The Regulation and Quality Improvement Authority

Inspection Report

18 April 2024

Roxborough House

Type of service: Residential Care Home
Address: 2 Dungannon Road, Moy, Dungannon, BT71 7SN
Telephone number: 028 8778 4278

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Southern Health and Social Care Trust (SHSCT) **Responsible Individual:** Dr Maria O'Kane	**Registered Manager:** Mr James Dowdall – not registered
Person in charge at the time of inspection: Mr James Dowdall	**Number of registered places:** 30 There is a maximum of 1 named individual under LD(E) and the home is approved to provide care on a day basis only to 5 persons.
Categories of care: Residential Care (RC) I – Old age not falling within any other category. LD (E) – Learning disability.	**Number of residents accommodated in the residential care home on the day of this inspection:** 21
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 30 residents. The home is divided in four units; one of these units has a locked door facility. Both floors accommodate 15 residents each in single bedrooms. Residents have access to communal lounge and dining facilities and a garden area outside.	

2.0 Inspection summary

An unannounced inspection took place on 18 April 2024 from 9.45 am to 5.15 pm, by a care inspector.

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

Enforcement action resulted from the findings of this inspection. We identified significant concerns in relation to fire safety and the management and governance arrangements in the home. A meeting was arranged with the Responsible Individual on 9 May 2024 with the

intention of issuing two Failure to Comply (FTC) notices in respect of The Residential Care Homes Regulations (Northern Ireland) 2005; these were in relation to:

- Regulation 10(1) relating to the management and governance arrangements
- Regulation 27(4) (a)(b) relating to fire safety

This meeting was attended Ms Monica McAlister, Assistant Director, Ms Tierna Armstrong, Head of Service and Mr Jimmy Dowdall, home manager. At the meeting, RQIA were provided with an action plan and assurances in relation to concerns identified. As a result, RQIA decided not to serve these notices. These concerns will be followed up at the next inspection.

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Residents had choice in where they spent their day either in their own bedrooms or in the communal rooms. Staff provided care in a compassionate manner and were sensitive to residents' wishes.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff interactions with residents were observed to be compassionate and supportive. Staff were found to be attentive to the needs of the residents.

Areas for improvement identified during this inspection are detailed throughout the report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous quality improvement plan, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Residents commented positively about their experience of living in Roxborough House. They described the home as being a great place and that the staff were kind and caring. Residents stated that the staff were very responsive to their needs, were helpful and they were always checking on them. Residents praised the food provision in the home. Residents stated there was a good provision of activities.

Discussion with staff confirmed that there was good teamwork in the home and they all worked well together and that there was a good system of communication in place. Staff reported that there was enough staff on duty to meet the assessed needs of the residents. Staff further advised that the residents were well cared for and that the quality of care provided in Roxborough House was important to them. Staff advised that the manager was approachable and they could easily raise any concerns with them.

One relative spoken with commented that the staff were good at keeping them informed of any changes and that their relative was well looked after.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 16 & 21 November 2023</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for Improvement 1

Ref: Regulation 14 (2) (a)

Stated: Second time</td><td>The registered person shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety.

Ref: 5.2.3</td><td rowspan="2">Not met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
There was evidence that this area for improvement was not met. This formed part of the enforcement meeting and is discussed further in the report.</td></tr>
</table>

	This area for improvement is stated for the third and final time.	
Area for Improvement 2 **Ref:** Regulation 10 (1) **Stated:** First time	The registered person shall ensure that there is robust management oversight of fire safety. Ref: 5.2.3	**Partially met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This formed part of the enforcement meeting and is discussed further in the report. This area for improvement is stated for the second time.	
Area for improvement 3 **Ref:** Regulation 30 (1) (d) **Stated:** First time	The registered person shall ensure that all incidents affecting the health, care and welfare of residents are reported to RQIA in a timely manner. Ref: 5.2.5	**Not met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. This formed part of the enforcement meeting and is discussed further in the report. This area for improvement is stated for the second time.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 19.2 **Stated:** Second time	The registered person shall ensure that the manager has oversight of the recruitment process including pre-employment checks. Ref: 5.1 and 5.2.1	**Not met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. This formed part of the enforcement meeting and is discussed further in the report.	

