

# **Unannounced Inspection Report 24 February 2021 and 2 March 2021**



## **Giboney House**

**Type of Service: Residential Care Home**  
**Address: Hughes Court, Mount Merrion Avenue,  
Belfast, BT6 0LX**  
**Tel no: 028 9049 2527**  
**Inspectors: Gillian Dowds and Paul Nixon**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide residential care for up to 15 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Clanmil Housing Association  <b>Responsible Individual:</b> Clare Imogen McCarty	<b>Registered Manager and date registered:</b> Danielle Dawson - 10 October 2019
<b>Person in charge at the time of inspection:</b> Danielle Dawson	<b>Number of registered places:</b> 15  One place in category RC-MP (under 65 years). A maximum of 8 persons in RC-DE category of care.
<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	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 10

### 4.0 Inspection summary

An inspection of the arrangements for medicines management was undertaken by a pharmacist inspector on 24 February 2021 from 09.40 to 12.00. Short notice of the inspection was provided to the manager on the day before the inspection in order to ensure that arrangements could be made to safely facilitate the inspection in the home.

An unannounced care inspection took place on 2 March 2021 from 09.30 to 17.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with all areas for improvement identified in the home since the last inspection and to review the following areas:

- staffing
- Personal Protective Equipment (PPE)
- the home's environment
- care delivery
- care records
- governance and management arrangements.

Residents told us they were happy living in Giboney House.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	*4

\*The areas for improvement include one under the standards which has been stated for a second time under regulation and one standard that was not reviewed and is carried forward to the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Danielle Dawson, 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.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with seven residents and four staff.

Questionnaires and 'Tell Us' cards were also left in the home to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. Two completed questionnaires were received within the indicated timeframe indicating they were positive about the service received in Giboney House. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received.

The following records were examined during the inspection:

- duty rota from 12 October 2020 to 25 October 2020
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- a sample of staff training records
- staff supervision schedule
- incident/accident reports
- a sample of monthly monitoring reports
- a sample of governance audits/records
- complaints/compliments records
- staff competency and capability assessments
- three residents' care records

- a sample of food and fluid intake records
- COVID-19 information file
- records relating to the management of medicines
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance recorded as met or partially 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 last medicines management inspection

Areas for improvement identified at the last inspection on 24 September 2020		
Action required to ensure compliance with Department of Health, Social Services and Public Safety (DHSSPS) The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> Third and final time	The registered manager must ensure that the refrigerator temperatures are accurately monitored daily, the thermometer is reset and appropriate action is taken should the temperatures deviate from the acceptable range.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The medicine refrigerator temperature had been accurately monitored each day and had been maintained within the recommended range of 2°C to 8°C. The manager confirmed that staff reset the thermometer each day and also confirmed the action that would be taken if the temperature deviated from the acceptable range.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 (1)(c)  <b>Stated:</b> First time	The registered person shall ensure that the relevant staff receive training on how to accurately record the refrigerator temperatures.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager confirmed that all relevant staff had been trained on how to accurately record the medicine refrigerator temperature range.	

<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time	<p>The registered person shall submit to RQIA:</p> <ul style="list-style-type: none"><li>• a copy of the refrigerator temperature record on a weekly basis until further notice and</li><li>• the monthly monitoring report, demonstrating that the refrigerator temperature checks are being monitored by the registered person for the next three months.</li></ul> <p><b>Action taken as confirmed during the inspection:</b> The requested documentation had been submitted to RQIA.</p>	<b>Met</b>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)</b>		
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	<p>The registered person shall review the admission process to ensure that robust arrangements are in place for confirming the residents' current medicine regime.</p> <p><b>Action taken as confirmed during the inspection:</b> There had been no new admissions to the home since the last inspection. However, the arrangements for the recent readmission of one resident were reviewed and found to be satisfactory. The hospital discharge letter had been received and a copy had been forwarded to the resident's GP. The resident's personal medication record and medication administration record had been updated to reflect medication changes which had been initiated during the hospital stay.</p>	<b>Met</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	<p>The registered person shall ensure that robust arrangements for the management of warfarin are in place.</p> <p><b>Action taken as confirmed during the inspection:</b> Warfarin had not been prescribed for any residents since the last inspection; however, the policy for the management of warfarin was reviewed and was deemed to be robust.</p>	



