

REGULATION AND QUALITY IMPROVEMENT AUTHORITY

9th Floor Riverside Tower 5 Lanyon Place Belfast BT1 3BT

Tel: (028) 9051 7500 Fax: (028) 9051 7501

Dympna House Residential Home

143 A Glen Road

Belfast

BT11 8BS

Tel: (028) 9061 7837

ANNOUNCED INSPECTION REPORT

DATE 21 and 22 March 2007

GENERAL INFORMATION

Name/Type of Home: Dympna House Voluntary Residential Home

Address: 143 A Glen Road
Belfast
BT11 8BS

Telephone number: (028) 9061 7837

Registered Organisation/ Person(s)-in-Control St. John of God Association

Registered Manager: Mr Cormac Coyle

Categories of Care: Learning Disability

Number of Registered Places: 23

Scale of Charges: £360

Details of Last Inspection: 10th July 2006 Unannounced

Type of Inspection: Annual Announced

Number resident in home on day of Inspection: 23

Inspection Details:

Unit Inspector	Mrs Maire Marley	21 March 2007 2 pm - 9 pm 22 March 2007 10 am - 4 pm
Pharmaceutical Officer	Mr P W Nixon	
Estates Officer	Not on this occasion	
Finance Officer	Not on this occasion	
Lay Assessor	Not on this occasion	

INTRODUCTION

The Regulation and Quality Improvement Authority is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation (Northern Ireland) Order 2003 to inspect Nursing Homes and Residential Care Homes. A minimum of two inspections per year are required and these may be announced or unannounced and may be undertaken at any time of the day or night.

The aim of the inspection is to measure the services being provided against current standards which together reflect the quality of life of the people living in the home.

EACH SECTION OF THE INSPECTION FORMAT IS MEASURED AGAINST A SPECIFIC STANDARD. THESE STANDARDS ARE AS FOLLOWS:

- 1 **Quality of Care** - All care for patients/residents is tailored to meet the patients'/residents' individual needs and wishes.

- 2 **Quality of Life** – Patients/residents regard the home as a good place to live, where their preferred way of life is accommodated in accordance with the core values of rights, independence, choice, privacy, dignity and fulfilment.

- 3 **Quality of Management** - Managers have the resources to fulfil their managerial responsibilities particularly in relation to the quality of life of the patients/residents within the home.

- 4 **Quality of the Environment** - The person registered shall, having regard to the size of the home and the number, age, sex and condition of the patients/residents, provide an adequate physical environment which is clean, comfortable, homely, safe and which maintains independence in so far as is possible.

- 5 **Handling and Administration of Medicines** – Patients/residents can be assured that the person registered has made adequate arrangements for the recording, safekeeping, handling and disposal of medicines, in accordance with the legislative requirements and guidelines issued by the registering authority.

- 6 **Finances** – Patients/residents pay accommodation fees as required by the home’s scale of charges and have the opportunity to look after their own personal monies. Any arrangements for the administration of personal finances are to the satisfaction of the patients/residents, relatives or advocates and a complete record of transactions is maintained.

This report details the extent to which these standards have been met. Requirements/recommendations are made as a result of any deficits and to promote best practice. These are followed up during subsequent inspections.

FRAMEWORK FOR INSPECTION

A Standards

Standard sources referenced include:

- Homes are for Living In (HMSO)
- Creating a Home from Home - A Guide to Standards (Residential Forum)
- Guidance on Standards for Residential Homes for Elderly People
- Guidance on Standards for Residential Homes for People with a Physical Disability
- Guidance on Standards for the Residential Care Needs of People with Learning Disabilities/Mental Handicap
- Guide to Good Practice
- Nursing and Midwifery Council standards
- SHSSB Medicine Guidelines
- Health Technical Memorandum 84

B. Methods/Process

The Annual Announced Inspection to Dympna House Residential Home took place on the 21 and 22 March 2007.

During the inspection process, the following documentation was reviewed:

- Resident register;
- Policies/procedures;
- Accidents/untooward incidents;
- Complaints;
- Care records;
- Care plans;
- Menus;
- Training records;
- Induction records;
- Records of staff and resident's meetings;

A walk around the home included the inspection of the following:

- The communal areas used by residents and a sample of residents bedrooms;
- The environment, equipment and facilities provided, including the kitchen and laundry areas;
- Direct and discreet observation of care practices.

