



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report

## 06 June 2019



## Breffni House

**Type of Service: Residential Care Home**

**Address: 27-33 Wandsworth Gardens, Belfast, BT4 3NL**

**Tel No: 028 9065 6075**

**Inspector: Priscilla Clayton**

[www.rqia.org.uk](http://www.rqia.org.uk)

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home which is registered with RQIA to provide care and accommodation for 22 residents who are within the residential categories of care of; older people, dementia and physical disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Breffni House Ltd  <b>Responsible Individual:</b> Mark John Uprichard	<b>Registered Manager and date registered:</b> Regina Brady Registration pending.
<b>Person in charge at the time of inspection:</b> Regina Brady	<b>Number of registered places:</b> 22 comprising; RC - I RC – DE RC – PH
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment	<b>Total number of residents in the residential care home on the day of this inspection:</b> 17

### 4.0 Inspection summary

An unannounced care inspection took place on 06 June 2019 from 08.45 to 16.30.

This inspection was undertaken by the 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.

Evidence of good practice was found in relation to the ethos of the home; dignity and privacy, listening to residents and ensuring their human rights were upheld. Good practice was found in relation to staffing, induction, training, supervision and appraisal and maintaining good team working relationships.

Four areas identified for improvement included; environmental issues, care review reports, provision of staff meetings on a quarterly basis and review/revision of template for monthly monitoring report.

Residents described living in the home as being a good experience/in positive terms. Residents 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 residents and staff during the inspection is included in the main body of this report. No satisfaction questionnaires were returned from residents, relatives or staff within the timescale.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	4

Details of the care Quality Improvement Plan (QIP) were discussed with Regina Brady, 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.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 11 September 2018. 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 including estates, registration information, and any other written or verbal information received.

Questionnaires and 'Have We Missed You' cards were provided to give residents 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.

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

- staff duty rotas from 23 May 2019 to 06 June 2019
- staff training schedule
- one staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records from 06 May 2019 to 06 June 2019
- monthly monitoring reports; March 2019, April 2019
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to Regina Brady, manager at the conclusion of the inspection.

## 6.0 The inspection

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

- staff duty rotas from 23 May 2019 to 06 June 2019
- staff training schedule
- one staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records from 06 May 2019 to 06 June 2019
- monthly monitoring reports; March 2019, April 2019
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to Regina Brady, manager at the conclusion of the inspection.

## 6.1 Review of outstanding areas for improvement from previous inspection(s)

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

## 6.2 Inspection findings

### 6.3 Is care safe?

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

On arrival at the home we observed staff in various areas assisting residents with their personal care in preparation for breakfast. Most of the residents choose to have their breakfast within their bedrooms while others preferred the dining room. Call bells were being answered promptly by staff. The atmosphere with the home was considered to be warm and calm with staff assisting and conversing with residents in a friendly, respectful manner.

Staff told us they came on duty at 8.45 each day to allow for the night shift to provide their hand over which included how residents slept and any changes or issues arising. Staff also received their allocated duties for the provision of care which included assisting and supervising residents with their personal care in accordance with their individualised care plan, medicine administrations and scheduled activities planned for the day.

Review of the staff duty roster evidenced the named staff on duty, shifts worked, capacity in which staff worked and who was in charge. Duty rotas accurately reflected the staffing levels explained by the manager and staff.

Discussions with the manager, staff and residents provided assurance that there were safe staffing levels to meet the assessed needs of residents and that this was kept under review. Should additional staff be required this would be provided by way of part time staff agreeing to work additional hours or consistent agency staff commissioned. One resident said that staff were always around to help them and another said they felt that staff were very caring and always answered their call bell to help them.

The systems and processes in place for the recruitment and selection of new staff was discussed with the manager who advised that staff were recruited and employed in accordance with relevant statutory employment legislation, as reflected within the home's employment policy and procedures. Review of one staff recruitment and selection file retained included all required employment documentation; completion of pre-employment checks including AccessNI check which is the vetting of applicants to ensure they were suitable to work in the home. The manager advised that AccessNI disclosures were always received prior to staff commencing employment.

