

Unannounced Care Inspection Report 6 September 2016



Fairhaven

Type of service: Residential Care Home
Address: 58 North Road, Belfast, BT5 5NH
Tel no: 02890650304
Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Fairhaven took place on 6 September 2016 from 11:00 to 18:30.

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?

Two requirements and three recommendations were made. Requirements were made in regards to supervision of staff, and the completion of competency and capability assessments. Recommendations were made in relation to the development of a policy and procedure relating to supervision and appraisal, the completion of a schedule for supervision and appraisal and the review and updating of the homes adult safeguarding policy and procedure.

There were examples of good practice found during the inspection in relation to staff training, infection prevention and control, and the home's environment.

Is care effective?

There were examples good practice found throughout the inspection in relation to completion of reviews 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 governance arrangements, management of complaints and incidents and maintaining good working relationships.

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

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	2	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Elizabeth Sweetlove Orr, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

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: Fairhaven / Mr James McElroy	Registered manager: Mrs Elizabeth Sweetlove Orr
Person in charge of the home at the time of inspection: Mrs Elizabeth Sweetlove Orr	Date manager registered: 1 April 2005
Categories of care: MP - Mental disorder excluding learning disability or dementia LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment	Number of registered places: 36

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents since the previous care inspection, the returned QIP, complaints returns submitted to RQIA and the previous inspection report.

During the inspection the inspector met with 10 residents individually and others in groups, three care staff, one visiting professional and two resident's visitors/representatives.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff training schedule/records
- Three staff recruitment files
- Three care files of residents
- The home's Statement of Purpose and Residents' Guide

- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Relevant policies and procedures

A total of 28 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. 16 questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 19/01/16

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

4.2 Review of requirements and recommendations from the last care inspection dated 19/01/16

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 16.2 Stated: First time To be completed by: 19 February 2016	The registered manager must ensure that the identified care plans are updated to accurately and comprehensively detail the care needs of the residents; these should be kept under review. Action taken as confirmed during the inspection: Three care plans were reviewed these were up to date and reflected the care needs of the residents.	Met
Requirement 2 Ref: Regulation 29 Stated: Second time	The registered provider must undertake monthly monitoring visits ensuring these visits are in keeping with regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005.	Met

<p>To be completed by: 19 March 2016</p>	<p>Action taken as confirmed during the inspection: Inspection of monthly monitoring reports showed that registered provider visits were undertaken in keeping with regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005.</p>	
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1 Ref: Standard 1.6, 1.7 Stated: First time To be completed by: 19 March 2016</p>	<p>The registered manager should ensure that the views and opinions of residents and their representatives are sought formally at least once a year, with a report compiled from the information gathered. This report should reflect the comments made, issues raised and any actions to be taken for improvement. A copy of the report should be provided to residents and their representatives.</p> <p>Action taken as confirmed during the inspection: The registered manager confirmed that questionnaires had been distributed to residents and representatives. Following the completion and return of these the registered manager confirmed the information would be included within a quality assurance report for the home. This recommendation has been stated for a second time in the Quality Improvement Plan appended to this report.</p>	<p>Partially Met</p>
<p>Recommendation 2 Ref: Standard 6.2 Stated: First time To be completed by: 19 February 2016</p>	<p>The registered manager should ensure that an accurate and up to date risk assessment is in place for the identified resident who has shown changes in their behaviour/presentation since admission to the home.</p> <p>Action taken as confirmed during the inspection: The identified risk assessment was updated to reflect the identified resident's current needs.</p>	<p>Met</p>
<p>Recommendation 3 Ref: Standard 11.3 Stated: First time To be completed by: 19 March 2016</p>	<p>The registered manager should ensure that the home retains a copy of the pre care review report prepared for care reviews.</p> <p>Action taken as confirmed during the inspection: The registered manager confirmed copies of the pre review care report were retained. A sample of three were reviewed these were found to be satisfactory.</p>	<p>Met</p>

Recommendation 4 Ref: Standard 21.5 Stated: Second time To be completed by: 19 March 2016	The homes policy and procedure (relating to the management of challenging behaviour and the use of restraint) should be developed further to reflect the DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005).	Met
	Action taken as confirmed during the inspection: The homes policy and procedure was updated accordingly.	