	This area for improvement has been subsumed into an area for improvement under regulation.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was limited evidence that a robust system was in place to ensure staff were recruited correctly. There was no evidence that pre-employments checks were undertaken including the completion of AccessNI checks prior to staff commencement in the home. Furthermore, this had been raised at the previous two inspections; however, this had not been actioned.

The serious concerns identified above were discussed with the manager during the inspection and again at the meeting with RQIA on 9 May 2024. Assurances were provided to RQIA that this matter had been addressed and that the manager now, has oversight of the recruitment process. This will be monitored at future inspections and an area for improvement has been stated for the third and final time.

Competency and capability assessments were completed for the person in charge of the home in the absence of the manager.

Appropriate checks had been made to ensure that care workers were appropriately registered with the Northern Ireland Social Care Council (NISCC).

There was a system in place to ensure staff were trained and supported to do their job. However, RQIA were not assured in relation to fire safety training as the training matrix provided was not up to date and did not reflect the current staff employed in the home. This concern was discussed with the manager during the inspection and again at the meeting with RQIA on 9 May 2024. Assurances were provided to RQIA that this matter had been addressed and an updated training matrix was provided, which confirmed that all staff had up to date fire training. This will be monitored at future inspections and an area for improvement has been identified.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge on a daily basis and the manager's hours were recorded.

Staff said there was good team work and that they felt supported in their role, were satisfied with the staffing levels and the level of communication with the manager.

Discussions with staff confirmed that they were knowledgeable in relation to specific details about the care of the residents. Staff advised that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents spoken with, reported that staff were very helpful and did not express any concerns in seeking support from staff.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner and by offering personal care to residents discreetly.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be friendly, polite, warm and supportive.

It was observed during the inspection that the front door to the home was secured with the use of a keypad code. However, this code was not readily available for those residents who do not require a deprivation of their liberty. This was discussed with the manager during the inspection as this is considered a restrictive practice. This was identified as an area for improvement.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. During the lunchtime meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Residents were able to choose where to take their lunch; in the dining room or elsewhere. The menu was displayed with a choice of meal readily available. The food was attractively presented and smelled appetising, and good portions were provided. Appropriate supervision and support was readily available from staff.

There was no system in place to ensure that residents' weights were checked at least monthly to monitor weight loss or gain. This was identified as an area for improvement.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals.

Daily records were kept of how each resident spent their day and the care and support provided by staff.

Residents commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a good standard and that this was important to them.

Concerns were identified in relation to care records; specifically ensuring that care plans reflect the needs of the residents and ensuring that post falls reviews were completed. These matters had been stated as an area for improvement at the inspection on 2 December 2021 where they were stated for a first time and again on 23 February 2023 where they were stated for a second time. This area for improvement was assessed as met during the inspection on 21 November 2023, however, compliance has not been sustained. This was discussed with the manager during the inspection and again at the meeting with RQIA on 9 May 2024. Assurances were provided to RQIA that this matter had been addressed and all care records were reviewed and updated accordingly to reflect the needs of the residents. Furthermore, the system for the

review of records, following a fall has been updated. This will be monitored at future inspections and an area for improvement has been identified.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm, clean and maintained to a good standard. Resident's bedrooms were personalised and contained items which were important to them.

It was observed that residents were able to walk around freely and had access to communal lounges and dining areas. Residents could choose where to sit and spend their time.

Throughout the home there was evidence of accessible PPE and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct personal protective equipment (PPE) and to adhere to the correct infection control guidelines.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Concerns were identified in regard to the effective management of risk to residents in the environment. Denture cleaning tablets were observed in a bedroom within the delirium unit and there were resident toiletries stored within the communal bathrooms in three of the units in the home. One of these units where the toiletries were found was the delirium unit. The management of COSHH was identified as an area for improvement during the previous two RQIA inspections; however, action had not been action taken to address this issue and safely manage this risk.

