

# Unannounced Care Inspection Report 8 June 2017



## Kensington

**Type of Service: Residential Care Home**  
**Address: 2 Groomsport Road, Bangor, BT20 5LN**  
**Tel no: 028 9145 9047**  
**Inspector: Alice McTavish**

[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.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with seven beds that provides care for older people or people who experience mental ill health.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Kensington / Mr Sathrouhun Bogun	<b>Registered manager:</b> Mrs Joanne Glendinning
<b>Person in charge of the home at the time of inspection:</b> Ms Emma Mitchell, senior care assistant	<b>Date manager registered:</b> 28 May 2010
<b>Categories of care:</b> I - Old age not falling within any other category MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	<b>Number of registered places:</b> 7

### 4.0 Inspection summary

An unannounced care inspection took place on 8 June 2017 from 10.00 to 15.50.

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 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 care records and to communication between residents, staff and other key stakeholders.

Areas requiring improvement were identified in relation to the home's environment and to staff employment records.

Residents said that they were pleased with the recent improvements made with the décor and furnishings of the home and that they enjoyed living in the home.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Joanne Glendinning, 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 premises inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 November 2016.

## 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 report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with five residents, the person in charge and one visiting professional. No residents' visitors/representatives were present.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. One questionnaire was returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Staff training records
- Staff supervision and appraisal schedule
- Staff recruitment files
- Care files of two residents
- The home's Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring reports
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 23 November 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP was validated by the estates inspector who completed an unannounced premises inspection on 8 June 2017.

## 6.2 Review of areas for improvement from the last care inspection dated 17 November 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 19 (3) (b) <b>Stated:</b> Second time <b>To be completed by:</b> 23 November 2016	The registered provider must ensure that the records referred to in paragraphs (1) and (2) are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the person in charge and inspection of records confirmed that the records were available for inspection.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 27 (2) (g) <b>Stated:</b> Second time <b>To be completed by:</b> 31 January 2017	The registered provider must ensure that the high backed chairs are replaced with more comfortable alternatives.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the premises confirmed that the high backed chairs were replaced with more comfortable alternatives.	

<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27 (2) (b) 27 (2) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> 23 May 2017	The registered provider must ensure that all of the environmental issues described in section 4.3 of the report are satisfactorily addressed.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the premises confirmed that the majority of the environmental issues identified were satisfactorily addressed. It was noted, however, that the damp in one bedroom remained present as no remedial work had been undertaken, also that a double glazed window unit in the sun room was still broken.  Action is required to ensure compliance with the regulation and is stated for the second time.	
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 20 (1) (c) (i)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2017	The registered provider must ensure that all staff receive mandatory training and that all such training is kept up to date.	
	<b>Action taken as confirmed during the inspection:</b> Inspection of staff training records confirmed that all staff received mandatory training and that all such training was kept up to date.	
<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 20 (2)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2017	The registered provider must ensure that staff working in the home are appropriately supervised.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the person in charge and review of a records of supervision of the person in charge, with consent, confirmed that staff working in the home were appropriately supervised. A schedule for staff supervision was also provided.	

<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 6</b>  <b>Ref:</b> Regulation 21 Schedule 2  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2017	The registered provider must ensure that the complete records relating to staff recruitment, selection and employment are maintained for each staff member, that such records are appropriately stored and that they are available within the home.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of records relating to staff recruitment, selection and employment identified that such records were appropriately stored and that they were available within the home; review of the records, however, identified that the complete records were not maintained for each staff member.  Action is required to ensure compliance with the regulation and is stated for the second time.	
<b>Area for improvement 7</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2016	The registered provider must ensure that monthly monitoring visits are undertaken; that sufficient time is afforded to these visits to ensure that they examine in detail the management of the home; that all actions arising from monitoring visits are clearly documented and that the reports of such visits are legible.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of that monthly monitoring visit reports confirmed that these were undertaken to a satisfactory standard.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 21.1 <b>Stated:</b> Second time <b>To be completed by:</b> 1 March 2017	The registered provider should ensure the following: <ul style="list-style-type: none"> <li>• the home's policy on adult safeguarding is reviewed to reflect the most up to date regional guidance</li> <li>• the home's policies and procedures are subject to a regular three year review</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of documentation confirmed that the home's policy on adult safeguarding was reviewed to reflect the most up to date regional guidance and that policies and procedures were being systematically reviewed.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 13.10 <b>Stated:</b> Second time <b>To be completed by:</b> 1 March 2017	The registered provider should ensure the following:- <ul style="list-style-type: none"> <li>• a review of activities for residents is undertaken</li> <li>• if a resident is offered activities and chooses not to participate, this is documented</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager, residents and staff confirmed that activities for residents were reviewed. Inspection of care records confirmed that if a resident chooses not to participate, this was documented.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> First time <b>To be completed by:</b> 31 January 2017	The registered provider should ensure that the staff duty roster indicates the designation of staff members on duty.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the staff duty roster confirmed that this indicated the designation of staff members on duty.	