4.3 Is care safe?

The registered manager 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. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty:

- 1 x Registered manager
- 1x Senior care assistant
- 3x Care Assistant

Staff scheduled for night duty included 2 x Care Assistant with two additional staff on call nearby.

Review of completed induction records and discussion with the registered manager and staff evidenced 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. The registered manager confirmed supervision was completed with all new staff in the home. The need to ensure all staff in the home are appropriately supervised was discussed with the registered manager. A requirement was made. Records were available regarding annual appraisals for staff the registered manager confirmed that these would be completed by October 2016. A recommendation was made that a policy and procedure should be developed regarding the provision of supervision and appraisal for staff in the home. Further to this a recommendation was made that a schedule for annual appraisals and staff supervision should be developed.

The registered manager confirmed that competency and capability assessments were not currently being undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the registered manager; a requirement was made.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of three staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

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

A recommendation was made that the homes adult safeguarding policies and procedures should be reviewed and updated to reflect the regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 and include the name of the safeguarding champion, 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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that suspected, alleged or actual incidents of abuse were referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager 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, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Cleaning records were maintained on a nightly basis.

Staff training records confirmed 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. Observation of staff practice identified that staff adhered to IPC procedures.

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 in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

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. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The most recent fire risk assessment was completed on 2 September 2015 the registered manager confirmed all recommendations had been addressed. Following the inspection the registered manager provided information to RQIA confirming that the fire risk assessment had been completed on 14 September 2016. Fire safety training was also completed by staff on 14 September 2016, records forwarded by the registered manager to RQIA confirmed this. Staff complete fire safety training twice annually.

Records showed fire drills were completed weekly. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Sixteen completed questionnaires were returned to RQIA from residents, resident's representatives and staff.

One comment received from a completed residents questionnaire was as follows:

- I think it's safe and the manager and staff are good.

Areas for improvement

Five areas for improvement were identified these included two requirements and three recommendations. The requirements related to the completion of regular supervision with staff, and the completion of competency and capability assessments for any staff member left in charge of the home in the absence of the registered manager. The recommendations included the development of a policy and procedure regarding staff supervision and appraisal, the completion of a schedule outlining supervision and appraisal arrangements and the review and updating of the homes adult safeguarding policy and procedures.

Number of requirements	2	Number of recommendations	3
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4.4 Is care effective?

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

Three care records reviewed included an assessment of needs, life history, risk assessments, care plans and daily/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 a person centred approach underpinned practice. For example residents were encouraged to maintain special interests and participate in events within the local community.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager 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, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were available for inspection.

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.

Sixteen completed questionnaires were returned to RQIA from residents, resident's representatives and staff.

One resident, one resident's representative and one staff member commented in the completed questionnaires:

- Yes my needs are met. I feel they do good care.
- I am very happy about the care my son gets.
- I believe that the residents care is effective for all their needs.

Comments received from one visiting professional included:

"The staff are really good, any time I come here they always inform you of how the resident is doing. Staff are very aware of residents needs and are always available if I need them".

Areas for improvement

No areas for improvement were identified during the inspection.

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

The registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff, residents and their representatives 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 registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives 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 demonstrate how residents' confidentiality was protected. For example in the way they conversed with residents, and by ensuring residents privacy.

Discussion with staff, residents, and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example the home would arrange special themed events including football nights, and celebrations for the residents, residents were also observed playing pool. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example a large number of residents in the home would attend local day centres.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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 information was displayed throughout the home on how to make a complaint and report any suspected abuse.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example a suggestion box was available in the entrance area of the home to encourage representatives and residents to share ideas. Questionnaires had also been provided for residents and representatives to complete. The registered manager confirmed this information shall be included within the homes annual quality review report.

Residents and their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Residents and one resident's representatives spoken with during the inspection made the following comments:

- "I like it here very much. I am glad to be here, everyone is very nice".
- "I have a good relationship with staff".
- "I really like it here. There is good banter everyday with the manager and staff. They work hard. It is good".
- "You'll get no complaints from me. I like it, everybody is very good. We have a pool competition every year. I like my room, there is a good view".
- "We are so glad (relative) is here. We know that (relative) is well looked after. We can see a real improvement in (relative) since moving here. We are kept well informed of any changes."

Sixteen completed questionnaires were returned to RQIA from residents, resident's representatives and staff.

Comments received from one representative and one staff member in completed questionnaires were as follows:

- We have an excellent relationship with the current manager, Mrs Orr, and the staff at Fairhaven.

