in relation to enabling patients to have contact details for care management representation, personalising the home's environment and maintaining patients' dignity by knocking on entering a patient's private space.

	Regulations	Standards
Total number of areas for improvement	1	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.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours were recorded and the capacity in which these were worked. Discussion with staff/patients/representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

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

Inspection of the records of complaints evidenced that expressions of dissatisfaction were managed appropriately in line with the home's policy and procedures.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis and copies of the report were available for patients, their representatives, staff and trust representatives. Review of two recent monitoring reports identified that the environmental issues discussed throughout this report were documented but failed to elaborate on what action was being taken to drive the necessary improvements. This was discussed with the manager who stated that the reports are sent to head office following the monitoring visit for the director to review and escalate to the responsible person if needed. We discussed the importance of following these actions up with senior management in a timely manner.

During feedback to both the manager and deputy manager we expressed the urgency of ensuring that the environmental issues detailed within this report are dealt with in a timely manner and that we would not accept a refurbishment plan where dates for completion were several months in advance. We further explained that this information must be shared with the responsible person and that failure to action the environmental issues sufficiently may result in enforcement action.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

Areas for improvement

There were no new areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	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 Ciara Currans, manager, and Louise Hughes McKenna, deputy 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 31 August 2019</p>	<p>The registered person shall ensure that the premises both internally and externally are kept in good state of repair. This relates to the uneven surface of the outdoor patient smoking area within the Valley suite.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: A detailed action plan has been created and is being addressed re fixtures and fittings. A Quotation to renew the uneven surfaces has been sought</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2019</p>	<p>The registered person must ensure that the home is maintained in a manner that is fit for purpose.</p> <p>The identified damaged flooring must be repaired or replaced. All surface damage to walls, doors and door frames in identified areas throughout the home are repaired or replaced.</p> <p>An action plan detailing the time frame for completion of these works must be submitted separately when returning the QIP.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: New flooring has been ordered and will be fitted as per action plan in identified areas throughout the home.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall take adequate precautions against the risk of fire.</p> <p>This is with specific reference to the gaps identified to fire resistant doors.</p> <p>Ref 6.3</p> <p>Response by registered person detailing the actions taken: The Gaps identified to fire resisitant doors have been addressed with intumesant fire strips , The RQIA estates officer has visited the home and is satisfied with this intervention.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First Time</p> <p>To be completed by: 7 August 2019</p>	<p>The registered person shall ensure that all patient equipment is able to be appropriately cleaned to minimise risk of infection. This refers to the repair or replacement of identified patient chairs, bedside tables, one identified patient bed frame, refurbishment of floors, walls, doors, door frames in identified areas throughout the home are completed.</p> <p>An action plan detailing the time frame for completion of these works must be submitted separately when returning the QIP.</p> <p>Ref: 6.3</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27(2)(t)</p> <p>Stated: First Time</p> <p>To be completed by: 7 July 2019</p>	<p>The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out on all potential ligature risk points.</p> <p>This is specific to window blinds and curtain tie backs.</p> <p>Ref: 6.3</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 18 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 7 July 2019</p>	<p>The registered person shall having regard to the size of the nursing home and the number of patients provide adequate furniture, bedding and other furnishings suitable to meet the needs of the patients. Overgrown foliage from the window view of identified patient bedrooms must also be removed.</p> <p>An action plan detailing the time frame for completion of these works must be submitted separately when returning the QIP.</p> <p>Ref: 6.5.</p>
	<p>Response by registered person detailing the actions taken: a refurbishment plan has been submitted with the QIP</p>
	<p>Response by registered person detailing the actions taken: Window and tie backs have been removed or risk assessed where necessary</p>
	<p>Response by registered person detailing the actions taken: new bedding /furniture has been obtained. a time scale for removal of the foliage will be included in the QIP attached</p>

Action required to ensure compliance with the applicable Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all nursing interventions are appropriate to the individual patients needs and supported by current evidence and best practice guidelines.</p> <p>Specific reference to fluid and repositioning recording charts:</p> <ul style="list-style-type: none"> • Fluid target should be recorded on daily intake chart over 24 hours. • Frequency of repositioning to be recorded on individual charts. <p>Ref: 6.4.</p> <p>Response by registered person detailing the actions taken: Fluid targets are set by a recommended daily amount and usually by the dietetics or SALT team, however we have a new person centered care system which monitors fluid intake of people on fluid watch. This is monitored daily by management The recommended daily amounts have been added to each care plan and noted in the care files</p>
<p>Area for improvement 2</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that before making an offer of employment a pre-employment health assessment is obtained in line with guidance and best practice.</p> <p>Ref: 6.3.</p> <p>Response by registered person detailing the actions taken: A pre-employment health check is being carried out prior to employment</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients are treated with respect and their right to privacy is upheld.</p> <p>With specific reference to knocking on a patient’s bedroom door before entering and establishing if the patient agrees for them to enter.</p> <p>Ref: 6.5.</p> <p>Response by registered person detailing the actions taken: Staff have group supervision sessions reminding them of the importance of respecting rights and privacy. we have introduced Dignity Champions through out the home. and dignity posters are on display.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 7 August 2019</p>	<p>The registered person must ensure that each patient in the identified unit has the name and contact details of their care manager located in their bedroom.</p> <p>Ref: 6.5.</p>
	<p>Response by registered person detailing the actions taken: Each service users trust status has been ascertained and the name and numbers for the trust is available for each service user in their room</p>

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



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