<b>Area for improvement 4</b> <b>Ref:</b> Standard 17.1 <b>Stated:</b> First time <b>To be completed by:</b> 1 March 2017	The registered provider should ensure that the process for recording and managing complaints is reviewed to accurately reflect each stage of the complaints process.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of documentation confirmed that the process for recording and managing complaints was reviewed to accurately reflect each stage of the complaints process.	

### 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 person in charge confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of a completed induction record for a new staff member and discussion with the person in charge evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with the person in charge confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The person in charge 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; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed during the last care inspection and were found to be satisfactory. This area will be examined in future care inspections.

Review of the recruitment and selection policy and procedure during previous care inspections confirmed that it complied with current legislation and best practice. The registered manager advised during a telephone call after the inspection that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. A review of records relating to staff recruitment, selection and employment during the last care inspection identified that the system employed to maintain these accurately was not in keeping with legislation and standards. Although some improvement was noted during this inspection, action was still required to ensure compliance with the regulations and is detailed in section 6.2 of the report.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable); this was confirmed by the person in charge of the home.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the current regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. 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 person in charge, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

Discussion with the person in charge identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The person in charge confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

The person in charge confirmed there were risk management policy and procedures in place. 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. fire safety, etc. The person in charge confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. 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.

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 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. Whilst it was evident that good progress had been made in improving the home environment, several areas had still to receive attention. This is detailed in section 6.2 of the report.

Inspection of the premises identified that the toilet frame in the upstairs toilet was rusted that the bin did not have a cover. The freestanding wardrobe in one bedroom had not been secured to the wall following the redecoration of the room. Action is required to ensure compliance with the standards.

The arrangements in place for fire safety were reviewed by the estates inspector and are noted within the premises inspection report.

One completed questionnaire was returned to RQIA from a resident’s representative. The respondent 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 staff supervision and appraisal, adult safeguarding and to infection prevention and control.

**Areas for improvement**

One area for improvement was identified. This related to the equipment in the home.

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

**6.5 Is care effective?**

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

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

A review of the care records of two residents 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 statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

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

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 person in charge confirmed that there were arrangements in place to monitor and review the effectiveness and quality of care delivered to residents at appropriate intervals. Evidence of audits were contained within the monthly monitoring visits reports.

The person in charge confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents’ meetings, staff meetings and staff shift handovers. Staff confirmed that management operated an open door policy in regard to communication within the home.

Residents 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 reviewed during the 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.

One completed questionnaire was returned to RQIA from a resident’s representative. The respondent described their level of satisfaction with this aspect of care as very satisfied.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records and to communication between residents, staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.6 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 person in charge confirmed 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.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents and staff confirmed that 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.

Staff and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Staff confirmed their awareness of promoting residents' rights, independence and dignity; staff were able to demonstrate how residents' confidentiality was protected.

Staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them. There were systems in place to ensure that the views and opinions of residents were sought and taken into account in all matters affecting them. This was achieved through daily discussions with residents, residents' meetings and residents were also encouraged to actively participate in annual reviews of their care in the home.

Discussion with staff and residents and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- "The place is much better now. My bedroom has been redecorated and I'm very happy with it. We are pleased that there have been nice comfortable chairs bought for our lounge."
- "The new furniture is great, much more comfortable and the rooms look so much better. I'm very happy here."
- "Although I was happy with my old room, I moved to this bedroom which is much bigger. I can see out over the road and watch the world go by. It is nice and bright and it has been redecorated. I'm very pleased with how the whole house looks. I am very well looked after here and I love the food!"
- "I'm very happy with my room. There has been a great improvement in the home."

A visiting professional spoken with during the inspection made the following comment:

- "I have always found that the home provides good care and the residents appear to be quite happy."

One completed questionnaire was returned to RQIA from a resident's representative. The respondent described their level of satisfaction with this aspect of care as very satisfied.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 6.7 Is the service well led?

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

In a telephone conversation after the inspection, the registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Discussion with staff established that no complaints had been received since the last care inspection. 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. Arrangements were in place to share information about complaints and compliments with staff.

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. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits.

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

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

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.

Discussion with the registered manager after the inspection confirmed that the management and control of operations within the home was 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 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 and discussion with staff established that they were knowledgeable regarding this.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

One completed questionnaire was returned to RQIA from a resident's representative. The respondent described their level of satisfaction with this aspect of care as very satisfied.

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 Mrs Joanne Glendinning (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 to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27 (2) (b) 27 (2) (d)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 4 August 2017</p>	<p>The registered person shall ensure that remedial work is completed to address the damp in one bedroom, that the bedroom is redecorated and that the double glazed window unit in the sun room is replaced.</p> <p>Ref: 6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> The unit in the sun room has been replaced, the damp issue in room one is being re-addressed before a programme of redecoration takes place.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 21 Schedule 2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 4 August 2017</p>	<p>The registered person shall ensure that the complete records relating to staff recruitment, selection and employment are maintained for each staff member.</p> <p>Ref: 6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> This matter is being addressed.</p>

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 August 2017</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> <li>• the toilet frame in the upstairs toilet is refurbished or replaced</li> <li>• covered bins are provided in communal bathrooms</li> <li>• freestanding wardrobes are secured to the wall</li> </ul> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> All these issues are currently being addressed by the registered provider.</p>

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



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