



The Regulation and  
Quality Improvement  
Authority

# Unannounced Care Inspection Report

## 23 July 2018



## Belvedere

**Type of Service: Residential Care Home**  
**Address: 63 Gilford Road, Lurgan, Craigavon, BT66 7EA**  
**Tel No: 028 3832 5709**  
**Inspector: Bronagh Duggan**

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 21 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belvedere Residential Care Ltd  <b>Responsible Individual:</b> Aisling McShane	<b>Registered Manager:</b> Catherine Hamilton
<b>Person in charge at the time of inspection:</b> Catherine Hamilton	<b>Date manager registered:</b> Catherine Hamilton - application received - "registration pending".
<b>Categories of care:</b> Residential Care (RC) 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 LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> Total number 21 comprising: 05 – RC–DE for 5 residents currently residing at the home (mild to medium dementia). 06 places for day service

### 4.0 Inspection summary

An unannounced care inspection took place on 23 July 2018 from 10.30 to 17.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought 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 staff recruitment, induction, training, care records, audits and reviews, communication between residents, staff and other interested parties, listening to and valuing residents, management of incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to a thorough risk assessment regarding the use of fire safety hold open device for the identified sitting room, updating two identified needs assessments, ensuring availability of reports of visits by the registered provider and to review and update the home's statement of purpose and residents guide.

Residents said they were happy in the home, had no complaints and that the food was good.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Catherine Hamilton, 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 December 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager, 15 residents and four staff. The responsible individual, Ashling McShane, was also present for a period during the inspection.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Three questionnaires were returned by residents and residents' representatives within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Two staff files
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of care plans, care reviews; accidents and incidents (including falls), complaints, environment, restrictive practices, Northern Ireland Social Care Council (NISCC) registrations
- Infection control register
- Equipment maintenance/cleaning records

- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider (made available following the inspection)
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 16 April 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 5 December 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27.4.(d) (v) <b>Stated:</b> Second time	The registered person shall ensure fire safety checks are completed regularly and maintained on an up to date basis.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of the fire safety checks confirmed that these were completed and maintained on an up to date basis.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 9.2  <b>Stated:</b> First time	The registered person shall ensure all staff complete training in diabetes awareness.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and inspection of staff training records confirmed staff had completed training in diabetes awareness. The manager forwarded confirmation of completion for the remaining staff following the inspection.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.3  <b>Stated:</b> First time	The registered person shall ensure the identified care plans are signed by the residents or their representative, where appropriate. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the identified care plans confirmed that these had been signed appropriately.	

### 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 manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were not used in the home. No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

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

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. A sample of staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the manager and review of staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The manager advised there had been no recent adult safeguarding referrals but that all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; and written records would be retained.

The manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The manager advised there were restrictive practices within the home, notably the use of locked doors, keypad entry systems, pressure alarm mats etc. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the statement of purpose and residents' guide.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The manager reported that any outbreaks of infection within the last year had been managed in accordance with the home policy and procedures. The outbreak had been reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

“The Falls Prevention Toolkit” was discussed with the manager and advice was given on the benefits of using this or a similar toolkit. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents’ bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. It was noted that a fire door to the back sitting room was propped open during the inspection. Discussion with a resident who was relaxing in the room confirmed they preferred to sit in this room as it was quieter and less busy than the main sitting room. The need to risk assess regarding the use of a specific fire safety hold open device was discussed with the manager. Any identified outcomes should be actioned accordingly. This was identified as an area for improvement to comply with the regulations.

The manager advised that the home’s policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. fire safety.

The manager provided confirmation the home had an up to date Legionella risk assessment in place dated 12 December 2017 and all recommendations were being addressed.

It was established that no residents smoked.

A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated 13 February 2018 and the manager advised all recommendations had been actioned or were being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems and emergency lighting



were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Three completed questionnaires were returned to RQIA from residents and residents’ representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management and the home’s environment.

**Areas for improvement**

One area for improvement was identified during the inspection. This related to risk assessing the need for an appropriate fire safety hold open device and action to be taken accordingly for the identified sitting room.

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

**6.5 Is care effective?**

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

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

Records were stored safely and securely in line with General Data Protection Regulation (GDPR).

The care records of three residents were reviewed. The assessment of needs in two of the records should be reviewed and updated as they were last reviewed in January and May 2017 respectively. This was identified as an area for improvement to comply with the standards. The needs assessment in the third care record examined had recently been reviewed. The three care records included life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care plans and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents

were met within the home. For example, residents make choices regarding clothes, food choices, where they have their meals, outings, rising and retiring times.