Furthermore, deficits were identified in relation to fire safety. The most recent risk fire risk assessment was dated 21 December 2022; there was no evidence that an annual review had taken place. There were a number of actions outstanding within the fire risk assessment; despite it having been signed off by management. A gap was evident in a set of fire doors; this was identified at the last inspection and was further identified within the fire risk assessment; this had not been addressed. There were no personal evacuation plans in place for two residents. Concerns with fire safety have been identified at the last two RQIA inspections and included within quality improvement plans. Despite this, the home's management team were unable to evidence that there was robust oversight of fire safety. This has the potential to place residents at risk of significant harm.

These concerns were discussed with the manager during the inspection and again at the meeting with RQIA on 9 May 2024. Assurances were provided to RQIA that all of the above matters had now been addressed. These areas will be monitored at future inspections. The area for improvement in relation to COSHH will be stated for the third and final time. The area for improvement in regards to fire safety will be stated for the second time.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Discussion with residents confirmed that they were able to choose how they spent their day. For example,

residents could have a lie in, they could return to bed after breakfast or stay up late to watch TV. This was observed during the inspection.

It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents in the home were being encouraged to participate in bingo activities. Staff were observed sitting with residents and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities.

One resident stated, “the days fly in; there is always something to do” when discussing opportunities for activities and interaction.

5.2.5 Management and Governance Arrangements

There had been a change in the management of the home since the last inspection. Mr Jimmy Dowdall is the manager of this home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff said while he had only recently commenced in the role of the manager that the manager was very approachable.

There was evidence that a system was in place to ensure that complaints were managed correctly.

There was a system of auditing in place. Such audits completed included care plan audits, falls audits and a health and safety audit. However, these audits had not been undertaken recently and they were not robust in driving the necessary improvements.

Review of the records of accidents and incidents identified that there were a significant number of accidents and incidents which had not been notified to RQIA as required. There was a lack of robust oversight of the reporting of accidents as the audit had not identified this lack of reporting. This was raised and discussed at the last inspection; however, compliance has not been achieved.

The home was visited each month by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine the running of the home. While monthly monitoring reports had been completed, these were repetitive in nature and were ineffective in driving the necessary improvements within the home as actions plans were not being addressed.

RQIA were very concerned in relation to the overall lack of progress within the quality improvement plan and that any improvements previously met, were not sustained.

These concerns were discussed with the manager during the inspection and again at the meeting with RQIA on 9 May 2024. Assurances were provided to RQIA that all of the above matters had been addressed; and that new systems were in place to ensure compliance was

sustained. These areas will be monitored at future inspections. The area for improvement in relation to the reporting of accidents and incidents will be stated for the second time. New areas for improvement were identified in relation to the need for a robust audit process and improved monthly monitoring reports to drive and sustain the required improvements.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	8*	2

* the total number of areas for improvement includes one regulation which has been stated for a third time and two regulations which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Jimmy Dowdall, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for Improvement 1 **Ref:** Regulation 14 (2) (a) **Stated:** Third time **To be completed by:** From the date of this inspection: 19 April 2024	The registered person shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: Following the Inspection on 18 April 2024, the Registered Manager reviewed his responsibilities regarding the management of COSHH (Control of Substances Hazardous to Health). The Registered Manager and the Senior Care Team commenced a safety and quality improvement review on the management of COSHH. The Storage and Safe keeping of resident's toiletries were reviewed using a re-designed risk assessment to evidence compliance with Control of Substances Hazardous to Health (COSHH). All staff were informed of areas for improvement, reminded of their responsibility to be compliant with their COSHH training and of the need to ensure that they remain vigilant to safety hazzards. Standard Operating Procedures (SOPs) have been developed and implemented in relation to providing Denture Care and removal of residents toiletry items from communal areas. These SOPs have been shared with all relevant staff. The Registered Manager and the Head of Service have put an action plan into place to monitor and ensure compliance with the risk assessment and SOPs on an ongoing basis. Compliance measures will be monitored and recorded in the monthly monitoring reports.
Area for Improvement 2 **Ref:** Regulation 10 (1) **Stated:** Second time **To be completed by:** 30 April 2024	The registered person shall ensure that there is robust management oversight of fire safety. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: A Fire Risk Assessment (FRA) was undertaken by the Trust's Fire Prevention Officer (FPO) on 26 April 2024. The report was received by the Registered Person on 08 May 2024. This FRA now superceeds the previous report. The Registered

