



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 18 June 2019



## Ross Lodge/Ross House

**Type of Service: Residential Care Home**

**Address: 288 Moyarget Road, Dervock, Ballymoney BT53 8EG**

**Tel no: 028 2074 1490**

**Inspectors: Marie-Claire Quinn, John McAuley and Rachel Lloyd**

[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 registered residential care home which provides care for up to thirteen residents living with a physical and/or learning disability. The home is split across two buildings with shared outdoor space. Ross House is a seven-bedded home for those residents who are living in the home long term. Ross Lodge is a six-bedded home providing a mix of respite and longer term care to residents.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Ross Lodge</p> <p><b>Responsible Individual(s):</b> Alex and Joyce McKinney</p>	<p><b>Registered Manager and date registered:</b> Karen Nelson Application pending</p>
<p><b>Person in charge at the time of inspection:</b> Ross House 07.50 Crystal Horner, Senior Care Assistant 08.00 Heather McCrystal, Senior Care Assistant</p> <p>Ross Lodge 08.25 Stephanie Dunlop</p> <p>Karen Nelson, Manager and Joyce McKinney, Responsible Individual, also then joined the inspection.</p>	<p><b>Number of registered places:</b> 13</p>
<p><b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years</p> <p>Only residents with sufficient mobility can be accommodated on the first floor. Ground floor room at the front of the home cannot be used as a double. A maximum of six persons to be accommodated in Ross Lodge and a maximum of seven persons to be accommodated in Ross House.</p>	<p><b>Total number of residents in the residential care home on the day of this inspection:</b> 13</p>

## 4.0 Inspection summary

An unannounced inspection took place on 18 June 2019 from 07.50 to 14.30. This inspection was conducted by care and pharmacist inspectors and was undertaken following concerns raised with RQIA anonymously. The concerns were in relation to:

- medication errors
- cleanliness of the environment
- residents' personal care needs
- manual handling
- fire safety
- adult safeguarding
- falls management
- activities
- NISCC registration of staff
- breach of residents' confidentiality
- ineffective management arrangements and response

The inspection assessed progress with all areas for improvement identified in the home during and since the last care and medicines management 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 staffing, staff supervision, recruitment, care delivery, relationships between staff, residents and management, the management of medicines, medicine governance and record keeping, medicine storage and controlled drugs and the management of medication incidents.

Areas requiring improvement were identified in relation to the reporting of accident and incidents, care plans, annual care reviews, confidentiality, complaints records, audits and review of the home's Statement of Purpose.

Residents were positive about living and staying in the home and told us they were happy and liked the staff. Residents who were unable to verbally express their opinions were seen to be at ease and comfortable in their surroundings and in their interactions with staff.

Comments received from residents and staff during the inspection, are included in the main body of this report.

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>	2	*7

\*The total number of areas for improvement includes two standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Karen Nelson, Manager and Joyce McKinney, Responsible Individual, 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 inspection dated 19 February 2019**

The most recent inspection of the home was an unannounced care inspection undertaken on 19 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### **5.0 How we inspect**

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the agreed time frame.

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

- matrix of staff's NISCC registrations
- staff communications book from 11 February 2019 – 2 April 2019
- staff handover records for 14 June 2019 – 16 June 2019
- staff training schedule
- care records of six residents
- staff supervision and annual appraisal schedule
- recruitment records of two staff
- accidents/incidents reports from February 2019 – June 2019
- complaint records
- audits of care files, kitchen, accidents and incidents and environment
- monthly monitoring reports dated 23 March 2019, 16 April 2019, 15 May 2019 and 7 June 2019
- minutes of residents meetings dated 12 November 2018 and 29 April 2019

- the home's Statement of Purpose
- management of medicines on admission and medication changes
- management of distressed reactions, pain, controlled drugs, thickening agents and antibiotics
- personal medication records, medicine administration records, records of medicines requested, received and transferred/disposed of
- medicines management audits
- the storage of medicines
- staff training and competency assessment
- care plans in relation to medicines management

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 outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement two were met and two not met and have been included in the QIP at the back of this report.

