Unannounced care Inspection Report
4 October 2016

Barnvale Cottage

Type of service: Residential Care Home
Address: 82b Mill Hill, Castlewellan, BT31 9NB
Tel no: 02843771378
Inspector: Bronagh Duggan

1.0 Summary

An unannounced inspection of Barnvale Cottage Residential Home took place 4 October 2016 from 10:45 to 16:00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff training, adult safeguarding, infection prevention and control, risk management and the home's environment. One recommendation was made in regards to updating the policy and procedure relating to adult safeguarding. One recommendation has been stated a second time regarding monitoring care reviews.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders. One requirement was made in regards to ensuring all records were available in the home for inspection at all times. Two recommendations have been stated for a second time regarding resident and staff meetings.

Is care compassionate?

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. No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, responding to regulatory matters in a timely way, quality improvement and maintaining good working relationships. No requirements or recommendations were made in relation to this domain.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with senior carer Paula Fitzsimmons as part of the inspection process. The registered manager was

informed via telephone following the inspection. The timescales for completion commence from the date of inspection. Three of the four recommendations have been stated for a second time as the evidence was not available for inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 6 May 2016.

2.0 Service details

Registered organisation/registered person: Greenvale House	**Registered manager:** Mrs Barbara Foster
Person in charge of the home at the time of inspection: Laura Carlisle Care Assistant - am Paula Fitzsimmons Senior Care Assistant - pm	**Date manager registered:** 18 June 2013
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	**Number of registered places:** 7

3.0 Methods/processes

Prior to inspection we analysed the following records: the returned Quality Improvement Plan (QIP), and the previous inspection report. No accidents or incidents were reported to RQIA since the previous inspection.

During the inspection the inspector met with four residents and two care staff. There were no visitors or professionals available for discussion during the period of inspection.

The following records were examined as part of the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Complaints and compliments records
- Audits of care plans and infection prevention and control measures
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register

- Monthly monitoring reports
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Policies and procedures manual

A total of 12 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Three questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15/06/16

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

4.2 Review of requirements and recommendations from the last care inspection dated 06/05/2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 20.-(1) (c) **Stated:** First time **To be completed by:** 6 September 2016	The registered person must ensure that staff working in the home receive an appraisal. **Action taken as confirmed during the inspection**: Information provided confirmed that all staff in the home had completed an appraisal.	**Met**
Requirement 2 **Ref:** Regulation 20.(2) **Stated:** First time **To be completed by:** 6 August 2016	The registered person must ensure that staff working in the home be appropriately supervised. **Action taken as confirmed during the inspection**: Information provided confirmed that all staff had completed supervision.	**Met**

Requirement 3 **Ref:** Regulation 20.(3) **Stated:** First time **To be completed by:** 6 August 2016	The registered person must ensure that competency and capability assessments are completed for staff who are in charge of the home at any given time.	**Met**
	Action taken as confirmed during the inspection: Information provided showed that competency and capability assessments had been completed for all staff left in charge of the home in the absence of the registered manager.	
Requirement 4 **Ref**: Regulation 15.(2) (b) **Stated:** First time **To be completed by:** 6 July 2016	The registered person must ensure assessments are updated if there is any change in circumstances and in any case not less than annually.	**Met**
	Action taken as confirmed during the inspection: Three care records inspected showed that assessments were all up to date and being regularly reviewed.	
Requirement 5 **Ref:** Regulation 27.(4)(a) **Stated:** First time **To be completed by:** 6 June 2016	The registered person must ensure a current fire safety risk assessment is in place.	**Met**
	Action taken as confirmed during the inspection: An up to date fire safety risk assessment was in place.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 9.5 **Stated:** First time **To be completed by:** 6 August 2016	The registered person should ensure a system to monitor the frequency of care reviews for residents is introduced.	**Not Met**
	Action taken as confirmed during the inspection: This information was not available for review during inspection. This recommendation is therefore stated for a second time.	