Staff said they felt they had a good induction and were competent to work in the home with good training provided alongside support and encouragement provided by management and senior staff. A review of one induction programme and discussion with staff and the manager evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

The manager explained the arrangements in place to monitor the registration status of staff with the Northern Ireland Social Care Council (NISCC). This was undertaken by way of pulling individual files each month to review and check renewal dates. The establishment of an electronic NISCC matrix was suggested to provide ease of access to this information for monitoring purposes

A review of staff mandatory training records was undertaken and discussed with the manager who explained that the training matrix had not been updated to include 2019 training. This training was evidenced from training certificates held on file. The manager stated she would update the matrix as soon as possible as this provided a more efficient way of monitoring attendances and forward planning for training. Staff said they were provided with a wide range of training which enabled them to keep up to date and ensure residents receive good care in accordance with their person centred care plan. Additional training provided included; diabetes, dementia awareness, nutrition, including the change in the terminology for modified diets and fluids for people with swallowing difficulties.

The home had a policy / procedure in place for adult safeguarding which was dated January 2018. The manager explained that there were no current safeguard issues. The manager is the identified “champion” for safeguarding. Her position statement for 2018/19 was in place. Staff demonstrated good knowledge and understanding of the principles of adult safeguarding and knew what action to take if an allegation or actual abuse occurred. Review of a random selection of staff training certificates evidenced training had been provided.

A review of accidents/incidents records provided assurance that these were being notified to RQIA as required and to the commissioning trust for monitoring purposes. The manager explained that the management of falls included the use of an adapted “falls tools kit” to enable proactive management including identification of trends and patterns to ensure measures were in place to minimise the identified risk. Referrals were being made to the trust falls clinic so that a comprehensive assessment can be undertaken. The manager stated that several had been declined as unsuitable by the team.

The last inspection of medicines management identified an improvement in respect of controlled drug recording. This was discussed with the manager and a cursory view of associated recordings undertaken. Progress has been made with recordings now collated within one central record. Full review in respect of compliance with standard 30 of The Residential Care Homes Regulations (Northern Ireland) 2005 will be undertaken by the pharmacy inspector at the next inspection.

The use of restrictive practice was discussed with the manager who demonstrated good understanding of the human rights approach care provided and life in the home. Restrictive practice used in the home was discussed with the manager (Restrictive practice includes any action taken by the home which limits the rights or freedom of movement of a resident.). Restrictive practices used within the home included the use of a key pad entry/exit system to ensure safety of residents at risk of leaving the home unaccompanied and use of some sensory alert mats to alert staff when a resident (who has been assessed as high risk of falls) is getting out of bed during the night. The manager explained that restrictions were considered to be in the best interests of the individual resident as reflected within care records; risk assessments, multi-professional collaboration, resident and/or relative consent and care planning.

There was an infection prevention and control (IPC) policy in place which was considered to be in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in accordance with their roles and responsibilities. Staff were observed washing their hands following care practice. IPC compliance audits were undertaken with action plans developed to address areas of non-compliance.

Inspection of the premises confirmed that all areas were clean including wash hand basins. An adequate supply of resources such as; disposable aprons, gloves and liquid hand soap. Seven step wash hand written and pictorial guidance notices were positioned within toilets/bathrooms throughout the home.

All areas within the home were considered to be attractively furnished/decorated, adequately heated and odour free. Residents’ bedrooms were personalised, appropriately furnished and decorated with personal memorabilia displayed. The manager explained that the building work to the new adjoining corridor to merge Breffni Lodge and Breffni House was completed and the responsible person was waiting to have this work inspected and approved by RQIA estates inspector.