Areas of improvement identified at previous medicines management inspection have been reviewed. These were met.

## 6.2 Inspection findings

### 6.3 Is care safe?

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

There was pleasant and relaxed atmosphere in both homes on the day of inspection. Staffing levels on the day appeared sufficient to meet the needs of the residents and care was delivered in a calm, organised way. The duty rota reflected the staff working on the day of inspection, and included the hours worked by management. Neither staff nor residents raised concerns regarding staffing levels in the home. Residents stated:

- "All is very good here. No problems."
- "There is very nice staff here I like every one of them. And there's nice food."

Communal areas and bedrooms were warm, clean and tidy. We noted that a kitchen drawer was missing in Ross House, and knives were visible and accessible. This was highlighted to staff who immediately arranged for the knives to be securely stored elsewhere. Management advised that the drawer was being repaired and would be replaced this week.

There were no obvious fire safety hazards in the home on the day of inspection. Review of staff training records confirmed that fire safety training is offered twice a year. Management also outlined strategies in place with residents and their families to maximise fire safety in the home. The home's maintenance manager confirmed that the annual fire risk assessment had been completed in May 2019 and the home were pleased as no actions were required; however the report has yet to be sent and written evidence was provided to explain the delay.

Staff confirmed they had received induction and training relevant to their roles. A schedule for staff supervisions and annual appraisals was in place identifying that these were arranged in line with legislation and standards. We reviewed the recruitment records of two staff which were satisfactory as pre-employment checks and competency and capability assessments had been completed.

At the previous care inspection, an area for improvement had been made regarding staff's professional registration with Northern Ireland Social Care Council (NISCC). Review of staff records confirmed that all care staff are now registered. The manager reported that this was reviewed on a monthly basis to ensure registrations are in date. The manager was also able to provide written evidence of correspondence with NISCC regarding one's staff member's change of employer. This area for improvement has therefore been met.

Correspondence from the home and discussion with management confirmed that an adult safeguarding concern had been recorded and referred to the appropriate agencies. We discussed how the home can ensure that policies and procedures are embedded into practice; the home has arranged adult safeguarding refresher training with the trust and will review this in staff supervision and staff meetings. The home will also remind staff of the need to ensure duty of candour at all times.

## **Management of medicines**

We reviewed the areas of improvement from the previous medicines management inspection and evidenced that they had been addressed. We found no evidence to support the concerns in relation to the management of medicines that we had received.

A selection of medicines was examined. Audits indicated that these were being administered in accordance with prescribed time intervals. A couple of minor discrepancies were highlighted for attention and the manager agreed to highlight the day these medicines are due for administration on medication administration records. They were already highlighted in the staff diary. The sample of personal medication records examined was up to date and accurate. These areas for improvement were met.

Satisfactory systems for the following areas of the management of medicines were observed: staff training and competency assessment, the majority of medicine records, the ordering and receipt of medicines, the administration of the majority of medicines, the management of controlled drugs and antibiotics, the management of medicine incidents.

Staff were reminded that personal medication records for short-stay residents should include the allergy status of the resident and two staff signatures to confirm accurate transcription. An admission form was completed for these residents to confirm if there were any changes to prescribed medicines. For one short-stay resident this had not been completed on one occasion and medicines had changed. Staff were reminded to ensure this takes place on every occasion.

Some residents were prescribed a medicine for administration ‘when required’ for the management of distressed reactions. The dosage instructions were recorded on the personal medication record and staff spoken to were aware of how to recognise signs, symptoms and triggers which may cause a change in behaviour and were aware that it may be due to pain or infection. It was acknowledged that these medicines had not been administered for some time, however it was agreed that a resident specific care plan should be in place to direct staff in the care of residents prescribed these medicines. The manager stated that this would be reviewed following the inspection.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that pain was well controlled and the resident was comfortable. Care plans were in place and a pain assessment tool was in use where appropriate.