- I feel that residents are all treated with dignity and respect at all times within the unit and are involved in decisions within the home.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The registered manager outlined the management arrangements and governance systems in place within the home. As stated in section 4.3 of this report two requirements have been made in relation to the provision of supervision for staff and also for competency and capability assessments to be completed for any staff left in charge of the home in the absence of the registered manager. Two recommendations were also made in relation to the development of a policy and procedure relating to supervision and appraisal and the completion of a schedule outlining supervision and appraisal arrangements for staff in the home.

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 were in place to guide and inform staff. Policies were retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place. Residents and their representatives were made aware of how to make a complaint by way of the Residents Guide, and poster displayed in the reception area of the home. Discussion with staff confirmed that they 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, the outcome of the complaint and the complainant's level of satisfaction.

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.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. An inspection of the reports of the last three months found these to be maintained in an informative manner.

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 registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers 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.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager 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. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. 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.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Sixteen completed questionnaires were returned to RQIA from residents, resident's representatives and staff.

Comments received from residents representatives in completed questionnaires were as follows:

- The service is very well led. My (relative) has made a big improvement".
- I am very happy with the care (my relative) receives in Fairhaven. He/ she is treated with dignity and respect and all his / her needs are catered for. It is a well run establishment with caring and approachable staff.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Elizabeth Sweetlove Orr, registered manager 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 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 to be 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

<p>Requirement 1</p> <p>Ref: Regulation 20.(2)</p> <p>Stated: First time</p> <p>To be completed by: 20 October 2016</p>	<p>The registered provider must ensure all staff in the home are appropriately supervised.</p>
	<p>Response by registered provider detailing the actions taken: home manager works as part of the team on the floor this is to ensure good quality assurance of the care delivered is safe and affective and meets the residents needs or any areas in which staff require further training and to make sure the home is working well for the residents that live there.</p>
<p>Requirement 2</p> <p>Ref: Regulation 20.(3)</p> <p>Stated: First time</p> <p>To be completed by: 20 October 2016</p>	<p>The registered provider must ensure competency and capability assessments are undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the registered manager.</p>
	<p>Response by registered provider detailing the actions taken: all senior staff have been instructed on there role for all areas in the home and regulations each member of senior staff have signed and confirmed there acceptance of there responsibilitys a copy has been held in staff files also in the policy and procedures file to ensure staff no there role..</p>
<h3>Recommendations</h3>	
<p>Recommendation 1</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 6 November 2016</p>	<p>The registered provider should ensure a policy and procedure is developed regarding the provision of supervision and appraisal for staff in the home.</p>
	<p>Response by registered provider detailing the actions taken: a policy has been updated and new pre review forms completed by staff before there appraisal to give staff an opportunity to highlight any needs the home is not meeting</p>
<p>Recommendation 2</p> <p>Ref: Standard 24.3</p> <p>Stated: First time</p> <p>To be completed by: 6 November 2016</p>	<p>The registered provider should ensure that a schedule for annual appraisals and staff supervision is developed.</p>
	<p>Response by registered provider detailing the actions taken: staff have completed there appraisals a copy is retained in staff files next appraisals due 2017</p>
<p>Recommendation 3</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: 6 November 2016</p>	<p>The registered provider should ensure the homes adult safeguarding policies and procedures are reviewed and updated to reflect the regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 and include the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.</p>
	<p>Response by registered provider detailing the actions taken:</p>

	adult safeguarding has been added to the policies to ensure staff are up to date with recording and dealing with abuse all staff have this training in place
<p>Recommendation 4</p> <p>Ref: Standard 1.6, 1.7</p> <p>Stated: Second time</p> <p>To be completed by: 6 November 2016</p>	<p>The registered provider should ensure that the views and opinions of residents and their representatives are sought formally at least once a year, with a report compiled from the information gathered. This report should reflect the comments made, issues raised and any actions to be taken for improvement. A copy of the report should be provided to residents and their representatives.</p> <p>Response by registered provider detailing the actions taken: a completed yearly report has been sent out to family and representatives also a copy has been displayed on the notice board service questioners have been sent out to encourage any improvement management and staff can improve the service also a comments and suggestion box has been put in the hallway each resident has been given an opportunity to comment on the report this has been reflected in the residents committee.</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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