



Unannounced Care Inspection Report

24 April 2019



Gillbrooke Nursing Home

Type of Service: Nursing Home
Address: 107 Clabby Road, Fivemiletown, BT75 0QY
Tel No: 028 8952 1888
Inspector: Jane Laird

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 25 patients.

3.0 Service details

Organisation/Registered Provider: Gillbrooke Care Centre Ltd Responsible Individual: John James Wesley Kerr	Registered Manager and date registered: Hazel Latimer – Acting Manager
Person in charge at the time of inspection: Hazel Latimer	Number of registered places: 25 The home is also approved to provide care on a day basis for up to 3 persons.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 19 inclusive of 1 named patient in category NH-LD.

4.0 Inspection summary

An unannounced inspection took place on 24 April 2019 from 09.45 hours to 17.45 hours.

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

Evidence of good practice was found in relation to induction, training, supervision and appraisal, adult safeguarding, communication between patients, staff and other key stakeholders and maintaining good working relationships.

Areas requiring improvement were identified in relation to safe storage of medication, fire safety, record keeping, pressure care, patient confidentiality, the appropriate display of the activity schedule and quality assurance audits. An area that was identified at the previous care inspection in relation to having robust systems in place to ensure adequate cleaning of wardrobes and wheelchairs has only partially been met and has been stated for a second time.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	*5

*The total number of areas for improvement includes one standard which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Hazel Latimer, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 31 July 2018

The most recent inspection of the home was an unannounced care inspection. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

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

During our inspection we:

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

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 15 April 2019 to 28 April 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- five patient care charts including food and fluid intake charts, elimination records and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- staff supervision and appraisal matrix
- a sample of reports of visits by the registered provider from February 2019
- RQIA registration certificate
- public liability insurance certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as either met, partially 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 outstanding areas for improvement from previous inspection

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement one was met and one was partially met. This has been included in the QIP at the back of this report.

6.2 Inspection findings

6.3 Is care safe?

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

We arrived in the home at 09.45 and were greeted by the registered nurse who provided an orientation of the building. Patients were mainly in their bedroom and staff were attending to their needs. Staff were friendly and welcoming and appeared confident in their role and delivery of

care. Medication was being administered by the registered nurse for all patients and catering staff were tidying up the breakfast trays.

Patients indicated that they were well looked after by the staff and felt safe and happy living in Gillbrooke Nursing Home. One patient said "Staff are looking after me well". We also sought the opinion of patients on staffing via questionnaires. Two questionnaires were returned from patients, one patient was very satisfied with the service provision across all four domains, whilst another patient was less satisfied with "is care effective". Comments included; "Not enough staff to take me to the toilet", "More staff and "Food needs to improve". This information was shared with the manager for appropriate action.

Staffing rotas for weeks commencing 15 April 2019 and 22 April 2019 were reviewed which evidenced that staffing levels had recently been reduced from four care assistants to three during the day. The manager stated that this decision had been made in line with the occupancy level of patients currently within the home. Observation of the delivery of care evidenced that patients continued to be assisted with personal care after 12.00hr. The manager confirmed that most of these patients prefer to rest in bed until lunch time and further stated that the dependency needs of the patients can vary on a daily basis. On review of the patients care records there was no evidence that this had been discussed with the patients and there was no care plan in place. This is discussed further in 6.4.

On discussion with staff they stated that they were finding it difficult to attend to everyone's personal care during the morning period. One staff member returned a questionnaire stating that they were very unsatisfied with the compassionate and well led aspect of the service. Comments included; "Short staffed" and "Feel we need more staff". This was shared with the manager who agreed to review the staffing levels and to ensure that patients care plans reflect their preferences. An email was forwarded to RQIA following the inspection by the manager to confirm that the staffing numbers had been reviewed and increased to four care assistants to ensure patients were kept safe and their social and physical needs are met in a timely manner.

