

Unannounced Care Inspection Report 2 November 2017



24 Pettigo Road

Type of Service: Residential Care Home
Address: 24 Pettigo Road, Letterkeen, Kesh, BT93 1QX
Tel No: 028 6863 3132
Inspector: Laura O'Hanlon

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 eight beds registered to provide care for residents under categories of care detailed on its certificate of registration.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group / Challenge Responsible Individual: Andrew Mayhew	Registered Manager: Beverley Delap
Person in charge at the time of inspection: Beverley Delap	Date manager registered: Beverley Delap – application not yet submitted
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 8

4.0 Inspection summary

An unannounced care inspection took place on 2 November 2017 from 10.10 to 16.10.

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 staff training, the management of accidents and incidents and communication between staff and the residents.

Areas requiring improvement were identified in relation to the environment and care records.

Residents said they were very happy with their life 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
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Beverley Delap, Acting 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 25 May 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 and the notifications of accidents and incidents.

During the inspection the inspector met with three residents, five staff of various grades and the acting manager.

A total of six questionnaires were provided for distribution to residents and their representatives. One questionnaire was returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Two staff competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care records, accidents and incidents, finance and medication
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- A sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met or not 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 2 August 2017

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

6.2 Review of areas for improvement from the last care inspection dated 25 May 2017

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
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: First time	The registered provider must address the following issues: <ul style="list-style-type: none"> • Ensure that the areas of mould identified on internal walls within the home are addressed immediately. • Review the cleaning arrangements of the home to ensure the home is maintained to the required standard. 	Not met
	Action taken as confirmed during the inspection: An inspection of the environment confirmed that areas of mould remained on bedrooms and in ensuites. Discussion with the deputy manager and review of maintenance records confirmed that this issue had been identified on the previous day and action was taken to address this. Discussion with the acting manager confirmed that a deep clean had taken place following the last care inspection. The acting manager confirmed that a cleaner had been working in the home for a short period but was off sick. The cleaner was scheduled to return to work on 6 November 2017. There was no identified cleaner in place on the day of the inspection. Currently the staff were undertaking this role.	

	<p>On the day of the inspection there were areas of the home that were unclean and odours were identified in areas of the home.</p> <p>This area for improvement was stated for the second time.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that all areas of the home contain no hazards to the health and safety of residents, visitors or staff.</p> <p>Action taken as confirmed during the inspection: An inspection of the environment confirmed that there were no hazards present in the home on the day of the inspection.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that an action plan for the refurbishment of the home is undertaken and forwarded to RQIA.</p> <p>Action taken as confirmed during the inspection: An action plan was completed in regard to the refurbishment of the home. There was evidence that bedrooms had been repainted and new floor covering put in place.</p>	Met
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p>	<p>The registered provider should ensure that a checklist is devised by the registered manager to ensure that staff are recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.</p> <p>Action taken as confirmed during the inspection: The acting manager provided a recruitment checklist which will be implemented for any new staff recruited to the home to ensure this is in accordance with the regulations.</p>	Met

Area for improvement 2 Ref: Standard 10.7 Stated: First time	The registered provider should ensure that the statement of purpose references the restrictive practices employed within the home.	Met
	Action taken as confirmed during the inspection: A review of the statement of purpose confirmed that it referenced the restrictive practices employed within the home.	
Area for improvement 3 Ref: Standard 20.10 Stated: First time	The registered provider should develop an environmental audit tool for the home to ensure that cleaning and maintenance are identified and addressed on a regular basis.	Not met
	Action taken as confirmed during the inspection: Discussion with acting manager identified that an environmental audit tool had not been devised. This area for improvement was stated for the second time.	
Area for improvement 4 Ref: Standard 15.4 Stated: First time	The registered provider should ensure that finance records are accurately maintained in the home.	Met
	Action taken as confirmed during the inspection: A review of the finance records for one resident found these to be accurately maintained. RQIA undertook a finance inspection on 2 August 2017 which focused solely on this issue. This was reported under separate cover.	
Area for improvement 5 Ref: Standard 20.11 Stated: First time	The registered provider should ensure that the monthly monitoring reports detail accurately the quality of service provided in the home to include the condition of the environment and any required actions.	Met
	Action taken as confirmed during the inspection: A review of the record of the monthly monitoring reports confirmed that this reflected the condition of the environment and any required actions.	

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 acting manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. The acting manager advised that the staffing situation is currently more settled. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of induction records and discussion with the acting manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

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

The registered manager and staff 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. Two completed staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The acting manager provided a recruitment checklist which will be implemented for any new staff recruited to the home to ensure this is in accordance with the regulations.

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

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 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 acting manager, 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.

The acting manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably keypad entry systems at the exit doors and locked cupboards in bathrooms and the kitchen. The keypad number was displayed for those residents who were assessed as competent to leave the home independently. Such restrictions were recorded and signed appropriately within a restrictive practice register in each individual care record.

Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the statement of purpose and residents guide identified that restrictions were adequately described.

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

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Rust was observed on one shower chair and advice was given to the deputy manager to address this matter.

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. 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.

The acting 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.

