

Unannounced Care Inspection Report 27 June 2018



Stewart Lodge

Type of Service: Residential Care Home
Address: 1 Ballyharry Heights, Newtownards, BT23 7GE
Tel No: 028 9182 1263
Inspector: Kylie Connor

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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Stewart Lodge Responsible Individual: Janet Stewart	Registered Manager: Janet Stewart
Person in charge at the time of inspection: Phillip McFarland, assistant manager until 10.30 Janet Stewart, registered manager thereafter	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia	Number of registered places: Total number of eight places comprising: 08 – RC – I 02 – RC – DE

4.0 Inspection summary

An unannounced care inspection took place on 27 June 2018 from 09.45 to 15.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the quality and variety of meals, efforts made to accommodate individual preferences on a daily basis, listening to and valuing residents and maintaining good working relationships.

Areas requiring improvement were identified in relation to the management of staff registration with the Northern Ireland Social Care Council (NISCC), updating the adult safeguarding policy, developing audits of working practices, completing minutes of staff meetings, residents meetings and obtaining written consents.

Residents said that they enjoyed their lifestyle within the home and made positive comments in regard to the standard of care and support they received, the quality and variety of meals and the cleanliness of the environment.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	6

Details of the Quality Improvement Plan (QIP) were discussed with Janet Stewart, 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 September 2017.

5.0 How we inspect

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

A lay assessor was present during the inspection to speak with residents regarding their experiences of living in the home. Comments received are included within this report.

During the inspection the inspector spoke with the registered manager, the assistant manager and one resident. The lay assessor spoke with two residents.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Two questionnaires were returned from a resident and a resident's representative within the agreed timescale.

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

- Staff duty rota
- Supervision and annual appraisal records for two staff
- Training schedule
- Two residents' care files
- Complaints and compliments records
- Audits of accidents and incidents (including falls, outbreaks)
- Accident, incident, notifiable event records
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

Following the inspection a number of records were forwarded to the inspector including:

- Annual Quality Review report (2017)
- Evaluation report from annual quality assurance survey (2017)
- Safeguarding Vulnerable Adults policy and procedure (2016)
- Policy on Infection Control (2016)

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 February 2018

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned to RQIA.

6.2 Review of areas for improvement from the last care inspection dated 19 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that a care plan for the management of diabetes is developed for any resident diagnosed with the condition. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following review of one care file.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary or agency staff were not used in the home.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

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

Discussion with the registered manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.

The registered manager advised that no staff were recruited since the previous inspection, therefore staff files were not reviewed on this occasion.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment.

A template had not been created to monitor the registration status of staff with their professional body (where applicable) and an area of improvement was identified to evidence spot checks carried out and management of renewal timescales. The registered manager verified that all staff were registered with (NISCC).

The role and function of the Adult Safeguarding Champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

The registered manager reported that staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues; they were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. The registered manager reported that mandatory adult safeguarding training was provided for all staff. An area of improvement was identified to update the home's adult safeguarding policy and procedure to reflect the regional operational procedures (2016) including the new terminology, reporting procedures, contact details and forms to be completed.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that there had been no adult safeguarding incidents. The registered manager advised that any suspected, alleged or actual incidents of abuse would

be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

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

The registered manager advised there were no restrictive practices within the home and on the day of the inspection none were observed.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required.

There was an Infection Prevention and Control (IPC) policy and procedure in place; the registered manager reported that regional guidelines were adhered to. The registered manager reported that all staff had received training in IPC in line with their roles and responsibilities.

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

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

The registered manager reported that she and the assistant manager visually checked the environment on a daily basis and observed staff adherence to IPC guidance; the home did not have any IPC compliance audits in place. The inspector provided details of a website for the registered manager to obtain environmental and hand hygiene audit tools for periodic use.

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

"The Falls Prevention Toolkit" was discussed with the registered manager and advice was given on the benefits of using this or a similar toolkit. Audits of accidents/falls were undertaken monthly. An area for improvement was identified to complete an analysis for themes and trends with an action plan to minimise the risk, where possible. Referral was made to the trust falls team in line with best practice guidance.