Following inspection of the internal environment areas identified for improvement included;

- Provision of appropriate storage for wheel chairs (Several were stored within one bathroom/toilet.)
- Replacement of one waste paper bin within ground floor communal toilet with a pedal operated bin.
- Repair/replacement of one cabinet positioned within the hallway as the fronting of one drawer was missing.
- Removal of clean duvets from the floor within the linen cupboard on the first floor.

The home's fire risk assessment was dated 27 November 2018. Several recommendations had been actioned while others were a work in progress.

Residents told us that they felt safe living within Breffni House as the care provided was good. One resident said they felt "the care was second to none", another stated "you couldn't get better."

No questionnaires were returned to RQIA from residents/ relatives or staff.

### Areas of good practice

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

### Areas for improvement

One area identified for improvement was made in regard to the environment which included; storage of wheel chairs, clean duvets and replacement waste paper bin and repair/removal of damaged cabinet.

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

### 6.4 Is care effective?

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

The journey of residents admitted from pre admission through to the development of their person centred care plans was discussed with residents, the manager and staff at various times throughout the day. Information gained included pre-admission assessments to ascertain that placement within the residential setting was suitable and that residents needs could be met. Three care records reviewed reflected each resident's needs assessment which were complemented with a variety of risk assessments, person centred care plans detailing actual and potential needs including residents' preferences, choice, likes and dislikes. For example; what time they liked to get up each day and go to bed each evening, food enjoyed/disliked and participation in chosen activities. Daily evaluations were being recorded to reflect progress, any changes and outcomes of visiting professional staff. Records of multi-professional collaboration in planned care and annual review were reflected in records reviewed.



The manager explained that when a resident requires nursing intervention/s, for example wound care, or if a resident was awaiting an alternative nursing placement, then the district nurse would be contacted and undertake a comprehensive nursing assessment and develop a nursing care plan. Resources such as a hospital bed and airwave mattress were provided if required. The district nurse subsequently becomes accountable and responsible for the care prescribed with regular monitoring visits carried out. Records of visits would be retained.

The manager told us that residents' annual care reviews were undertaken by the trust social worker with the resident and relative in attendance. Monitoring of review dates was undertaken by the manager to ensure these take place. The manager explained that written review reports are not always received from the trust despite requests for these. The manager readily agreed contact the trust care manager / social worker in this regard. One improvement was made in this regard as it is necessary to ensure that any agreed changes to the care plan is verified with changes made as discussed and agreed in accordance with the review meeting held.

Residents said they "felt involved in the planning of their care as staff frequently checked and asked how they were keeping and if they needed anything this would be provided." Another resident said that they "were aware of their care plan, had signed this and staff would always ask their permission to carry out care or treatment."

The home had a wide range of policies and procedures which were accessible to staff by way of hard copies retained and electronic access. The manager explained that staff are notified when policies/procedures are reviewed and revised via the home's electronic apps on iPhone which all care staff have access.

The care records reviewed showed that nutritional needs of residents are assessed and where required special diets provided following dietician assessment. Residents' weights were recorded or more frequently if required, and monitored on a monthly basis. Supplementary nutritional foods were prescribed by the general practitioner when deemed necessary and food and fluid intake was recorded.

The manager explained the modes of communication with staff; information is shared at shift handover to ensure that staff are aware of any changes to a residents care plan is made known, staff meetings held to discuss agenda items such as sharing of governance issues, staff electronic apps to inform staff of reviewed/revised policies /procedures, supervision and annual appraisals. Staff said the manager operated "an open door policy to everyone."

When we spoke with staff they explained that the team was particularly good at relaying and sharing information with residents about their care and life in the home; and where applicable their relatives/representatives. Residents and their relatives are provided with the resident guide on admission. This guide reflects information about the home including for example; the organisational structure, core values/ethos of the home, how to complain and range of activities provided. Small informal resident group meetings take place in the lounge on a regular basis when the planning of activities, social events or meals was frequently discussed. The manager explained that residents and their relatives, where applicable, are kept informed of their relatives care when they visit and at reviews held. Outside of these times relatives would be contacted if any changes had occurred to their relative's health and wellbeing.

