

Unannounced Care Inspection Report 5 August 2016



Carmen House

Type of service: Residential care home
Address: 3 Carmen Lane, Bangor, BT20 3PL
Tel No: 028 9145 9508
Inspector: Alice McTavish

1.0 Summary

An unannounced inspection of Carmen House Residential Home took place on 5 August 2016 from 10.05 to 15.15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, adult safeguarding, infection prevention and control and the home's environment. A recommendation was made in relation to review of staffing levels for those days on which the registered manager is not on duty in order to ensure that sufficient numbers of staff are present, especially in the event of an emergency. A recommendation was made in relation to review and implementation of adult safeguarding policy and review of infection prevention and control policy. A recommendation was made in relation to equipment in communal bathrooms in the home in line with infection prevention and control measures.

Is care effective?

There were examples good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders. No requirements or recommendations were made in relation to this domain.

Is care compassionate?

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. No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents and to maintaining good working relationships. A requirement was made that records are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the home. A recommendation was made in relation to maintaining a record a complainant's level of satisfaction with the outcome of any complaint.

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

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 1 | 4 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Patricia Millar, registered manager by telephone on 10 August 2016 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 19 January 2016.

2.0 Service details

| | |
|---|--|
| Registered organisation/registered person: Carmen House/Alexander Thomas Millar | Registered manager: Mrs Patricia Millar |
| Person in charge of the home at the time of inspection: Kahman Chan, senior care assistant | Date manager registered: 20 September 2007 |
| Categories of care: I - Old age not falling within any other category DE – Dementia | Number of registered places: 15 |

3.0 Methods/processes

Prior to inspection the following records were analysed: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with eight residents, the person in charge, three care staff, two visiting professionals and one resident's visitor/representative.

The following records were examined during the inspection:

- Staff duty rota
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Complaints and compliments records
- Accident/incident/notifiable events register
- Maintenance of alarm system, emergency lighting
- Policies and procedures manual

At the time of inspection the registered manager was not on duty. The person in charge did not have access to the part of the building in which some records were stored. The following records were therefore not available for inspection:

- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment files
- Audits of risk assessments, care plans, care reviews, accidents and incidents (including falls, outbreaks), complaints, environment, catering etc
- Infection control register/associated records
- Minutes of recent residents' meetings
- Fire safety risk assessment
- Fire drill records

A requirement was made under section 4.6 of this report in regard to the availability of records for inspection.

A total of 22 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. 11 questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 09 May 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 19 January 2016

| Last care inspection statutory requirements | | Validation of compliance |
|--|---|--------------------------|
| Requirement 1 Ref: Regulation 13. - (8) a Stated: First time To be completed by: 16 February 2016 | <p>The registered manager must ensure that the CCTV cameras within the home are removed.</p> <p>Action taken as confirmed during the inspection: Inspection of the premises confirmed that all CCTV cameras within the home were removed.</p> | Met |
| Last care inspection recommendations | | Validation of compliance |
| Recommendation 1 Ref: Standard 6.3 Stated: First time To be completed by: 31 March 2016 | <p>The registered manager should ensure that the resident or their representative, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager. Where the resident or their representative is unable to sign or chooses not to sign, this should be recorded.</p> <p>Action taken as confirmed during the inspection: Inspection of a sample of care records confirmed that care plans were appropriately signed.</p> | Met |
| Recommendation 2 Ref: Standard 27.1 Stated: First time To be completed by: 31 March 2016 | <p>The registered manager should ensure that the carpet in the identified ground floor corridor is cleansed or replaced.</p> <p>Action taken as confirmed during the inspection: Inspection of the premises confirmed that the carpet in the identified ground floor corridor was replaced.</p> | Met |

| | | |
|---|--|------------|
| Recommendation 3 Ref: Standard 20.15 Stated: First time To be completed by: 19 January 2016 | The registered manager should ensure that accidents and incidents are notified to RQIA and all other relevant stakeholders in a timely manner in line with the legislation and current RQIA guidance. | Met |
| | Action taken as confirmed during the inspection: Inspection of accidents and incidents records confirmed that these were notified to RQIA and all other relevant stakeholders in a timely manner in line with the legislation and current RQIA guidance. | |

4.3 Is care safe?

The person in charge confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met.

The registered manager had been in the home before the inspection commenced. The following staff were on duty:

- 1 x senior care assistant (person in charge)
- 1 x care assistant
- 1 x cook
- 1 x domestic

Two care assistants were due to be on duty later in the day. Two care assistants were scheduled to be on overnight duty.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff and it was observed that staff responded promptly to all requests from residents for assistance. A recommendation was made, however, that staffing levels in the home should be reviewed for those days on which the registered manager is not on duty in order to ensure that sufficient numbers of staff are present, especially in the event of an emergency.

Staff who spoke with the inspector confirmed that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training was regularly provided. A timetable for staff training was available for inspection, however there was no documentary evidence available to confirm the dates of previous training and who had attended.