On review of two staff recruitment records it was evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. One recruitment folder did not have evidence that gaps in their employment had been checked. This was discussed with the manager who advised that this had been reviewed verbally but not documented. The manager acknowledged the short fall in the homes interview documentation and following the inspection forwarded RQIA and updated interview form which included whether gaps in employment had been explored.

Patients were supported by staff that received on-going training to ensure they understood and were able to respond to patients needs. The manager informed us that all new staff had induction training which was confirmed by the staff on duty. One staff member said "Plenty of training here". A system was also in place to direct the management team of when staff were due their bi-annual supervision and yearly appraisal.

Records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care assistants with the Northern Ireland Social Care Council (NISCC). There was evidence that registered nurses completed a competency and capability assessment yearly to ensure that they are competent to take charge of the home in the absence of the registered manager.

The staff we spoke with understood their responsibilities in relation to keeping patients safe and were able to describe what they would do if they suspected or witnessed any form of abuse. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

A number of audits were completed on a monthly basis by the manager and/or Deputy Manager to ensure the safe and effective delivery of care. Falls in the home were monitored on a monthly basis and an action plan was implemented to reduce the incidences of falls where possible. The manager completed an environmental audit every two months with the most recent audit carried out three weeks prior to the date of inspection. A system was in place for the weekly cleaning of wheelchairs and on observation the wheelchairs were clean. On review of the issues identified such as surfaces not being effectively cleaned and identified rooms being left untidy, there was no evidence that the manager discussed the findings with the cleaning staff and an action plan had not been implemented. This was an area that had been identified at the previous care inspection and has been stated for a second time. This is discussed further in 6.6.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. We observed patient equipment being stored within a communal bathroom, the manager stated that they had limited storage space but further stated that measures would be taken to ensure communal areas are kept neat and tidy. On inspection of individual patient bedrooms it was observed that a number of over bed tables, bedframes and walls were marked/worn requiring refurbishment. The manager stated that they had already identified that refurbishment work was needed in those areas and agreed to implement a refurbishment plan. Two identified radiators were very warm to touch presenting as a potential risk to patients. The manager stated that this would be reviewed and covers installed if necessary. It was further identified that window restrictors on the first floor required immediate review to maintain patient safety as a number of restrictors were either broken or had no restrictors in place. The estates inspector for the home was notified of the above findings and an area for improvement was identified. This is discussed further in 6.6.

Prescribed topical preparations were observed to have been inappropriately stored in a patient's bedroom and the door to the clinical room was identified as unlocked and unattended. This was discussed with the manager who removed the topical preparation and addressed the clinical room door with the registered nurse. This information was shared with the pharmacy inspector and an area for improvement was made in relation to the safe storage of medication.

We observed a patient's door being held open with a chair and the door to the treatment room wedged open and left unattended. The door within the reception area was hooked to the wall on two separate occasions throughout the inspection even though this concern had been shared with the manager on the first occasion and the office door was also wedged open and left unattended on more than one occasion. This was shared with the estates inspector and identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal and adult safeguarding.

Areas for improvement

Areas for improvement were identified in relation to the environment, safe storage of medication, and fire safety.

	Regulations	Standards
Total number of areas for improvement	3	0

6.4 Is care effective?

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

We reviewed three patient care records which contained the management of nutrition, patients' weight, management of infections and wound care and evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. There was evidence of regular communication with representatives within the care records. A system was also in place to audit patient care records and each patient had a key worker. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if necessary.

Referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians where necessary and appropriately maintained within the patients care records. Supplementary care charts such as food and fluid intake, repositioning records and elimination records evidenced that contemporaneous records were maintained on most occasions. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

On review of the repositioning records there were gaps identified within the charts where the patient had not been repositioned as per their care plan and where skin was identified as red there was no intervention of treatment documented. It was further identified that set fluid intake targets were not consistently met and where targets were set they generally averaged as a lower intake than the total recommended daily intake with no comment within the daily notes of any action taken. As previously discussed in 6.3 in relation to patient preferences to rise later in the day the manager acknowledged the shortfalls in the documentation and agreed to review all patients care plans regarding pressure care, personal preferences and agreed to communicate with the registered nurses to ensure they document accurately the daily events within patients care records. This was identified as an area for improvement.