The Inspector had discussions with the following:

- Mr C Coyle Registered Manager and Brother John Stretton Deputy Manager;
- Met residents living in the home and had discussions with five to ascertain their views of the home;
- Spoke with four members of staff;
- Consulted with one relative;
- Following the Inspection, seven relatives were forwarded questionnaires. The comments of the returned questionnaires are included in this report.

PEN PROFILE OF HOME

Located on the Glen Road in West Belfast, Dympna House is a two storey building with a basement on lower ground floor. The accommodation comprises of twenty three single bedrooms all on the first floor. It also contains a Supported Housing flat within the structure of the home.

The home can accommodate twenty two permanent residents along with one respite resident.

St John of God hold a Joint Management Agreement with Oaklee Housing Association for the facility and for the adjacent housing schemes within the grounds.

Residents are encouraged to personalize their rooms with personal and family photographs. In addition, the rooms have an operational call system.

The Home has two lounges and an activity/smoking room is situated on the ground floor. These rooms have been designed to facilitate residents' choice in socialisation or the pursuit of recreational activity and tea-making facilities are available in the activity room.

FOLLOW-UP ON PREVIOUS INSPECTION

A. Summary of Requirements and Outcomes

The manager provided evidence that the twelve requirements made at the unannounced inspection on 10th July 2006 had been actioned.

B. Summary of Recommendations and Outcomes

The Registered Manager confirmed that the recommendations made at the unannounced inspection in 10th July 2006 had been addressed.

SUMMARY

This summary provides an overview of life in the home at the time of inspection.

Residents advised that Dympna House Voluntary Residential Home continues to offer good quality care in relaxed comfortable surroundings. Everyone consulted spoke highly of the staff team and the care provided.

A sample of individual comments made regarding the staff team and care provided are included in the residents' views section of this report.

A relative was consulted during the inspection and the views expressed can be viewed within this report. Seven questionnaires were forwarded to relatives to date no replies were received.

To promote a homely atmosphere and ensure the core values are respected within the dining room recommendations are made to review the current practices of medication administration and staff practices.

Management are aware that further work is required to ensure residents are enabled to become active members of their community and have utilised volunteers to increase opportunities for residents to get out and about in the community and also provide stimulating activities within the home.

The Inspector was informed of the vacancies in the Care Staff team and the manager provided evidence how the home effectively managed the deficits, by staff working additional hours or using agency staff. The review of staff duty rosters indicated Dympna House maintained the minimum staffing levels.

Management acknowledged work is required to ensure compliance with the regulations and improvements are required with regard to staff training and the maintenance of training records, and policies and procedures pertaining to volunteers.

The inspection of untoward incident and accident records revealed that no patterns were apparent; Accident audits are regularly undertaken and findings recorded.

It was noted there were various positive developments within the home and management demonstrated a continued commitment to quality improvements and these are outlined in the body of this report.

Several areas of the home had been enhanced by redecoration and the replacement of floor covering on the first floor. Work had commenced to repair the driveway.

All areas of the home were found to be clean, tidy and appropriately ventilated.

The Inspector wishes to thank everyone for their warm welcome and open discussion throughout the inspection.

Requirements and recommendations made are as listed at the end of the report.

1.0 QUALITY OF CARE

1.1 Admission Arrangements

The Manager confirmed that pre-admission information containing details of the resident's assessed needs is submitted to the home prior to the resident's admission. This was evidenced from the review of records pertaining to a resident admitted in August 2006.

1.2 Care Records

All residents have individual care records which are retained in a safe and confidential manner. The names of six residents were selected at random for inspection.

An overall improvement in care records was noted and the home are commended on the introduction of residents life stories and personal outcomes which ensure residents are central to the assessment and care plan process.

1.3 Care Plans

Six assessments were reviewed and the following improvements discussed with the manager;

- Reviews of assessments should reflect the changes in individual's circumstances
- Assessments should be revised to detail the assistance individual residents require with regard to personal care tasks.
- Details of one resident's condition and the strategies to manage this conditions should be incorporated in the identified assessment
- The arrangements for those residents who are given responsibility for some of their personal allowances should be documented
- Physical health conditions and limitations should be detailed and planned interventions outlined
- One risk assessment should be revised to incorporate the resident failing sight

1.4 Care Plans

Care plans should specify the support, assistance and opportunities provided by staff to residents. It was agreed care plans would be revised and reflect the identified changes required in the corresponding assessments. Several residents have communication difficulties and care plans stated that some residents used Makaton signs however there was no evidence to indicate the signs that were used. It was recommended that all staff receive training in Makaton and that documentation clearly highlights the stage of Makaton individual resident's use.