Staff confirmed that they had an annual appraisal completed with the manager but that supervision of staff was provided informally. Staff were not aware of a set schedule for formal supervision. The registered provider later advised that there was a schedule for annual staff appraisals, staff supervision and competency and capability assessments.

The home's recruitment and selection was not inspected on this occasion and will be examined at the next care inspection. Staff were able to confirm that arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policies and procedures in place were not consistent with the current regional guidance. A recommendation was made that the adult safeguarding policies and procedures should be reviewed to reflect current regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and implemented within the home. The home's existing policy and procedures included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

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

Review of the infection prevention and control (IPC) policy and procedure identified that this was not in line with regional guidelines. A recommendation was made, as part of a wider recommendation relating to policies and procedures, that this should be reviewed. The registered provider later advised that more up to date information was made available to the staff team and that further training would be provided in this area. Staff confirmed that they 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. Observation of staff practice identified that staff adhered to IPC procedures. It was noted, however, that wipeable covers for toilet rolls were not in place in the communal bathrooms in the home. It was also noted that a shower chair was cracked and could therefore not be adequately cleaned; bins were provided but were uncovered at the top. A recommendation was made that these areas should be addressed in line with infection prevention and control measures. The registered provider was made aware of the availability of advice from the local trust infection control nursing team.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home.

Discussion with the person in charge identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments (e.g. manual handling, falls) were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The person in charge confirmed some restrictive practices were employed within the home, notably a keypad entry system at the front door and pressure alarm mats in use for some residents. Discussion with the person in charge regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The area of risk assessment and risk management relating both the residents and to the home will be examined during the next care inspection.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised 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. There were no obvious hazards to the health and safety of residents, visitors or staff.

11 completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described safe care as excellent or good.

Comments received from a resident's representative were as follows:

- "I am content that (all the points that relate to safe care) apply in Carmen house. I always feel that I am visiting my (relative) at her home. The staff are wonderful."

Areas for improvement

Three areas for improvement were identified. A recommendation was made in relation to review of staffing levels for those days on which the registered manager is not on duty in order to ensure that sufficient numbers of staff are present, especially in the event of an emergency. A recommendation was made in relation to review and implementation of adult safeguarding policy and review of infection prevention and control policy. A recommendation was made in relation to equipment in communal bathrooms in the home in line with infection prevention and control measures.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 3 |
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4.4 Is care effective?

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

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the resident. 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 resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice.

The registered manager later confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. This area will be examined at the next care inspection.

The person in charge confirmed 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, staff meetings and staff shift handovers. Staff advised the inspector that staff meetings were held monthly. Staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and a representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Staff confirmed that resident meetings took place informally on a weekly basis as this had proven more effective than a monthly formal meeting.

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.

Visiting professionals spoken with during the inspection made the following comments:

- “I believe the residents here are very happy. The home has very good communication with the community nursing team and staff are very familiar with the residents’ needs and how these needs should be met. I have no concerns about the care provided in Carmen House.”
- “There is good contact between staff in the home and the community services. The resident I attend here is undergoing a change in medication and there is a high risk of relapse; it is testament to the care given by staff that the resident has remained well. Alex (the registered provider) and Pat (registered manager) take the resident to all out-patient appointments and contact me immediately if they have any observations or concerns about the resident. When I visit I see lots of activities going on which I feel is really beneficial for the residents. The residents appear to be very content.”

11 completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents described effective care as excellent or good.

Comments received from a resident’s representative were as follows:

- “The staff have been very quick in recognising when my (relative) has had an infection – sent urine sample to doctor and collected antibiotic in a very timely manner.”

Areas for improvement

There were no areas identified for improvement.

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| Number of requirements: | 0 | Number of recommendations: | 0 |
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4.5 Is care compassionate?

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

There was a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff, residents and a representative confirmed that residents' spiritual and cultural needs were met within the home. Discussion with residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The person in charge, residents and a representative confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff, along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to describe how residents' confidentiality was protected through ensuring that private conversations were conducted discreetly and that written records were stored securely.

Discussion with staff, residents and a representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of inspection staff had involved residents in a general knowledge quiz in which most residents participated and appeared to enjoy. In the afternoon a church group visited and many of the residents appeared to enjoy the devotional service and singing. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The person in charge and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff and resident and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Residents spoken with during the inspection made the following comments:

- "I'm getting on well. They (staff) are very good to me here, they couldn't be better!"
- "This place is heavenly! The staff are very good to me and they are lovely. I don't need a lot of help but I know they are there if I need them and if I needed help to come to me quickly, they would be there immediately. I love the food and if there was any time when I didn't fancy what was on the menu, I would be able to get something else. I have no complaints but if I did, I would go to the manager who would sort it out. I am very happy here."
- "The food is lovely here, I really enjoy it."
- "This is a great place."