**Areas of good practice**

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

**Areas for improvement**

One area identified for improvement related to a request for the care management to forward outstanding written care review reports.

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

All residents appeared comfortable, well cared for with time and attention afforded to their personal care needs. Observations of staff interactions with residents throughout the day were respectful with pleasant conversations taking place with residents and to each other.

Activities such as craft work, gardening, video, bingo, passive exercise, songs of praise, hand and nail care were scheduled throughout the week. Out -door walks are also provided. Records of activities provided were retained. The daily plan for activities was displayed so that residents, relatives are aware. Residents confirmed that they did not have to participate in activities if they did not wish to do so, it was their decision.

The manager explained that the views and opinions of residents and their representatives about the running of the home are sought formally each year by way of the distribution of satisfaction questionnaires, analysis of responses and subsequent development of an annual quality report. The report for year 2018/19 reflected areas for improvement in accordance with residents/relatives views. For example, action was taken to provide additional activity equipment and restructuring of the team to enable staff time to undertake daily activities.

The serving of the mid- day meal was discreetly observed. Tables were nicely set with a range of condiments and drinks. Meals were plated by the cook and served by staff. Supervision and assistance was provided by staff as required. Four weekly rotating menus were provided with a wide range of nutritional food shown. The daily menu was displayed on a white board. Records of food provided each day were retained. Mid-morning and afternoon snacks were provided and served by staff using a stainless steel food trolley. We would conclude that the serving of meals and snacks was undertaken by staff in a dignified respectful manner and that meals provided were considered to be varied and nutritious. Where required special meals; soft special diets were served in the correct consistency. Nutritional supplementary fluid drinks were prescribed by the general practitioner (GP) when required to boost the nutritional intake of residents.

Some residents choose to have their meals served in the privacy of their own room. One resident said she preferred this, just like home.” Following the mid-day meal several residents choose to retire to their rooms for a rest while others sat within the lounge quietly conversing with each other or with staff who kept in close observational contact

Residents seated within the lounge agreed that meals were good with adequate portions of food served; an alternative meal was provided if they wanted and that staff were respectful and never hurried them to have their meal. Residents also stated they would let the manager know if they were unsatisfied with their meals and were confident she would address this.

Discussion with staff, residents and observation of practice confirmed that resident’s needs were recognised and responded to in a prompt and respectful manner by staff; residents were listened to, valued and communicated with in an appropriate respectful manner and their views and opinions were taken into account. Residents confirmed that they felt well looked after by courteous polite staff and they were consulted about meals choices.

Some comments made by residents included;

- “I would not want to move from here.”
- “It’s good here, everyone is helpful”
- The home is second to none”

Staff comments were also positive:

- “Good tem work here.”
- “We go the extra mile for our residents.”

There were no completed questionnaires returned to RQIA from residents, relatives/ representatives or staff following the inspection.

**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 resident and their representatives and taking account of the views.

**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

## 6.6 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.**

The manager explained that she is supported in her role by a mixed skill care team of care and ancillary staff. The manager outlined the management arrangements and governance systems in place to ensure smooth running of the home and that the needs of residents were being met in accordance with the home's statement of purpose. Residents accommodated were within the categories of care in which the home is registered with RQIA; as cited within the registration certificate. There was no change in the management structure since the previous inspection. The manager explained that she was the registered manager for Breffni Lodge, sister home of Breffni House and was acting manager of Breffni House. The manager expects to be registered manager of Breffni House with RQIA when both homes are officially registered as one facility. Building work to the adjoining corridor for the homes has been completed.

The home's current registration certificate was displayed in a prominent position.

The home had a wide range of policies and procedures which were being reviewed and revised as required. Staff have direct access to hard copies and electronically by way of the home's apps on iPhones.

Review of the home's complaints records and discussion with the manager confirmed that no complaints had been received since the previous inspection.