It was positive to note that restrictive practice, such as the use of bedrails or floor alarm mats, had been discussed with the patient, their next of kin and care manager and appropriate consent provided prior to implementing this practice. There was also evidence within the patient's care records of an initial assessment completed to ensure safe use which was reviewed regularly and was included within the patient's care plans.

The dining room was presented with table mats, condiments and a range of drinks available at each table. Lunch commenced at 12.50 and patients were assisted to the dining room or had trays delivered to them as required. Patients received food and fluids which met their individual needs and took into account their preferences. Staff were observed assisting patients with their

meal appropriately in an unhurried manner. There was a menu on display within the lounges which offered a choice of two main meals.

We also reviewed the settings on identified pressure relieving mattresses and on review of the patients care records the care plans regarding pressure care did not contain the recommended setting/type of pressure relieving mattress. This was discussed with the manager who acknowledged the importance of including such information within the patients care plan and agreed to implement this going forward. This was identified as an area for improvement.

Staff confirmed that they were required to attend a handover meeting at the beginning of each shift and were aware of the importance of handover reports in ensuring effective communication. Staff confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to record keeping and pressure care.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate and caring and they demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required.

On observation of the environment it was identified that written information about a patient’s dietary needs were on the outside of the bedroom door. The names of patients were also secured to an over bed table located within one of the lounges with thickened fluids written above their name. This was discussed with the manager who provided assurances that both breeches of confidentiality would be reviewed to ensure that a clear system is implemented ensuring that staff are equipped with the relevant knowledge about patients dietary needs and a suitable place to keep patients fluids so as to maintain their dignity. This was identified as an area for improvement.

We also observed the use of a keypad at the front door which we considered to be restrictive practice. While maintaining the security of the building, in regards to the safety and security of patients and their property is recognised, the need to ensure that patients' freedom of movement is suitably promoted and not inappropriately restricted was stressed. The manager acknowledged the importance of patient's freedom of movement and agreed to review the current system by displaying appropriate signage.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- "Thank you for all your care"
- "Our most sincere thanks to all the staff"

Consultation with 11 patients individually, and with others in small groups, confirmed that living in Gillbrooke Nursing Home was a mostly positive experience.

Patient comments:

- "Staff are very good here"
- "I'm fine. No problems"
- "The food is good"
- "Staff are looking after me well"
- "It's good here"
- "Staff are very rushed and too quick on occasions"

Representative's comments:

- "Couldn't be better"
- "They are all great here"

Two questionnaires were returned from patient representatives. The respondents were very satisfied with the service provision across all four domains.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

A variety of methods were used to promote orientation, for example, appropriate signage, photographs and the provision of clocks and prompts for the date. Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home's environment whilst acknowledging that there were further improvements to be made.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. On the day of the inspection the allocated care assistant discussed the provision of activities and the current arrangements within the home to facilitate patient involvement. The patients appeared to enjoy the interaction between the staff and each other. The manager was

asked to review the current activity schedule as it was generic in relation to what occurs in general but did not have a set daily schedule of what the allocated activity person would be carrying out. A discussion was also held with the manager regarding the ongoing monitoring of the effectiveness of the activities documented by the care staff and whether or not a permanent activity person would be more appropriate in coordinating this role. This was identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to listening to and valuing patients and their representatives.

Areas for improvement

The following areas were identified for improvement in relation to patient confidentiality and the appropriate display of the activity schedule.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is the service well led?

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

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. It was identified that the full name of the employees was not documented within the duty rota. This was discussed with the manager and a copy of the duty rota was amended prior to the completion of the inspection. Discussion with staff/patients/representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA which confirmed that records were maintained appropriately and notifications were submitted in accordance with regulation. The inspector also evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA and/or other relevant bodies appropriately.