Medicines were mostly stored safely and securely, the lock on one medicine cupboard was broken. Staff were aware of this and a repair was planned. It was agreed that these medicines would be relocated if necessary.

**Areas of good practice**

Evidence of good practice was found in relation to staffing arrangements, staff supervision, staff recruitment, the management of medicines, governance arrangements, record keeping, medicine storage and controlled drugs.

**Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

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

**6.4 Is care effective?**

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

Residents told us they were happy in the home, and none appeared uncomfortable or distressed, with the exception of one individual, whom staff were caring for. Other residents were observed smiling, content and at ease when interacting with residents and staff. All residents presented as clean and alert. Residents reported:

- “I like it (the home) as staff are nice and the others (residents) are funny. I’m very happy. I like it here as I have my own shower. Staff are going to help me have a shower tonight.”
- “I love it here. The staff are all very kind. Every one of them. I look forward to coming here.”

Staff were positive about their experiences working in the home:

- “Because it’s smaller you have time to spend with residents. Everyone is brilliant and staff get on well together.”
- “Care is good and there is always good support.”
- “I like the routines; it’s relaxed and based on the resident’s needs.”



We observed the morning handover. Staff explained recent improvements to this following the implementation of written handover records, which staff must sign. Review of these records was satisfactory.

One resident required the assistance of two members of staff regarding personal care and this was provided. The personal care needs of residents were recorded in care plans, including how to support residents who may find this distressing. Records also included manual handling assessments and guidance from multi-disciplinary professionals. Staff had signed and dated this to confirm their knowledge and understanding. Manual handling training is provided annually and following the inspection, the home confirmed this was arranged for July 2019.

Overall, training records were satisfactory. Some mandatory training was overdue and the manager accepted this, as they had been trying to arrange these for July 2019. Following the inspection, the manager confirmed the dates of staff training for COSHH, first aid, infection prevention and control and manual handling. The home are also arranging for refresher training on diabetes and the management of challenging behaviour, following the outcome of this inspection.

Staff were prompt in seeking medical attention for one resident. Staff advised that this resident had a recent hospital admission for the same condition. This had not been reported to RQIA. This was concerning as this had been stated as an area of improvement at the last care inspection. We observed a flow chart system had been displayed in staff offices, to remind staff of when accidents and incidents should be reported to RQIA. However, review of care and accident and incidents records highlighted that several other notifiable incidents had not been reported to RQIA. We discussed this with the manager and responsible person and asked the home to review their accidents and incidents template to prompt and record who had been informed following an accident or incident. This area for improvement has therefore not been met and has been stated for a second time.

We reviewed care records. At the previous care inspection, an area of improvement had been identified in relation to the detail of care plans, specifically on residents' preferred daily routine and activities. We confirmed that care plans now included this information. These care plans were reflected in practice observed on the day, as some residents were up early to attend day centre. Other residents were observed enjoying hobbies such as knitting, colouring in and playing board games. This area for improvement has therefore been met.

The care plan for one resident lacked detail on a specific medical condition. Staff presented with an awareness of how to manage this condition, however this detail was not captured in written records. This was therefore stated as an area for improvement.

We also noted that the care plan for one resident did not include sufficient detail on the management of distressed reactions, including evidence of referral to the multi-disciplinary team or information on any use of medication prescribed on an 'as needed' basis. An area of improvement has been made.

Another area for improvement has been made in relation to care records as annual care reviews had not been completed with several residents.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to care delivery, rapport and relationships between residents and staff and training.

## Areas for improvement

Three new areas for improvement were identified within this domain during the inspection, in relation to care plans and annual care reviews.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

### 6.5 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.**

When we arrived to Ross House, three of the seven residents were out of bed and dressed. One resident was happily playing with Lego in their bedroom. Another resident was making coffee for staff, which is part of their preferred daily routine. Another resident was enjoying watching television. The other residents were enjoying a lie in. In Ross Lodge, one of the six residents was up eating breakfast and waiting on the bus to take them to day opportunities. We spoke with a resident who told us they had stayed up late chatting with staff and "I didn't get up til 11am!" Care records included rising and retiring times for residents, which varied from day to day. Care plans also included details on residents preferred rising and retiring times which reflected what we had seen that morning.

