



# Unannounced Care Inspection Report

## 4 December 2018



## Victoria House

**Type of Service: Residential Care Home**  
**Address: 22 Moneysleck Road, Rasharkin, BT44 8QB**  
**Tel no: 028 2957 1423**  
**Inspector: Bronagh Duggan**

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 11 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Victoria House  <b>Responsible Individual(s):</b> Samuel Derek Robinson Wallace	<b>Registered Manager:</b> Rhonda Henry (acting)
<b>Person in charge at the time of inspection:</b> Rhonda Henry	<b>Date manager registered:</b> Rhonda Henry - application received - "registration pending".
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category LD - Learning Disability	<b>Number of registered places:</b> Residents on 1st floor have low dependency in terms of mobility and require minimum assistance. Not more than one person in Cat. LD.

### 4.0 Inspection summary

An unannounced care inspection took place on 4 December 2018 from 11.00 to 16.00.

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

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

Evidence of good practice was found in relation to staff supervision, improvements made in the home's environment, communication between residents, staff and other interested parties, the culture and ethos of the home and maintaining good working relationships.

Three areas requiring improvement were identified during the previous inspection in relation to recruitment records, completion of a legionella risk assessment, and the updating of an identified residents care plan regarding the management of an identified condition. Although progress had been made with these three areas there was still some further improvement required therefore they have been assessed as being partially met and have been stated for a second time in the QIP appended to this report.

Residents and their representatives shared positive comments regarding life in the home, relations with staff and the home environment.

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

## 4.1 Inspection outcome

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

The total number of areas for improvement includes three under regulation which have been stated for the second time.

Details of the Quality Improvement Plan (QIP) were discussed with Rhonda Henry, manager, and Samuel Derek Robinson Wallace, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 July 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager, responsible individual, 10 residents, one care staff, and four residents' visitors/representatives.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Three staff files
- Two residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Audits of NISCC registration
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Fire safety risk assessment

- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Complaints policy and procedure

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met in nine areas and partially met in three areas.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 27 July 2018

The most recent inspection of the home was an announced premises inspection.

The completed QIP was returned and approved by the estates inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 17 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 30.(1) <b>Stated:</b> Second time	The registered person shall ensure notifiable events are reported to RQIA in accordance with current guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of records in the home showed notifiable events were reported to RQIA in accordance with current guidance.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 19.(3) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure records are available for inspection in the home at all times. Reference is made to the availability of staff training records and confirmation of supervision and appraisal documentation.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the manager and review of information in the home showed arrangements were in place to ensure the availability of records for inspection.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 21.(4) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure all relevant information and documentation relating to the recruitment process is obtained prior to working in the home.</p>	<p><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the manager and review of three staff files showed improvements had been made in this area regarding information available. However, there was still room for improvement, this has been stated for a second time in the QIP appended to this report.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13.(7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the homes legionella risk assessment is reviewed and updated. Any recommendations should be actioned accordingly.</p>	<p><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the responsible individual and review of information in the home showed the risk assessment had been completed in October 2018. The responsible individual advised the report had not yet been issued therefore any recommendations had not been actioned. This area for improvement has been stated for a second time in the QIP appended to the report.</p>		

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 27. (4) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure fire safety risk assessment recommendations are actioned accordingly.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the responsible individual and review of the fire safety risk assessment record showed recommendations had been or were in the process of being actioned.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 16. (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure a care plan is completed regarding how the identified residents' needs in respect of managing the identified condition should be best met.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of the identified residents care plan showed this had been updated. However, the need to ensure additional information was reflected was discussed with the manager. This area for improvement has been stated for a second time in the QIP appended to this report.</p>	<p><b>Partially met</b></p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27.(1)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure the :</p> <ul style="list-style-type: none"> <li>• the paintwork in the hall area is renewed.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and inspection of the hallway confirmed that this had been done.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 28.5</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that a risk assessment regarding the use of the identified shower is undertaken; any significant findings as a result of the risk assessment should be actioned accordingly.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager confirmed a risk assessment had been carried out, following this a replacement walk in / wet room type shower has been installed along with new flooring and wall covering. This has made a significant improvement.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 19.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure AccessNI information is kept in compliance with the principles of the Data Protection Act 1998 and with AccessNI's code of practice.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the manager confirmed she was aware of how to manage AccessNI information and this was being done accordingly.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 9.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure falls risk assessments are completed for all residents in the home as part of the continual monitoring of residents general health and welfare.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the manager confirmed these had been completed for all residents. A review of a sample of two residents care records showed falls risk assessments had been completed accordingly.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 25.8</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure staff meetings take place on a regular basis and at least quarterly.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the manager and review of minutes of staff meetings showed meetings were occurring regularly.</p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 17.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the homes complaints procedure is reviewed and updated so that it meets the requirements of the HSC complaints procedure and is in accordance with relevant legislation and DHSSPS guidance.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the manager and review of the homes complaints procedure confirmed that it had been reviewed and updated accordingly.</p>		

## 6.3 Inspection findings

### 6.4 Is care safe?

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

The manager advised that the staffing levels for the home 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, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

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

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training and supervision were reviewed during the inspection.

Discussion with the manager 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the manager and review of three staff files confirmed that improvements had been made regarding recruitment records maintained in the home. However, there was still some room for improvement regarding specific information to be maintained this issue was discussed with the manager. This area for improvement has been stated for a second time in the QIP appended to this report.