A number of governance audits were reviewed which were completed on a monthly basis by the manager and/or deputy manager. Accident/incident audits were well maintained which provided a clear action plan when deficits were identified. Environmental audits were also completed every two months which did not capture the issues identified during inspection and there was no evidence that checks had been carried out on window restrictors as previously discussed in 6.3. This was identified as an area for improvement.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed and that there was a clear system for recording whether or not the complainant was satisfied with the outcome.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual. Copies of the report were available for patients, their representatives, staff and trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation maintaining good working relationships.

Areas for improvement

The following area was identified for improvement in relation to quality assurance audits.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Hazel Latimer, 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 30</p> <p>Stated: first time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that medicines are safely and securely stored in compliance with legislative requirements, professional standards and guidelines.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: All trained staff reminded that the treatment room door must be locked when not occupied and topical medicines stored securely</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.</p> <p>Specific reference to ensuring that fire doors are not propped open.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: I have spoken to the fire risk assessor and the directors and the electrician who deals with fire facilities. Prices are to be obtained for fire door magnets to be fitted to doors where necessary. The door to the manager's office is kept closed when the manager is not in the office for longer periods as this office has no natural light or ventilation and impossible to have the door closed at all times due to the health risks this would cause at the moment, until the magnets are fitted.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27</p> <p>Stated: First Time</p> <p>To be completed by: 24 June 2019</p>	<p>The registered person shall ensure that a refurbishment plan is implemented to include the repair or replacement of identified furniture/equipment and redecorating of walls in multiple areas throughout the home.</p> <p>A copy of the refurbishment plan, including timescales, should be submitted with the returned QIP.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Full refurbishment schedule sent separately with timescales for completion. Dining Room furniture to be renovated by 31st July, 2019 All bedroom walls to be re-painted by 31st December, 2019 All other identified refurbishments completed</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 24 June 2019</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to care plans and daily records:</p> <ul style="list-style-type: none"> Action taken should be documented within daily records when set fluid targets have not been maintained Care plans should reflect the patients preferred time to rise Care plans need to be personalised to reflect the patients current needs Dietary care plans to include the patient's dietary/fluid type and level of assistance required. <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Care plans amended as above and reasons for fluids targets not being met documented in daily notes.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: Second time</p> <p>To be completed by: 24 June 2019</p>	<p>The registered person shall ensure a robust system is in place to ensure adequate cleaning especially tops of wardrobes and wheelchairs.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The domestic staff have been spoken to on various occasions since the last inspection regarding cleaning tops of wardrobes. The cleaning schedules have been looked at again to ensure that they are sufficiently robust.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 24 June 2019</p>	<p>The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> that the settings on pressure relieving mattresses are maintained at the correct setting and included in the patients care plan Where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning. <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Care Plans amended as above</p>

<p>Area for improvement 3</p> <p>Ref: Standard 5 (8)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients' rights to confidentiality and privacy are respected and information is not shared about their life or choices within or outside of the home without their consent.</p> <p>Specific reference made regarding;</p> <ul style="list-style-type: none"> • the signage on the identified patients bedroom door • the information secured to the table with the patients names and their fluid requirements. <p>Ref: 6.5</p>
<p>Area for improvement 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 24 June 2019</p>	<p>The registered person shall ensure that the programme of activities is displayed in a suitable format and in an appropriate location so that patients know what is scheduled.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Signage and information has been removed</p> <p>Response by registered person detailing the actions taken: Care Assistant that is allocated to carry out activities write these on the board in each sitting room on daily basis. When outside entertainers are booked to come to Gillbrooke the list is very clearly displayed on the door at reception area and also in each sitting room.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 24 June 2019</p>	<p>The registered person shall ensure that robust management systems are appropriately established to effectively monitor and report on the safe delivery of care in the home.</p> <p>The registered manager must ensure;</p> <ol style="list-style-type: none"> 1. Environmental audits provide clear action plans when deficits are identified 2. Maintenance checks of the building are carried out and recorded on a weekly/monthly basis as required. <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Environmental audits provide action plans for deficits and maintenance checks that are carried out recorded monthly.</p>

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



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Assurance, Challenge and Improvement in Health and Social Care