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

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The registered manager advised that the home’s policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH) and fire safety.

The home did not have an up to date Legionella risk assessment in place. The registered manager reported that they had been informed a number of years ago that as the home has mains water only, they did not need a Legionella assessment. This was discussed with the estates inspector who undertook to contact the home to provide advice and guidance.

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

The home had an up to date fire risk assessment in place dated 20 June 2018. The registered manager reported that a new fire alarm system was due to be installed in the next four to six weeks; a new fire risk assessment was scheduled to be completed thereafter. The registered manager reported that the installation will be completed in one day and that a risk assessment will be completed prior to the work commencing to identify and manage any risks to residents, visitors and staff during the process.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed and records reviewed confirmed these were up to date. The registered manager was advised that records should include the names of staff who participated and any learning outcomes. Following the inspection, the registered manager reported that a new template had been put in place to capture this information. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

A resident and staff spoken with during the inspection made the following comments:

- “You are more productive when you act promptly and prevent a problem.” (assistant manager)
- “You couldn’t be any better (safer) here.” (resident)

Two completed questionnaires were returned to RQIA from a resident and a resident’s representative. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to infection prevention and control and the home’s environment.

Areas for improvement

Three areas for improvement were identified in regard to the management of staff registration with NISCC, review the home’s adult safeguarding policy and procedure and to ensure that the audit of accidents and falls evidences analysis to identify trends or patterns.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

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

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

Records were stored safely and securely in line with General Data Protection Regulation (GDPR). A review of two 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 daily/regular statement of health and well-being of the resident. The registered manager reported that 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 had an evaluation template that had previously been used to record the actions taken to review and update residents care records; the registered manager gave assurances that this would be re-instated immediately.

The inspector discussed with the registered manager the need to audit care records. This was included in an area of improvement identified in section 6.4 of this report.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. The registered manager was advised of the need to register with the Information Commissioners' Office (ICO) in respect of records management.

Discussion with the registered manager and the assistant manager confirmed that a person centred approach underpinned practice. They were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, a 'sausage taste test' had recently been undertaken to involve residents in choosing which type of sausages to purchase.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Observation of the lunchtime meal evidenced that residents received individual attention from both managers. Residents ate at a relaxed pace and were asked if they had enjoyed their meal or wanted more. The assistant manager reported that choices for the lunch-time meal were discussed every morning with residents; the menu would change, for example, depending on the weather or a request from a resident.

Systems are in place to regularly record residents' weights and any significant changes in weight were responded appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the registered manager and staff confirmed that wound care was managed by community nursing services and wound pain was effectively managed. The registered manager advised that staff were able to recognise and respond to pressure area damage on the skin.

Referrals were made to the multi-professional team to areas any concerns identified in a timely manner.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, a communication book between some residents and their family and daily discussions with residents, visitors and relatives. Minutes of residents' meetings and staff meetings had not been taken and two areas of improvement were identified.

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

There were also systems in place to ensure openness and transparency of communication, for example, the annual satisfaction survey report and Annual Quality Review report were available on request for residents, their representatives any other interested parties to read.

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

A resident and assistant manager spoken with during the inspection made the following comments:

- “We always put the resident at the centre of everything we do.” (assistant manager)
- “They do a good job looking after us. They look at everything that I wear to see that it is alright (clean) before I put it on.” (resident)

Two completed questionnaires were returned to RQIA from a resident and a resident's representative. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified in regard to completion of minutes of staff meetings and minutes of residents meetings.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

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

The registered manager and residents advised that consent was sought in relation to care and treatment. However, an area for improvement was identified as written consents had not been obtained in regard to areas such as photography, access to records by, for example, professionals and RQIA and the frequency of night checks. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. The assistant manager and registered manager described their awareness of promoting residents' rights, independence, dignity and protecting residents' confidentiality.

Discussion with the assistant manager and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner.

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.