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 appropriately heated. An odour was identified in one bedroom. This was identified as an area for improvement to ensure this is addressed.

Within the environment, areas of mould remained on bedrooms and in ensuites. Discussion with the deputy manager and review of maintenance records confirmed that this issue had been identified on the previous day and action was being taken to address this.

Discussion with the acting manager confirmed that a deep clean had taken place following the last care inspection. The acting manager confirmed that a cleaner had been working in the home for a short period but was off sick. The cleaner was scheduled to return to work on 6 November 2017. There was no identified cleaner in place on the day of the inspection. Currently the staff were undertaking this role. On the day of the inspection there was evidence that areas of the home were unclean and there were odours identified in areas of the home. This area for improvement was stated for the second time.

Discussion with acting manager identified that the environmental audit tool as identified in the previous QIP had not been devised. This area for improvement was stated for the second time.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 2 May 2017 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. A fire drill was last completed on 15 September 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained.

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 recruitment, induction, training, adult safeguarding, infection prevention and control and risk management.

Areas for improvement

Three areas for improvement were identified in regard to the environment.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

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

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. It was noted that care needs assessments had not been reviewed within the last year. This was identified as an area for improvement to ensure that assessments are kept under continual review, no less than annually.

Risk assessments 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 and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. This was primarily evidenced through the staff knowledge of individual residents. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care records, accidents and incidents, finance and medication were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

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

Residents spoken with, review of care records 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. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for 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 audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

One area for improvement was identified in regards to care records.

	Regulations	Standards
Total number of areas for improvement	0	1

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 acting manager 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.

Discussion with staff and review of care records 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. For example care plans were available in an easy read format.

The acting manager and the 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. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The registered manager and 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.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions with staff, residents' meetings, monthly monitoring visits and annual reviews.

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

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection a number of the residents were supported on a shopping trip to Omagh.

Arrangements were in place for residents to maintain links with their friends, families and wider community. The staff confirmed that families were welcome to visit the home at any time. In

addition the care records contain evidence where families were informed of any changes to the health of the resident.

The inspector met with three residents during the inspection. The residents were observed to be at ease within their environment and positive interactions were observed between staff and residents.

Comment made by one resident was:

- “I like it here”

Comments made by staff members were:

- “The manager is responsive and challenges things if they are not correct”
- “The staffing levels are good. The management are approachable and responsive to suggestions. There is a good level of staff training”
- “The staffing levels are well improved and it’s a good staff team; everyone gets on well. There is good communication among the team. The new manager is like a breath of fresh air, taking things on board and she is very approachable. The individual wishes of residents are met and they have a good quality of life”
- “This is a great place to work. I am very happy here. The staffing levels are good. The manager listens to what you are saying”

One completed questionnaire was returned to RQIA from a resident’s representative. 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
Total number of areas for improvement	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

The acting manager outlined the management arrangements and governance systems in place within the home. 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 acting manager confirmed that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Residents and/or their representatives were made aware of how to make a complaint by way of the complaints procedure displayed in each bedroom. 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.

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. Discussion with the acting manager identified that they had understanding of their role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through the monthly monitoring reports.

The registered manager 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 was displayed.

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

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

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

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 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 Beverley Delap, Acting 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: Second time</p> <p>To be completed by: 2 December 2017</p>	<p>The registered provider must address the following issues:</p> <ul style="list-style-type: none"> • Ensure that the areas of mould identified on internal walls within the home are addressed immediately. • Review the cleaning arrangements of the home to ensure the home is maintained to the required standard. <p>Ref: section 6.4</p>
	<p>Response by registered person detailing the actions taken: Daily cleaning schedule in place. Cleaner who has now returned. This is checked weekly by management team to ensure consistency of standards. In absence of cleaner a staff member will be identified on rota for this specific task which will not form part of their support hours.</p> <p>Areas of mould identified have been treated. New fan is being sourced for one room to help alleviate the build up of condensation contributing to this.</p> <p>Inspection of rooms to be undertaken by management team weekly to ensure early identification and treatment of problem areas.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 20.10</p> <p>Stated: Second time</p> <p>To be completed by: 2 December 2017</p>	<p>The registered provider should develop an environmental audit tool for the home to ensure that cleaning and maintenance are identified and addressed on a regular basis.</p> <p>Ref: section 6.4</p>
	<p>Response by registered person detailing the actions taken: Environmental audit tool now in situ. This is completed monthly by the management team and cross referenced with our maintenance book to ensure any areas outstanding can be readily identified and prioritised.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 16 November 2017</p>	<p>The registered person shall ensure that the odour in one identified bedroom is addressed.</p> <p>Ref: section 6.4</p>
	<p>Response by registered person detailing the actions taken: New mattress has been ordered (delivery 01/12/17) and new bedframe sourced for this individual's room. Thorough cleaning continues to take place on daily basis.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 5.5</p> <p>Stated: First time</p> <p>To be completed by: 2 December 2017</p>	<p>The registered person shall ensure that care needs assessments are kept under continual review, no less than annually.</p> <p>Ref: section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Since inspection all plans have been reviewed and updated. Review list compiled to ensure timely reviews</p>
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Please ensure this document is completed in full and returned via Web Portal



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