Arrangements were in place to monitor the registration status of staff with their professional body, Northern Ireland Social Care Council (NISCC) the manager advised this information was regularly reviewed.

The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

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.

The manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The manager 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 individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Improvements made to the home from the previous inspection included repainting of the hallway, resident bedrooms and significant improvements to an identified shower room. The responsible individual advised plans were in place to further improve the internal environment including the dining area.

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. It was established that no residents smoked.

The responsible individual advised a legionella risk assessment had been completed in October 2018 and that the report had not yet been made available. The responsible individual advised any recommendations contained within the report would be actioned accordingly. The review and updating of the homes legionella risk assessment was identified as an area for improvement during the previous inspection and has been stated for a second time in the QIP appended to this report. The home had an up to date fire risk assessment in place dated 10 April 2018 and all recommendations had been actioned or were being addressed.

Staff completed fire safety training in April 2018, the manager advised plans were in place to ensure staff complete fire safety training twice annually. The most recent fire drill was completed on 23 July 2018. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff supervision, infection prevention and control, and improvements made in the home's environment.

## Areas for improvement

No new areas for improvement were identified during the inspection. Two areas for improvement identified during the previous inspection have been stated for a second time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	*2	0

### 6.5 Is care effective?

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

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

Two care records were reviewed, they included an up to date assessment of needs, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care plans and risk assessments (e.g. falls) were reviewed and updated on a regular basis or as changes occurred. The need to update a care plan to reflect the management of an identified condition was identified as an area for improvement during the previous inspection. Some changes had been made however additional information was required regarding the management of the condition. This area for improvement has been stated for a second time in the QIP appended to this report.

The care records reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. There was discussion with the manager regarding a recent change as detailed in an identified residents care notes, the manager was advised to follow up with relevant professionals as necessary.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided to meet the individual and recorded dietary needs and preferences of the residents. The daily menu was displayed in the dining area, tables were set in preparation for meal times. Residents were supported at lunch as necessary.

Discussion with the manager and staff confirmed that wound care would be managed if needed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

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.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other interested parties.

**Areas for improvement**

No new areas for improvement were identified during the inspection. One area for improvement identified during the previous inspection has been stated for a second time. This related to ensuring a care plan was completed regarding how a identified residents’ needs in respect of managing an identified condition should be best met.

	Regulations	Standards
<b>Total number of areas for improvement</b>	*1	0

**6.6 Is care compassionate?**

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

A range of policies and procedures was in place which supported the delivery of compassionate care.

The manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The manager advised that consent was sought in relation to care and treatment for example residents are supported to retire to bed at their preferred time. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

Discussion with staff, residents and their representatives confirmed that residents’ spiritual and cultural needs were met within the home.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. The daily menu and the activity programme, were displayed for residents to access, orientation information showing for example the day, date and time was also in the home.

Discussion with staff, residents, representatives and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff; residents’ were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents’ meetings and suggestion box.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example arts, crafts, nail art, staff shared that musical entertainers and a choir from a local church would visit the home. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example visitors are welcome to the home, and residents are supported by staff to visit local shops and churches.

Residents and residents’ visitors/representatives spoken with during the inspection made the following comments:

- “I am very happy here, the staff are nice.” (resident)
- “This is a good place, everyone is nice. The food is good.” (resident)
- “I like it here, it’s well run, everybody tries to help everyone else. If you don’t want to do something you don’t have to.” (resident)
- “It’s so homely; it’s like home from home. It is very clean and very tidy. The staff are brilliant, they go above and beyond what you would expect.” (residents representative)
- “We always find coming in (to the home) all residents are clean and tidy.” (residents representative)
- “Staff are very good, we are kept well informed, it’s homely and extremely clean.” (residents representative)
- Very good, only thing and it’s not a complaint or anything but it would be good to have some more activities maybe to promote hand and eye coordination.” (residents representative)

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 6.7 Is the service well led?

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

The manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of information on display in the home. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The manager advised that learning from accidents and incidents was disseminated to all relevant parties.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff. For example information regarding the International Dysphagia Diet Standardisation Initiative (IDDSI) was displayed in the home, plans were also in place for staff to access training relating to dysphagia.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with the responsible individual identified that they had understanding of their role and responsibilities under the legislation. The manager stated that the responsible individual was kept informed regarding the day to day running of the home through regular visits and telephone calls.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rhonda Henry, manager, and Samuel Derek Robinson Wallace, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 21.(4) (b) <b>Stated:</b> Second time <b>To be completed by:</b> 4 January 2018	<p>The registered person shall ensure all relevant information and documentation relating to the recruitment process is obtained prior to working in the home.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>            This is our policy, and no-one starts work without relevant information, also have introduced new documents to the recruitment process.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13.(7) <b>Stated:</b> Second time <b>To be completed by:</b> 4 January 2018	<p>The registered person shall ensure the homes legionella risk assessment is reviewed and updated. Any recommendations should be actioned accordingly.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>            This is done by proprietor, and actioned accordingly.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 16.(1) <b>Stated:</b> Second time <b>To be completed by:</b> 11 December 2018	<p>The registered person shall ensure a care plan is completed regarding how the identified residents' needs in respect of managing the identified condition should be best met.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>            All Care Plans are completed to meet resident's needs this is an on-going process.</p>

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



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**Quality Improvement**  
Authority

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