Resident reported to the lay assessor that they had a call button and got attention 'easily'. Discussion with the assistant manager, registered manager, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care.

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

Discussion with staff, residents and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful individual and group activities. For example, some residents said that they enjoyed sitting outside or going for a walk in the good weather; the home supported the provision of books for residents who enjoyed reading and the assistant manager engaged in conversation with these residents about writers and storylines both had read. Residents spoken to reported that they enjoyed watching television, listening to the radio or music in their rooms and receiving visitors. Residents enjoyed the regular religious services and music in the home. Arrangements were in place for residents to maintain links with their friends, families and wider community.

A resident and staff spoken with during the inspection made the following comments:

- “They all get different (meals) at tea-time.” (registered manager)
- “Residents prefer faith and praise activities.” (assistant manager)
- “They (all staff) are lovely. The food is very good, good quality. We have good company.” (resident)

Residents reported to the lay assessor that they:

- “Had no issues and is quite happy.”
- “Loves living here.”
- “Had a good experience of minister coming every week to preach.”

Two completed questionnaires were returned to RQIA from a resident and a resident’s representative. Respondents described their level of satisfaction with this aspect of care as very satisfied.

A resident’s representative commented:

- “My mother is looked after very well in Stewart Lodge and she is happy here.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, the quality and variety of meals, efforts made to accommodate individual preferences on a daily basis and listening to and valuing residents.

Areas for improvement

One area for improvement was identified in regard to the completion of written consents.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

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

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

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

Residents and their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. The registered manager advised that staff were knowledgeable about how to respond to complaints. No complaints had been made since the previous care inspection. RQIA's complaint poster was available and displayed in the home.

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

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

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

The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

The registered manager was advised to ensure that information in regard to current best practice guidelines are routinely sourced including from sources such as SCIE, NICE, NISCC and shared with staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation.

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

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

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

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

The home collected equality data on residents and the registered manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

A resident spoken with during the inspection made the following comment:

- “I’ve no doubt it is (a well-run and managed home).” (resident)

Two completed questionnaires were returned to RQIA from a resident and a resident’s representative. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Janet Stewart, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 20.17 Stated: First time To be completed by: 20 August 2018	<p>The registered person shall ensure that a template is developed to support spot checks and manage staff registration with NISCC.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: A template has been developed.</p>
Area for improvement 2 Ref: Standard 16.1 Stated: First time To be completed by: 30 August 2018	<p>The registered person shall ensure that the home's adult safeguarding policy and procedure is reviewed to reflect and reference the regional operational procedures (2016) including new regional terminology, reporting arrangements, contact details and forms to be completed.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: This is being reviewed and is in the process of being updated.</p>
Area for improvement 3 Ref: Standard 20.10 Stated: First time To be completed by: 30 September 2018	<p>The registered person shall ensure that working practices are systematically audited to ensure they are consistent with the homes documented policies and procedures and action is taken when necessary including:</p> <ul style="list-style-type: none"> • Audits of accidents and falls should include an analysis for themes and trends with an action plan to minimise the risk where possible • Care records including for example, needs assessment, risk assessments, care plans and care reviews <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: New audits to reflect these areas will be put in place. Ongoing.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 15 September 2018</p>	<p>The registered person shall ensure that minutes of quarterly staff meetings are completed and include:</p> <ul style="list-style-type: none"> • The date • The names of those attending • Minutes of discussions • Any actions agreed <p>Ref: 6.5</p>
<p>Area for improvement 5</p> <p>Ref: Standard 1.2</p> <p>Stated: First time</p> <p>To be completed by: 15 September 2018</p>	<p>Response by registered person detailing the actions taken: Staff meetings are being documented to reflect the above.</p> <p>The registered person shall ensure that minutes are completed for residents meetings.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Minutes will be documented to reflect this.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2018</p>	<p>The registered person shall ensure that written consents are obtained in regard to areas such as:</p> <ul style="list-style-type: none"> • Photography • Access to records by professionals and RQIA • Night checks. <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: This is being developed in a template format.</p>

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



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