	Manager can confirm that recommendations 1.1,1.2 & 1.3 have been actioned by the Nominated Fire Officer. Recommendation 1.5 is complete and awaiting inspection from the FPO. This inspection was planned for 10 June 2024, however it was resheduled to take place by 28 June 2024. Recommendations 1.4 & 1.6 are related to fire safety signage and the FPO and the Trust's Estates Department staff are currently actioning these recommendations. The Registered Manager will continue to monitor completion of actions outlined in the Fire Risk Assessment. This will also be detailed in the monthly monioring reports.
Area for improvement 3 **Ref:** Regulation 30 (1) (d) **Stated:** Second time **To be completed by:** From the date of this inspection: 19 April 2024	The registered person shall ensure that all incidents affecting the health, care and welfare of residents are reported to RQIA in a timely manner. Ref: 5.1 and 5.2.5
	Response by registered person detailing the actions taken: Following the outcome of the inspection on 18 April 2024, the Registered Manager and Senior Care Team have now re-familiarised themselves with the legislative requirements relating to the notification process, namely the RQIA Guidance Statutory Notification of Incidents and Deaths v1.1 January 2023. This document has been distributed and read by all personnel required to submit notifications to RQIA. All necessary actions have been followed, to ensure that any outstanding retrospective notifications have now been submbmitted onto the RQIA portal. To ensure that notifiable incidents are reported in an appropriate time frame, the Registered Mananger will review all incidents and ensure that the legislative process is being followed. These will also be reviewed as part of the monthly Monitoring visits and recorded in the monthly Monitoring report.
Area for improvement 4 **Ref:** Regulation 21 (1) (b) Schedule 2 **Stated:** First time **To be completed by:** From the date of this inspection: 19 April 2024	The registered person shall ensure that all staff are recruited appropriately in the home. Furthermore, the manager should have oversight of the recruitment process including pre-employment checks. Ref: 5.1 and 5.2.1
	Response by registered person detailing the actions taken: The Registered Manager has aquired access to the Trust Amiqus Recruitment Portal This software provides recruiting managers with greater visibility of the pre-employment checks

	and when conditional offers have been made.The recruitment team will also use Amiqus as a platform for communicating with recruiting managers when any element of the pre-employment checks need to be referred/escalated for consideration and a decision. The recruiting manager will retain oversight of the whole process. The Amiqus Portal will provide the Registered Manager with an assurance that staff are recruited and employed in accordance with the relevant statutory and employment legislation (Standard 19), by providing the Registered Manager with access to all the documentation relating to the recruitment process, thus ensuring compliance with the principles of Data Protection and with Access NI's Code of Practice.
Area for improvement 5 **Ref:** Regulation 14 (4) **Stated:** First time **To be completed by:** 30 April 2024	The registered person shall ensure that there is effective oversight of staff training, with particular reference to fire safety training. Ref: 5.1 and 5.2.1 **Response by registered person detailing the actions taken**: The Registered Manager (RM) reviewed his responsibilities regarding the management of all staff training. With particular reference to Fire Safety Training, the RM now has a fuller appreciation of the responsibilities of a RM in overseeing Fire Safety implementation and compliance, as well as ensuring that staff are adequately trained and compliant with all Fire requirements. The Staff Training matrix has been reviewed and updated. The Registered Manager can confirm that all staff have up to date training for their role. The Registered Manager shall utilise the staff training matrix to maintain effectice oversight of all staff traininng and this will be recorded in the monthly Monitoring report. Fire safety training has been planned and will be delivered at frequent periods throughout 2024-25.
Area for improvement 6 **Ref:** Regulation 16 (1) **Stated:** First time **To be completed by:** 30 April 2024	The registered person shall ensure that care plans are reflective of the needs of the residents. In addition, when a resident sustains a fall; the care plan should be reviewed following this. Ref: 5.2.2