<b>Area for improvement 3</b> <b>Ref:</b> Standard 27 <b>Stated:</b> First time	The registered person shall ensure that the areas identified at this inspection in regards to the home's environment are addressed.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the environment evidenced that the areas identified from the previous inspection had not been addressed. This area for improvement has therefore not been met. Please refer to section 6.2.3 for further detail.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time	The registered person shall ensure that the care and recording of post head injury management is improved.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall review and revise the management of distressed reactions as detailed in the report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The management of distressed reactions had been reviewed and revised. Directions for use were clearly recorded on the personal medication records and care plans directing the use of these medicines were available. Records of administration were clearly recorded. The reason for and outcome of administration were recorded.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time	The registered person shall ensure that two members of staff verify and sign the records of disposal.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Two members of staff had verified and signed the records of the disposal of medicines.	

<b>Area for improvement 7</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time	The registered person shall ensure that two members of staff verify and sign hand-written updates on the medication administration records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Two members of staff had verified and signed handwritten updates on the medication administration records	

## 6.2 Inspection findings

### 6.2.1 Staffing

The manager outlined the planned staffing levels and during the inspection we observed that residents' needs were met promptly by the number and skill mix of staff on duty. No concerns regarding staffing levels were raised by residents or staff during the inspection. Staff told us that teamwork was good and that the management team was supportive and approachable.

Staff were knowledgeable about the needs of the residents in their care and obviously knew them well. Staff were seen to treat residents in a friendly and respectful manner; there was a pleasant atmosphere in the home. Staff spoken with commented positively about working in the home; comments included:

- "I love working here."
- "We are just one big family."
- "It's good, we have had good support."
- "Teamwork is good. We help each other out."

Staff had attended their mandatory training. There was a system in place to monitor staff compliance with mandatory training and a new training matrix had been developed to evidence when the staff training had been completed. Staff told us that they were provided with mandatory training and that they felt well equipped to carry out their role.

There was a system in place to ensure that staff were appropriately registered with NISCC.

### 6.2.2 Personal Protective Equipment (PPE)

Staff spoken with demonstrated their knowledge of the current regional guidelines regarding PPE. Staff were observed to put on and take off their PPE correctly and to carry out hand hygiene at appropriate times. We observed a non-clinical staff member wearing a cloth mask; this was addressed immediately by the manager.

There was a plentiful supply of PPE available; PPE was located at different areas in the home. The manager confirmed that sufficient supplies of PPE were maintained and staff had received PPE awareness training.



Residents' temperature checks were completed twice daily. Any visitors to the home also had a temperature check recorded. We observed that staff however had their temperatures recorded only once daily and not twice as directed in the Department of Health guidance. We discussed this with the manager who addressed this.

### **6.2.3 The home's environment**

Residents' bedrooms were found to be personalised, clean and tidy.

The domestic on duty told us that, in addition to the regular cleaning schedule, frequently touched points were cleaned. We observed frequently touched points being cleaned during the inspection.

Corridors and fire exits were observed to be clear of clutter and obstruction.

Generally all areas within the home were observed to be comfortably heated, odour free, secure and clean. However there were a number of environmental issues noted for improvement:

- areas of chipped paint work
- walls requiring painting following repairs
- tiles required to be replaced behind a sink in the identified toilet
- wooden panels around/under sink in bedroom required replacing
- items stored on floor of the sluice
- un-named toiletries in the communal bathroom
- storage of chemicals and equipment in the communal bathroom
- ledge in laundry requires covering
- carpets stained and required cleaning
- various extractor fans needed cleaned.

Due to the environmental deficits identified during this inspection, RQIA sought additional assurance of how the home's environment would be improved and maintained. An action plan was submitted by the home on 19 March 2021. This provided sufficient assurance that deficits will be addressed in a timely way and of how maintenance work was to be addressed in the home going forward.

An area for improvement regarding the home's environment had been stated in the previous inspection, under the standards. Given these findings, this area for improvement was stated as not met, and will now be stated as an area for improvement under Regulation.