A resident's representative commented:

- "I am so happy that my (relative) is so happy here and really enjoys being here. I am also made welcome when I come to visit and am always offered tea or coffee. My (sibling) visits more often and would be contacted first if there was anything wrong but I know that the staff keep in good touch with us as a family."

11 completed questionnaires were returned to RQIA from residents, staff and relatives. Respondents described compassionate care as excellent or good.

Areas for improvement

There were no areas identified for improvement.

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| Number of requirements: | 0 | Number of recommendations: | 0 |
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4.6 Is the service well led?

At the time of inspection the registered manager was not on duty. The person in charge did not have access to the part of the building in which some records were stored and a number of records were not available for inspection. A requirement was made in regard to the availability of records for inspection.

The person in charge outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The person in charge also confirmed that the health and social care 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. 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 DHSPPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants and the outcome of the complaint. A recommendation was made that a record is also maintained of the complainant's level of satisfaction with the outcome of the complaint.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

The Falls Prevention Toolkit was discussed with the registered manager and advice given on how to implement this. The registered provider later advised that information on falls prevention had been made available to staff and that training was to be arranged.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example dementia care.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The person in charge manager confirmed that the registered provider was kept informed regarding the day to day running of the home as he is present in the home on an almost daily basis.

The person in charge confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed. Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

The person in charge confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. Staff also confirmed that they could access line management to raise concerns and to seek support. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

11 completed questionnaires were returned to RQIA from service users, staff and relatives.

A resident's representative commented:

- "Alex and Pat are very visible and are always available to provide advice and support. In my opinion they manage the home very well and are always keen to include the residents' relatives in what is going on. I have every faith in them in taking care of my (relative)."

Areas for improvement

Two areas for improvement were identified. A requirement was made that records are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the home. A recommendation was made in relation to maintaining a record a complainant's level of satisfaction with the outcome of any complaint.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 1 | Number of recommendations: | 1 |
|--------------------------------|----------|-----------------------------------|----------|

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Patricia Millar, registered manager by telephone on 10 August 2016 as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

| Quality Improvement Plan | |
|--|--|
| Statutory requirements | |
| Requirement 1 Ref: Regulation 19. (3) (b) Stated: First time To be completed by: 05 August 2016 | <p>The registered provider must ensure that records are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the home.</p> <p>Response by registered provider detailing the actions taken: Specific records may not be made available for inspection or be stored in the home due to the confidentiality and nature of the records/forms eg appraisals, competency, induction etc. A blank copy of these forms were previously emailed through. These records are in a locked cabinet on second floor to ensure all personal files remain confidential. All other records ie fire risk, water and training records will be stored in the home. Audits of risk assessments, care plans, reviews etc are completed when there are changes in a resident and kept within the care plan. Catering checks and timings are done on a daily basis and kept in the kitchen for environment health checks.</p> |
| Recommendations | |
| Recommendation 1 Ref: Standard 25.1 Stated: First time To be completed by: 30 September 2016 | <p>The registered provider should ensure that staffing levels in the home are reviewed for those days on which the registered manager is not on duty in order to ensure that sufficient numbers of staff are present, especially in the event of an emergency.</p> <p>Response by registered provider detailing the actions taken: Staffing levels were amended last year on request of RQIA to enable the registered manager to concentrate on the administration of the home. Therefore an extra member of staff was made available. When The R.M. is not on the premises there is no need for administration to be completed, therefore no extra staff would be required. Other staff on duty ie domestic are also trained care assistants should an emergency occur.</p> |
| Recommendation 2 Ref: Standard 21.1 Stated: First time To be completed by: 30 November 2016 | <p>The registered provider should ensure the following:</p> <ul style="list-style-type: none"> • adult safeguarding policies and procedures are reviewed to reflect current regional guidance and implemented within the home • infection prevention and control (IPC) policy and procedure is reviewed <p>Response by registered provider detailing the actions taken: Information regarding Safeguarding policies and procedures and Infection control have been downloaded and will be updated in the coming weeks with extra training in Infection control.</p> |
| Recommendation 3 | The registered provider should ensure that the following areas are |

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|---|---|
| <p>Ref: Standard 35.1</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p> | <p>addressed in line with infection prevention and control measures:</p> <ul style="list-style-type: none"> • wipeable covers for toilet rolls are installed in communal bathrooms • enclosed bins are considered for use in communal bathrooms • the shower chair in a bathroom on the ground floor is replaced |
| | <p>Response by registered provider detailing the actions taken: Jumbo bins and rolls have been purchased for main bathrooms as previously used. Present waste bins have also been replaced by enclosed bins as requested. As mentioned the shower chair that had been ordered arrived on the Monday after inspection.</p> |
| <p>Recommendation 4</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p> | <p>The registered provider should ensure that a record is maintained of a complainant's level of satisfaction with the outcome of any complaint.</p> <p>Response by registered provider detailing the actions taken: Our complaints book was reset giving room for the complainant to comment on the outcome of any complaint. Copy already emailed to RQIA.</p> |

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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