Staff were observed to be friendly and courteous with residents. Those residents who were unable to verbally express their wishes were observed to use a range of non-verbal communication, which staff appeared to understand and respond to. We saw staff support a resident find a music CD as they enjoyed listening to this in the morning.

Residents told us about the activities in the home:

- "I'm going into town to get my watch fixed."
- "I'm going out for lunch with Ivan (staff)...Elvis was here last week. And I watch football."
- "I'm knitting a blanket for my friend who is having a baby. I like going out but not every day...I'm going out shopping with Lisa (staff) now!"

An area of improvement had been stated at the previous care inspection regarding the display of the activities schedule. Although this was clearly displayed in Ross House, there was no such schedule available in Ross Lodge. Discussion with staff and observation of practice confirmed that resident's did engage in activities such as attending day opportunities, shopping and colouring in. Staff highlighted that as some residents were only staying for a short time, activities varied week to week depending on their specific needs or preferences. However, there are two residents who live in Ross Lodge on a permanent basis. The home has a whiteboard which displays the week's meals and we highlighted how a similar board could be used to display the activities schedule. This area for improvement has therefore not been met and is stated for a second time.

Review of the minutes of residents meetings confirmed that residents had opportunities to express their views and provide feedback to the home. No issues had been raised by residents.

The home had upgraded the security system and entry and exit from the home was only accessible using a fob. Residents were observed leaving the home when they wished, but had to get staff to open the door for them. We discussed this with management, who reported that this was partly to ensure the safety of residents. However, this practice had not been discussed and agreed with residents, their relatives or the other professionals involved in their care. This is essential to ensuring that any practice in the home protects and promotes residents human rights, and is proportionate to the identified risk. We asked the home to review these arrangements and seek informed and written consent immediately, as this was a potential deprivation of residents' liberty. Correspondence with the home following the inspection confirms that adjustments have been made to the fob system to ensure that all residents can now freely enter and exit the home. The home has also arranged to review these arrangements with relatives and the trust.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to respecting resident's choice and preferences and seeking their feedback about the care provided in the home.

### Areas for improvement

No new areas for improvement were identified within this domain during the inspection.

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

#### 6.6 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.**

Staff confirmed that management were visible, accessible and supportive and described good team work in the home. The manager is due to complete QCF Level 5 this month and will now submit an application to RQIA to become registered manager of the home.

We were concerned as RQIA had received evidence showing that staff had breached the privacy and confidentiality of residents in the home by texting about work on their personal mobiles. Management stated they will immediately address this through staff supervision, staff meetings and use of the home's mobile phone usage policy. Additionally, we were unable to review the minutes of staff meetings as they were not in the home on the day of inspection. An area of improvement has been made.

The manager stated that the home had received one complaint since the last inspection and she outlined positive changes made in the home as a result. Review of complaint records confirmed this had been investigated and addressed, however records did not fully contain the outcome of the complaint, or note whether the complainant was satisfied with the outcome. This was relayed to the manager and an area of improvement made.

We reviewed a sample of the home's audits, which were unsatisfactory. Care file audits had not been reviewed since January 2019. The kitchen audit had not been reviewed in February or March 2019. The environment audit had not been reviewed from November 2018 until May 2019. Issues identified in these audits had not been addressed and there was a lack of a clear and timely action plan. This was discussed with management who accepted that audits had not been routinely completed or reviewed and apologised for this. An area for improvement has been made.

While monthly monitoring reports were detailed, we were concerned as action plans were not fully implemented. This was specifically in relation to addressing the issues with fob access, as detailed in section 6.3. We emphasised to the home that these action plans must be addressed in a timely manner to ensure high standards of care are maintained at all times. This may be reviewed at future inspections.

The home's Statement of Purpose had been updated when the home had been considering changing their categories of care. This was no longer the case, and we advised the home to update this document to reflect the current care provided in the home. This is also to include any restrictive practices which are used in the home. This has been stated as an area of improvement.