Residents who spoke with us said they were aware of how and to whom they could complain to if they were unsatisfied with care or life within the home. Staff demonstrated awareness of how complaints were managed. No issues or concerns were raised or indicated by residents or staff during the inspection.

There was visible evidence of many complementary letters and cards the home had received commending staff on the good care provided. This is to be commended.

Observation of staff interactions with residents evidenced that staff were able to effectively communicate with residents. Staff explained that the manager operated an "open door" policy in regard to communication with everyone including staff, residents, relatives/representatives and visiting professionals.

The manager explained the current system in place for the management of accidents and incidents and how these were notified to relatives (with the resident's permission) and commissioning trusts. Cross referencing of records retained with those submitted to RQIA confirmed compliance with required procedure in accordance with regulation and statutory notification guidelines. Audits of accidents/incidents were being conducted on a regular basis to identify trends and patterns and where necessary measures put in place to minimise identified risks. The manager told us that any learning from accidents and incidents was promptly disseminated to all staff.

The manager explained that health and safety working practices was promoted through the provision of information, training, supervision and monitoring of staff. For example mandatory training included; fire safety, accident prevention, first aid, moving and handling and infection prevention and control.

The manager advised that staff meetings were held on a six monthly basis with ongoing information disseminated to staff via the home’s iPhone app site and usually six monthly with minutes recorded and retained. The provision of staff meetings should be held on a regular three monthly basis in accordance with the residential care homes standards. This has been identified as an area for improvement under the care standards.

We reviewed two recent reports of the monthly monitoring visits undertaken by the registered provider. The general lay out of the report was discussed with the responsible person as these were observed to be confusing, cumbersome and difficult to follow. As reports are open public documents information should be easily read and understood. With the exception of action taken to address issues from the previous month’s report only relevant data for the current month should be recorded. The practice of repeating previous month’s findings should cease. The recording of monthly monitoring reports was identified as an area for improvement. The use of RQIA template for report writing was recommended.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships

**Areas for improvement**

The following areas were identified for improvement included; increased staff meetings from six monthly to at least quarterly and the recording of monthly monitoring reports.

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

**7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Regina Brady, manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

## **7.1 Areas for improvement**

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

## **7.2 Actions to be taken by the service**

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2019</p>	<p>The registered person shall ensure that the environmental improvements as listed are addressed;</p> <ul style="list-style-type: none"> <li>• provision of adequate storage facility for wheel chairs as several were stored within one bathroom/toilet</li> <li>• replacement of one waste paper bin within ground floor toilet with a pedal operated bin</li> <li>• repair/replacement of one cabinet positioned within the hallway as the fronting of one drawer was missing</li> <li>• removal of clean duvets from the floor within the linen cupboard on the first floor</li> </ul> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> We are awaiting a new pedal bin. The duvets have been placed in protective covering. We are currently addressing the issue with storage by reviewing current store rooms in place and changing their functions. This will take into account the storage of equipment</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11,5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2019</p>	<p>The registered person shall contact the care manager/social worker to request that the delayed written care review reports are forwarded to the home.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> On the day of inspection the manager provided evidence of where she had contacted social work department requesting the written care review reports.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 25.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2019</p>	<p>The registered person shall ensure that staff meetings are held on a regular basis and at least quarterly with records retained.</p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> Staff meeting was held on 14<sup>th</sup> of August and we will aim to hold a meeting quarterly along with the daily the daily communication electronically, which shares policy and procedures, alerts, any issues as there are identified, compliments etc.</p>



<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 20.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2019</p>	<p>The registered person shall ensure that reports of the registered provider's monthly monitoring visits are presented in a suitable format which can be easily understood by residents and their relatives/representatives.</p> <p>The use of RQIA guidance template for providers is recommended. (www.rqia.org.uk)</p> <p>Ref: 6.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The format of the reports was adjusted for the report of the May visit and submitted to the RQIA post inspection 17 June 2019. The reports have continued in that format.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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**Quality Improvement**  
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