1.5 Progress Notes

A random selection of progress notes was inspected and it was recommended that staff report appropriately on any changes that affect residents circumstances, The Inspector observed that staff had not recorded two resident's progress following day procedures carried out in hospital; and there was no evidence post operative care was completed.

1.6 Care Practices

During the inspection there were periods that the Inspector spent time observing and listening to the rapport the staff had established with residents. It was noted that interaction between residents and staff was respectful and relaxed and it was evident a good rapport had been developed. The Inspector observed staff undertaking care tasks and was satisfied that the residents were treated with dignity and respect. Staff consulted had a good knowledge of residents' needs and the processes to be followed in the event of differing untoward incidents.

1.7 Reviews

Arrangements are in place for Care Management to review resident's circumstances. A number of review meeting records were inspected and evidenced that review meetings were over due. The manager reported there had been changes in the staff personnel within the care management team however new dates had been scheduled. This process had commenced and a further two files inspected indicated reviews had taken place in February 2007.

The manager also meets with the Community Nurse on a monthly basis to review those residents for whom the community nurse has keywork responsibility; this is good practice.

Health Care

Files examined provided evidence that residents in Dympna House are facilitated to avail of the input of specialist healthcare professionals such as General Practitioners, Podiatrists, Speech and Language Therapists and Community Nurses.

Records inspected indicated there were issues pertaining to the obtaining and giving of consent to medical treatment and the Inspector provided advice and guidance regarding Departmental Guidelines issued. The manager was requested to forward the outcomes of the investigation regarding consent issues for one resident who had recently had dental treatment.

1. Nutrition

Analysis of the menus indicated that residents are given a wide range of choices in relation to food and the required nutritional standards are met. On the day of the Inspection the Inspector spoke to residents in the dining room all of whom spoke highly of the food provided and confirmed their individual preferences and choices were respected.

Discussion with the cook revealed that a sufficient budget is allocated for food, and fresh fruit and vegetables are delivered daily. Food stores were appropriately stocked.

Evidenced by all or some of the following:

Arrangements for pre-admission assessment.

Spot check review of nursing/care records using the care records audit tool.

Review of risk assessments.

Review of any restraint in use.

Conversation/feedback with patients/ residents/relatives/ advocates/ staff/care managers.

Information provided about dietary and fluid intake.

Availability of equipment eg pressure relieving aids, walking aids, wheelchairs, hoist, bath-lift, sit-on scales, incontinence aids.

Observation of personal care standards and practice.

2.0 QUALITY OF LIFE

2.1

Residents were noted to be nicely dressed and well groomed. On the tour around the home the Inspector observed that resident's personal toiletries were stored appropriately within their bedrooms.

During the serving of the tea-time meal the Inspector observed that medication was administered, this does not promote dignity and respect for residents and should be reviewed immediately. It was also observed that staff stood around the dining room and the Inspector recommended that staff sit at tables with residents to create a more homely environment.

2.2 Patients'/Residents' Activities

The activity records evidenced a range of activities carried out in Dympna House. Residents also watch television, spend time in their bedrooms, listen to music, play pool or go for walks outside. Outings are arranged to a variety of places of interest both locally and further a field. On the evening of the inspection several residents went to the cinema, some residents go out regularly with relatives and others go out independently in the local area.

Discussion was held with two volunteers who regularly visit the home and one volunteer outlined the induction provided by the organisation, the volunteer indicated the induction provided a good introduction to the organisation and their ethos. Management are advised these induction records should be available for inspection.

Volunteers provide a range of activities and also assist staff to take residents to a variety of activities in the community; One volunteer consulted had volunteered in the home for seven years and demonstrated a good understanding of individual resident's preferences, this volunteer advised of a meeting with residents and the outcomes this recent meeting was discussed. The Inspector was informed residents are encouraged to get out and about in the community.

The manager reported that the home recognize continued work is required to ensure all residents are encouraged to participate in community events and it was agreed this was an area that required further development.

2.2.1 Spiritual Care

Discussion with residents and staff confirmed that religious practices and beliefs are respected, Records examined indicated residents regularly attend weekly services.

2.3 Patients'/Residents' Facilities

Dympna House is a two storey building with a basement on the lower ground floor. The accommodation comprises of 23 single bedrooms all on the first floor. A lift is available for residents use.