### **6.2.4 Care delivery**

Residents in the home looked well cared for; they were observed to be well presented and settled in their surroundings. The atmosphere was relaxed. Staff spoke to residents in a kind and friendly manner and offered them support as required.

We reviewed the visiting policy for the home and reviewed the visiting room, which evidenced that visiting was taking place in the home in accordance with current guidance. The manager stated that there were also eight care partners in place. We reviewed the risk assessments in place for the care partners and observed that some were not clear in defining the care partner role and also did not fully comply with the care partner guidance. We discussed the differences in visiting and the care partner role with the manager and an updated risk assessment template was submitted to RQIA following the inspection. Review of this was satisfactory as necessary updates had been made.

Residents were chatty and engaged, and spoke positively about life in the home, the staff and the food. Residents who were less well able to communicate were content and relaxed. Specific comments from residents included:

- “The food is good.”
- “I love it here the staff are brilliant.”
- “There is always staff about, the food is great, William (the cook) I brilliant.”
- “I like the company they are all very friendly.”
- “I feel happy here”

We observed the serving of lunch in the dining room. The mealtime was relaxed and unhurried. Residents were offered a selection of drinks, and condiments were on the tables. The food on offer was served from the kitchen, was well presented and smelled appetising. Staff provided residents with assistance and encouragement as necessary.

### **6.2.5 Care records**

The care records we reviewed contained a range of relevant care plans to ensure that residents' daily needs were met. Deficits in the care records were identified in relation to:

- a nutrition care plan was not fully reflective of the most recent Speech and Language Therapy (SLT) assessment
- a care plan did not reflect a residents fluid restriction
- the use of a pressure relieving device was not reflected in the residents care plan
- risk assessments had not been reviewed monthly.

These deficits were discussed with the manager and two areas for improvement were made in relation to the updating of care plans and regular review of the risk assessments. .

We reviewed the nutritional risk assessments in place in the home and observed that the malnutrition universal screening tool (MUST) was being used. Although weights were being recorded the MUST tools in use were not calculated correctly. We discussed this with the manager and additional guidance provided. An area for improvement was identified in relation to staffs training in the use of this tool and nutritional risk recording.

We reviewed a sample of the supplementary care records including fluid intake charts and bowel monitoring records. We observed gaps in the recording of the bowel management records for some residents. We discussed this record keeping with the manager, including assessing the need for use of the bowel monitoring records, the role of senior care staff in overseeing this and maintaining these records accurately. The manager agreed to address this and progress will be reviewed during the next inspection.

## **6.2.6 Governance and management arrangements**

Management arrangements had not changed since the previous inspection. The manager stated she felt well supported in her role however did discuss the difficulty in accessing building maintenance support. We discussed this further in relation to the inspection findings regarding the home's environment. Following the inspection, the manager confirmed that maintenance visits to the home had since been arranged.

Review of completed audits evidenced that systems were in place to monitor and evaluate the quality of care and other services provided in the home. Action plans were developed as required. Given the outstanding maintenance works in the home, the manager agreed to implement an environmental audit given the outstanding maintenance works in the home.

The manager told us that employment records were held centrally in head office and that confirmation was received to the home when all the checks were in place through the employment checklist. A checklist was reviewed and was found to be incomplete. This was discussed with the manager and we highlighted the importance of her role in ensuring safe recruitment practices were in place. The services manager for the home confirmed all necessary employment checks were in place for staff.

Monthly monitoring reports were completed in the home. The reports reviewed were a modified template that had been adapted for the covid pandemic. It was observed that this was shorter and did not contain an action plan or consultation with the resident's relatives. This was discussed with the manager who advised that this had already been discussed and that they were reverting to their previous template for the February 2021 report. A copy was sent to RQIA following completion and was found to be satisfactory.

## **Medicines Management**

### **6.2.7 Personal medication records and associated care plans**

Residents in care homes should be registered with a general medical practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs will change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Personal medication records were in place for each resident. These are records used to list all the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals e.g. medication reviews, hospital appointments. The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to provide a double check that they were accurate. The residents' allergy statuses were not declared on their personal medication records; however, following the inspection the manager provided confirmation by email that this matter had been immediately rectified.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets, self-administration etc.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required.