The annual quality review report for April 2018 – April 2019 had yet to be completed. The manager showed us that the questionnaires for this were being posted that day. The home has met with relatives on an individual basis to get feedback, which has been positive. Comments from relatives included:

- "We are very happy with care."
- "Excellent ratings."

### **Areas of good practice**

Examples of good practice were found in this domain in relation to working relationships in the home and response to complaints.

### **Areas for improvement**

Four areas for improvement were identified within this domain during the inspection. This was in relation to confidentiality, complaints records, audits and review of the home's Statement of Purpose.

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

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Karen Nelson, Manager and Joyce McKinney, Responsible Individual, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19. – (5)  <b>Stated:</b> First time  <b>To be completed by:</b> with immediate affect	<p>The registered person shall ensure that any information about a resident's health and treatment is handled confidentially at all times.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Staff were reminded of the importance of confidentiality within the Home and the safeguarding training they had received 20/5/19, staff were given copy of the Confidentiality policy for their reference. New clause was added to staff contract stating personal mobile phones were strictly forbidden whilst staff were on shift.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 6. – (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 18 August 2019	<p>The registered person shall keep under review and, where appropriate, revise the home's statement of purpose.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Home's statement of purpose has been updated and placed on display in both Homes.</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.15  <b>Stated:</b> Second time  <b>To be completed by:</b> with immediate affect	<p>The registered person shall ensure that all accidents, incidents and events occurring in the home which adversely affect the wellbeing or safety of any resident are reported promptly to the Regulation and Quality Improvement Authority and other relevant organisations in accordance with legislation and procedures.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Meeting was held with senior social worker for NHSCT, management discussed accidents, incidents etc. NHSCT staff confirmed they would assist with advising the Home's staff with all incidents in the Home. All staff to receive training on reporting accidents and incidents, to be completed in house.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 13.4  <b>Stated:</b> Second time  <b>To be completed by:</b>	<p>The registered person shall ensure that the programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled. This is specifically in relation to Ross Lodge.</p> <p>Ref: 6.5</p>

18 August 2019	<p><b>Response by registered person detailing the actions taken:</b> New activities calendar displayed in Ross Lodge and Ross House detailing scheduled activities, individual records and "getting to know you" likes and dislikes are maintained within each residents care plan.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> with immediate affect</p>	<p>The registered person shall ensure that an individual comprehensive care plan includes details of the management of any identified risks. This is in relation to a medical condition of one resident and must include the use of pain medication used on an "as needed" basis.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Care plans have been reviewed and updated accordingly.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 August 2019</p>	<p>The registered person shall ensure that:</p> <p>10.2 when a resident's behaviour causes concern, staff make contact with any relevant professional or service</p> <p>and</p> <p>10.3 when a resident needs a consistent approach or response from staff this is detailed in the resident's care plan. This must include the use of medication prescribed on an "as needed" basis.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been advised to report all concerns to management who will in turn contact the appropriate person, in event management is not available senior staff on duty will contact the appropriate person. Care plans have been reviewed and updated.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 August 2019</p>	<p>The registered person shall ensure that the home contributes to or organises reviews of residents' placement in the home. This is on a minimal annual basis.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> All reviews have been completed and are reviewed monthly by senior staff.</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 17.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 August 2019</p>	<p>The responsible person shall ensure that records are kept of all complaints and these include details of all communication with complainants and the action taken.</p> <p>Ref: 6.6</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 August 2019</p>	<p><b>Response by registered person detailing the actions taken:</b> All complaints are recorded and all communication is detailed and held within the Home. Any action as a result of the complaint is recorded and held within the Home.</p> <p>The responsible person shall ensure that working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action is taken where necessary. Reference to this was also made in respect of confidentiality and use of staff mobile phones.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> All audits are completed monthly by management and new clause was added to staff contract stating personal mobile phones were strictly forbidden whilst staff were on duty.</p>

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





The **Regulation** and  
**Quality Improvement**  
Authority

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