Recommendation 2 **Ref**: Standard 25.8 **Stated:** First time **To be completed by:** 6 July 2016	The registered person should ensure that staff meetings are held at least quarterly and more often if required.	**Not Met**
	Action taken as confirmed during the inspection: This information was not available for review during inspection. This recommendation is therefore stated for a second time.	
Recommendation 3 **Ref**: Standard 20.3 **Stated:** First time **To be completed by:** 6 August 2016	The registered person should support staff to ensure they adhere to the standards set out in their relevant codes of practice.	**Met**
	Action taken as confirmed during the inspection: Staff spoken with confirmed that they received updated information in relation to their professional code of practice and were aware of same.	
Recommendation 4 **Ref**: Standard 9.3 **Stated:** First time **To be completed by:** 6 August 2016	The registered person should ensure a written record of handovers between shifts is maintained.	**Met**
	Action taken as confirmed during the inspection: Information available in the home showed that a written record was being maintained between shifts.	
Recommendation 5 **Ref**: Standard 1 **Stated:** First time **To be completed by:** 6 July 2016	The registered person should ensure that an agenda is set for residents meetings therefore giving residents greater opportunities to have their say regarding issues which are important to them.	**Not Met**
	Action taken as confirmed during the inspection: This information was not available for review during inspection. This recommendation is therefore stated for a second time.	
Recommendation 6 **Ref**: Standard 20.2 **Stated:** First time **To be completed by:** 6 August 2016	The registered person should ensure the home delivers services effectively on a day to day basis in accordance with legislative requirements, DHSSPS Minimum Standards and other standards set by professional bodies and standard setting organisations	**Met**
	Action taken as confirmed during the inspection: Inspection of records maintained in the home and discussion with the senior carer confirmed that services were delivered on a day to day basis in accordance with legislative requirements,	

	DHSSPS Minimum Standards and other standards set by professional bodies and standard setting organisations	
Recommendation 7 **Ref**: Standard 14.5 **Stated:** Second time **To be completed by:** 6 August 2016	The registered manager should ensure that the personal wishes or any specific arrangements for residents at the time of their death are obtained. This information should then be included in the residents care plans.	**Met**
	Action taken as confirmed during the inspection: Review of three care records confirmed that the personal wishes or any specific arrangements for residents at the time of their death were included.	
Recommendation 8 **Ref**: Standard 6.2 **Stated:** Second time **To be completed by:** 6 July 2016	The registered manager should ensure care plans are factual and specific thus avoiding subjective statements from the writer.	**Met**
	Action taken as confirmed during the inspection: Three care records inspected had been reviewed and updated, these contained relevant and factual information.	
Recommendation 9 **Ref**: Standard 6.3 **Stated:** Second time **To be completed by:** 6 August 2016	The registered manager should ensure that care plans are signed by the resident or their representative, member of staff drawing it up and the registered manager. If a resident or their representative is unable to sign or chooses not to sign, this should be recorded.	**Met**
	Action taken as confirmed during the inspection: The three care records inspected were signed appropriately.	
Recommendation 10 **Ref**: Standard 11.3 **Stated:** Second time **To be completed by:** 6 August 2016	The registered manager should ensure that written review reports are prepared by staff in consultation with the resident and are provided for review meetings. Copies of these should be maintained in the resident's records.	**Met**
	Action taken as confirmed during the inspection: Three care records inspected contained copies of review reports.	

4.3 Is care safe?

The senior carer 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.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training and appraisal of staff was regularly provided. A schedule of annual staff appraisals and staff supervision was forwarded by the registered manager to RQIA following 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; and that records of competency and capability assessments were retained. Following the inspection the registered manager provided information confirming the completion of staff competency and capability assessments for all relevant staff.

Discussion with the senior carer confirmed that no staff have been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

A recommendation was made that the homes adult safeguarding policy and procedure should be reviewed and updated to reflect regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 including the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

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 senior carer, review of accident and incidents notifications, care records and complaints records confirmed that there had been no recent incidents of suspected, alleged or actual incidents of abuse. The senior carer confirmed these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The senior carer confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager following the inspection 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. Care needs assessment and risk assessments (manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. Following the inspection the registered manager confirmed that the placement arrangements for one identified resident were being consistently monitored and reviewed by the referring trust to ensure the residents identified needs could be met.

The senior carer confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Inspection of care records confirmed there was a system of referral to the multi-disciplinary team when required.

The senior carer confirmed there were risk management policies and procedures in place. Discussion with the senior carer 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. COSHH, fire safety etc.

Staff training records confirmed that all staff had received training in Infection Prevention and Control (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.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The senior carer 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.

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 senior carer 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 23 June 2016, no recommendations were made. Review of staff training records confirmed that staff completed fire safety training twice annually. The next fire safety training session was planned for October 2016. Information pertaining to the most recent fire drill was not available for inspection, this shall be viewed during the next inspection. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly / monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Three completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas for improvement

One area for improvement was identified in relation to the reviewing and updating of the homes adult safeguarding policy and procedure. One recommendation relating to monitoring the frequency of care reviews was stated a second time.