	Response by registered person detailing the actions taken: The Registered Manager can confirm that a new Standard Operating Procedure (SOP) was developed in line with the required time frame of 30 April 2024. Thus ensuring there is a consistent approach to reporting incidents, follow up and review in line with the regulatory requirements e.g Datix completion – RQIA Notification - Post falls review – care plan reviewed and updated. This has been shared and agreed with all relevant staff. A planned quarterly audit programme will ensure compliance and provide an opportunity for the Team to benefit from learning and identication of emerging themes, thus increasing improvements in safety and wellbeing for Service Users. The Registered Manager will hold responsibility for overseeing and implementing the quarterly audits. These will be reviewed and reported on as part of the monthy Monitoring reports.
Area for improvement 7 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** From the date of this inspection: 19 April 2024	The registered person shall ensure that a robust management system of auditing is implemented to ensure effective oversight and governance. This includes but is not limited to: • Care records • Falls • Environment in particular risk management • Accidents and incidents Where deficits are identified, an action plan should be implemented with time frames and the person responsible for follow up. Ref: 5.2.5
	Response by registered person detailing the actions taken: The Registered Manager can confrim that a robust programmme of Audits has been agreed in line with the time frame required. This will commence in June 2024. Implementation will ensure the Registerd Manager has effective oversight and governance across areas such as Care Records, Falls, Enviromental risk management, accidents and incidents. Any resulting Action plans that arise and any associated learning, will be developed and shared to address any identified issues.

Area for improvement 8 **Ref:** Regulation 29 (1) **Stated:** First time **To be completed by:** From the date of this inspection: 19 April 2024	The registered person shall ensure that the monthly monitoring reports completed are robust in order to drive and sustain the necessary improvements. Where actions plans are put in place; these should be followed up. Ref: 5.2.5
	Response by registered person detailing the actions taken: Following the inspection on 18 April 2024, the content of the monthly Monitoring report under Regulation 29 of The Residential Care Homes Regulations (NI) 2005, has been revised and further enhanced to ensure that the content is sufficiently detailed and robust in order to drive and sustain the improvements identified through the RQIA inspection process, in terms of both the quality and delivery of the service. Monthly reports to be submitted to RQIA by 05 of each month for next 3 months.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 10.1 **Stated:** First time **To be completed by:** 30 April 2024	The registered person shall ensure that restrictive practices in the home are reviewed with particular reference to the keypad at the front door. Ref: 5.2.2
	Response by registered person detailing the actions taken: Whilst monitoring the quality of the service in accordance with the minimum standards, the Registered Manager has reviewed the impact of the current front door security measures and the potential adverse impact this may have with regards to compliance with Standard 10 in relation unauthorised restrictive practice. The purpose of the key pad at the front door is to ensure compliance with Standard 27.6. To protect residents, their valuables, the premises and their contents. To ensure that this is explicit, the Registered Manager has reviewed and revised where necessary the Statement of Purpose and the Service User Guide and the updated versions, dated 30 April 2024, will be provided to RQIA for approval. The service user guide and the Statement of Purpose now inform residents that the access and exit through the front door to the home, is via a key pad. The key pad code is noted within the document and provided to all new service users / residents on admission. From 10 June 2024 this detail will also be available in a new information folder, which will be located in

	every residents bedroom. Compliance with this will be reviewed and recorded in the monthly Monitoring reports. Arrangements will also be put in place to capture, record and respond to service user / relative feedback or opinion on the contents of the Information Folder.
Area for improvement 2 **Ref:** Standard 9.3 **Stated:** First time **To be completed by:** From the date of this inspection: 19 April 2024	The registered person shall ensure that system is implemented to ensure that residents' weights are checked at least monthly. Ref: 5.2.2
	Response by registered person detailing the actions taken: In line with the required time frame, the Registered Manager can confirm that a monthly schedule has been put in place to ensure all residents weights are checked and recorded on the first weekend of every month, or more frequently as identifed by for example, matters arising from the MUST score or any other clinical assessement, which forms part of the service user's individual care plan. This schedule will commence roll out from first weekend in June 2024.

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

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