A varied and nutritious diet was provided to meet the individual dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within individual resident's care plans and associated risk assessments. Relevant information was available for kitchen staff to access.

Discussion with the manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals would be made to the multi-professional team to address any concerns identified in a timely manner. The manager confirmed there were currently no residents in the home receiving care for pressure damage.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, care review, accidents and incidents (including falls), complaints, environment, alarm call system and restrictive practices were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the annual quality review report.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the latest RQIA inspection reports, annual satisfaction survey report, annual quality review report and a residents newsletter were on display or available on request for residents, their representatives any other interested parties to read.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Three completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care record audits and reviews, communication between residents, staff and other interested parties.

## Areas for improvement

One area for improvement was identified during the inspection. This related to ensuring the assessment of needs were reviewed and updated for two identified residents.

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

### 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.**

A range of policies and procedures was in place which supported the delivery of compassionate care.

The manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The manager and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence and dignity and explained how confidentiality was protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, were met within the home.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. For example, residents are consulted with daily regarding their meal time preferences.

Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included residents' meetings and annual quality satisfaction questionnaires.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities, for example, armchair exercises, arts and crafts, quizzes and games. Arrangements were in place for residents to maintain links with their friends, families and wider community; residents would attend a local tea dance on a regular basis and links have also been established with a local school to promote intergenerational events.

Residents and staff spoken with during the inspection made the following comments:

- “It’s lovely here, I am very happy.” (resident)
- “Everything is very good, I can’t complain about anything.” (resident)
- “This is a good place, the staff are very kind. I am diabetic and have to get a special diet and they see to that.” (resident)
- “The food is good we have two choices (each day) there is always something you like” (resident)
- “Everything is going perfectly fine. I have whatever I need.” (resident)
- “It a very homely place to work.” (staff)

Three completed questionnaires were returned to RQIA from residents and residents’ representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.7 Is the service well led?

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

The manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident’s Guide and information on display in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. There had been no new complaints recorded since the previous inspection. An audit of complaints was completed monthly to identify trends, drive quality improvement and to enhance service provision.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

There was evidence of managerial staff being provided with additional training in governance and leadership, for example, the manager recently completed a level 5 QCF qualification in leadership and management.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, staff had completed training regarding dysphagia awareness, dementia, oral care and diabetes awareness.

It was noted reports of visits by the registered provider were not available in the home for inspection. Copies were forwarded for review following the inspection. The need to ensure copies of the reports are maintained in the home and available for residents, their representatives, manager, RQIA and other interested parties to read was discussed. This was identified as an area for improvement to comply with the regulations.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. A review of the home's statement of purpose and residents guide identified that these did not accurately reflect the organisational structure of the home. This was identified as an area for improvement to comply with the standards in relation to a review of these documents.

The manager stated that the registered provider was kept informed regarding the day to day running of the home through telephone calls, emails and regular visits to the home. The registered provider was present in the home for part of the inspection.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. The manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

Three completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### Areas of good practice

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

### Areas for improvement

Three areas for improvement were identified during the inspection. These related to ensuring the availability of reports of visits by the registered provider and the review and updating of the home's statement of purpose and residents guide.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Catherine Hamilton, 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 residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### **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 Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 27. (4) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 August 2018</p>	<p>The registered person shall ensure adequate precautions against the risk of fire, including the provision of suitable fire equipment. A risk assessment for the use of an appropriate fire safety hold open device in the identified sitting room must be completed.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Risk assessment was completed and a hold open device has been fitted.</p>

<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 29.(5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 July 2018</p>	<p>The registered person shall ensure copies of the registered provider visit reports are maintained in the home and are made available on request to interested parties.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> These reports are now stored in the manager's office and available for any interested parties to read.</p>

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 5.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 August 2018</p>	<p>The registered person shall ensure the needs assessments for the two identified residents are reviewed and updated.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Both needs assessments have been reviewed and rewritten.</p>

<p><b>Area for improvement 2</b></p> <p>Ref: Standard 20.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 September 2018</p>	<p>The registered person shall ensure the home's statement of purpose is reviewed and updated accordingly.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> This is currently being reviewed and will be reprinted with the updated information by the deadline given.</p>



<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 20.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 September 2018</p>	<p>The registered person shall ensure the residents guide is reviewed and updated accordingly.</p> <p>Ref: 6.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>                  This is currently being reviewed and will be reprinted with the updated information by the deadline given.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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