For one resident who self-administers their medicines a care plan and risk assessment were in place. For another resident who self-administers some of their medication a care plan and risk assessment were not in place; however, following the inspection the manager provided confirmation by email that this matter had been immediately rectified.

### **6.2.8 Medicine storage and record keeping**

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the residents' medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

We reviewed the disposal arrangements for medicines. Discontinued medicines were returned to the community pharmacy for disposal and records maintained.

### **6.2.9 Administration of medicines**

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed on pre-printed medication administration records or occasionally handwritten medication administration records, when medicines are administered to a resident. A sample of these records was reviewed and were found to have been fully and accurately completed.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs were recorded in controlled drug record books. These record books had been completed in a generally satisfactory manner; however, the need for the pages of each book to be sequentially numbered was discussed with the manager.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

The audits completed during this inspection showed that medicines had been given as prescribed.

### **6.2.10 Management of medicines on admission/re-admission to the home**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

There had been no recent admissions to the home. However, we discussed the admission process for residents new to the home or returning to the home after receiving hospital care. Staff advised that robust arrangements were in place to ensure that they were provided with a list of medicines from the hospital and this was shared with the resident's GP and the community pharmacist.

### **6.2.11 Medicine related incidents**

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

There had been no medicine related incidents reported to RQIA since the last inspection. The findings of this inspection indicated that the robust auditing system would enable management and staff to identify any incidents involving medicines.

### **6.2.12 Medicines management training**

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

Records of staff training in relation to medicines management were available for inspection.

### **Areas of good practice**

Areas of good practice were identified in relation to care delivery, including the dining experience and staff's knowledge of their residents. There were kind and caring interactions between staff and residents, and residents provided good feedback about their experiences living in the home.

## Areas for improvement

Areas for improvement were identified in relation to the home's environment and ensuring care plans are updated to SLT assessment and equipment use. Further areas of improvement were identified in relation to ensuring risk assessments are regularly reviewed and staff training regarding use of the MUST tool

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

### 6.3 Conclusion

The residents in the home appeared well looked after and content in their surroundings. Staff attended to the residents needs in a caring and friendly manner.

Areas for improvement will be managed through the quality improvement plan.

The outcome of the medicines management component of this inspection concluded that all areas for improvement relating to the management of medicines that had been identified at the last inspection had been addressed. No new areas for improvement were identified in relation to the management of medicines. We can conclude that the residents were being administered their medicines as prescribed by their GP.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Danielle Dawson, 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 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27  <b>Stated:</b> First time  <b>To be completed by:</b> 1 May 2021	<p>The registered person shall ensure that the areas identified at this inspection in regards to the home's environment are addressed.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  An Action Plan was submitted to inspector following the inspection. Plan was put in place to address all environment issues.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and ongoing	<p>The registered person shall ensure that the care and recording of post head injury management is improved.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> 1 June 2021	<p>The registered person shall ensure that the assessment, planning and monitoring of residents care is robust and care needs are accurately assessed and care planned accordingly. This is stated in respect of, but not limited to:</p> <ul style="list-style-type: none"> <li>• up to date multi-disciplinary recommendations e.g. SLT</li> <li>• use of pressure relieving devices</li> </ul> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>  All Senior Carers have been made aware of using the correct terminology when recording the use of pressure relieving devices. It has also been highlighted to staff ensure any new SALT assessments are updated in the risk assessment as well as the Care Plan</p>

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> 1 June 2021	<p>The registered person shall ensure that the risk assessments are regularly reviewed and updated to reflect the residents' needs.</p> <p>Ref: 6.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>  Risk assessment evaluation forms have been included to ensure Senior Care Staff use this to record anytime the risk assessments have been reviewed or updated.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 23.4  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and ongoing	<p>The registered person shall ensure that staff receives appropriate training to accurately calculate and evaluate the residents MUST score.</p> <p>Ref: 6.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>  All Senior Care Staff have received appropriate training to accurately calculate and evaluate the residents MUST score.</p>

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care