Number of requirements	0	Number of recommendations	2

4.4 Is care effective?

Discussion with the senior carer 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 up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. The 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 resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. For example residents are encouraged to maintain special interests; one resident shared how they like to go shopping on a regular basis.

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 senior carer 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 plans, and environment including infection prevention and control procedures were available for inspection. Further evidence of audit was contained within the monthly monitoring visits reports.

The senior carer 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 and staff shift handovers. The senior carer confirmed there were regular resident and staff meetings held, however these records were not available during the inspection. The senior carer confirmed these records were with the manager who was not available on the day of the inspection. Two recommendation relating to the minutes of residents meetings and frequency of staff meetings have been stated for a second time as this information was not available. A requirement was made that all relevant records should be available at all times for inspection.

The senior carer and 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 and other key stakeholders.

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 senior carer confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who had issues with mental capacity or who required specialist supports. For example the senior carer gave an example of how an identified resident was being supported with potential volunteer opportunities by a well-known charity.

Three completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas for improvement

Areas identified for improvement related to the storage of records in the home thus ensuring they are available for inspection. Recommendations regarding the availability of minutes of residents and staff meetings have been stated for a second time.

Number of requirements	1	Number of recommendations	2

4.5 Is care compassionate?

The senior confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff, and residents confirmed that residents' spiritual and cultural needs were met within the home.

The senior carer and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents, and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example a number of residents attend local day centres, some were observed engaging in household chores. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The senior carer and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. 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. For example residents views are formally sought on a monthly basis as part of the monitoring visits. Residents are also encouraged to make decisions about meals and activities on a daily basis, and to attend annual care reviews.

Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Three completed questionnaires were returned to RQIA from relatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents were as follows:

- “I like it here. I like to go shopping, I am going out later”.
- “I like talking to the staff. I do different things”.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

The senior carer outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The health and social care 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 were 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. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and information displayed throughout the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints. A record of complaints was available in the home, the senior carer confirmed there had been no new complaints made since the previous care inspection.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented. No new incidents/ incidents/ notifiable events were reported to RQIA since the previous inspection.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the senior carer confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

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.

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 senior carer confirmed that the registered provider was kept informed regarding the day to day running of the home.

The senior carer confirmed that the home operated 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 the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the senior carer and staff confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place. The senior carer confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The senior carer confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The senior carer 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.

Three completed questionnaires were returned to RQIA from residents, resident's and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Staff spoken with during the inspection made the following comments:

- "It's like home from home here. The management are very approachable and supportive. If I had any issues I know I would be supported."

One resident's representative commented in a completed questionnaire:

- I consider that my (relative) is exceptionally well cared for and stimulated by caring staff in a well-run happy home environment, and have no worried about her physical and emotional wellbeing.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	**Number of recommendations**	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Paula Fitzsimmons, senior carer, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 19. (3) (b) **Stated:** First time **To be completed by:** 6 October 2016	The registered provider must ensure that all relevant records are available in the home at all times for inspection.
	Response by registered provider detailing the actions taken: All relevant records, as advised by the Inspector, are now available within Barnvale rather than the central office.
Recommendations	
Recommendation 1 **Ref**: Standard 16.1 **Stated:** First time **To be completed by:** 4 January 2017	The registered provider should ensure the adult safeguarding policy and procedure is reviewed and updated to reflect regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 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.
	Response by registered provider detailing the actions taken: The adult safeguarding policy and procedure has been reviewed and updated to reflect regional guidance.
Recommendation 2 **Ref**: Standard 9.5 **Stated:** Carried Forward **To be completed by:** 6 August 2016	The registered person should ensure a system to monitor the frequency of care reviews for residents is introduced.
	Response by registered provider detailing the actions taken: A system is in place to monitor the frequency of care reviews for residents.
Recommendation 3 **Ref**: Standard 25.8 **Stated:** Carried Forward **To be completed by:** 6 July 2016	The registered person should ensure that staff meetings are held at least quarterly and more often if required.
	Response by registered provider detailing the actions taken: Staff meetings will be held at least quarterly.

Recommendations	
Recommendation 4 **Ref**: Standard 1 **Stated:** Carried Forward **To be completed by:** 6 July 2016	The registered person should ensure that an agenda is set for residents meetings therefore giving residents greater opportunities to have their say regarding issues which are important to them.
	Response by registered provider detailing the actions taken: An agenda for residents meetings will be compiled before the meetings to give them an opportunity to have their say regarding issues.

Please ensure this document is completed in full and returned to** care.team@rqia.org.*uk* **from the authorised email address

The Regulation and Quality Improvement Authority

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