2.4 Patient/Resident Empowerment

Over the two days of Inspection, the Inspector observed staff undertaking tasks with respect and dignity to the residents. Care members of staff consulted during the inspection process were aware of the core values underpinning residential care, and demonstrated an understanding of the importance of respecting the uniqueness of each individual resident.

2.5 Patients'/Residents' Views

The majority of residents spoke to the Inspector and six residents were consulted individually and all indicated that they were satisfied with the food, content with the routines, and satisfied with their relationships with staff.

The following comments are recorded:

- "I like it here but I also like going home "
- "I like my room and the company"
- "Couldn't be better"
- "All my friends are here".
- "Sean is a good cook I like his food"
- "We had a great time on holiday, we went to Scotland "
- "Food is lovely "
- You can go shopping or out for meals"

Observation throughout the Inspection indicated that residents were relaxed in their surroundings. The residents spoke positively regarding management and staff, and related how their issues and concerns were listened and responded to. They informed the Inspector about their daily routines and opportunities to get out and about. These comments reflect well on the relationships between residents and staff.

A relative consulted during inspection voiced satisfaction with services provided; but also expressed the following views,

- high turn over of staff,
- lack of a residential manager
- room for improvement in staff's attitude and communication with relatives
- more emphasis on walks and exercise events in the grounds of the home rather than residents sitting watching television.

These comments were passed to the manager who agreed to advise the Regulation and Quality Improvement Authority of the outcomes of the action taken.

Seven relatives were forwarded consumer questionnaires to take, no date no replies were received.

2.6 Staff Views

Four staff members were consulted during the Inspection and seven questionnaires were left for staff to complete, responses indicated they were satisfied with training opportunities although one staff member felt the communication systems could be improved. The manager reported they were aware of the need to improve communication and it was work in progress.

2.7 Communication

It is intended that all residents will receive a resident's guide incorporating legislative requirements when the draft guide is ratified by the organisation. Notice boards are strategically placed throughout the home and the manager outlined work they were currently undertaking to ensure information for residents is in a user friendly format.

Residents meetings were recently introduced and the minutes of the January and February meetings were viewed, other initiatives to gain residents views and opinions are being considered and the home are commended on initiatives commenced.

2.8 Complaints

There are policies and procedures in place for handling complaints which are displayed in the home. Records reviewed indicated that the management of complaints was being handled in a satisfactory manner through local resolution. It was recommended that all entries in the complaint records should be entered in separate pages and include the complainant views on the action taken.

Evidenced by all or some of the following:

Review personalised activity programmes.

Review collective activity programmes.

Review the occurrence of religious services within the home, patient/resident visits to their places of worship (care plans).

Review evidence of outings.

Review care records.

Review laundry services.

Observe bedrooms for memorabilia etc.

Observe telephone and its location.

Observe activity in home at the time of inspection.

Observe if personal toiletries are available.

Observe appearance of patients/residents.

The availability and use of papers, magazines, radio and television etc by patients/residents.

Conversation with patients/residents, relatives and friends.

Enquire re patients'/residents'/relatives' committee.

3.0 QUALITY OF MANAGEMENT

3.1 Management

St John of God is a Voluntary Organisation registered by the Regulation and Quality Improvement Authority in 2005 as the Registered Organisation -in-Control. The home is registered to accommodate a total of twenty three residents in category L.D (Learning Disability).

Mr Cormac Coyle is the Acting Registered Manager of the home who is supported at operational level by a Deputy Manager and a team of care and ancillary staff.

The home is presently reviewing their residential provision and has produced a business case that proposes a move to a model of service that is person centered and in keeping with the Equal Lives Review 2006. Management will keep the Regulation and Quality Improvement Authority updated regarding progress.

There was evidence of good management systems and processes in place for the day-to-day running of the home. Mr Coyle and the staff team are to be commended on work already completed in compliance with regulatory requirements.

3.1.1 Quality Assurance

It was acknowledged systems are in place to audit records regarding accidents and incidents.

Management demonstrated a commitment to improvement and it was agreed further audits should be developed to quality assure all aspects of the service.

3.2 Records

The Manager confirmed that the records required by legislation were in place.

3.2.1. Accidents/Incidents.

Accidents occurring had been recorded and it was observed the manager had addressed deficits in the recording of these records. It was recognised training for staff was required and management was in the process of organising training.

Vulnerable Adult Incidents were been considered in accordance with procedures and two residents had been referred to the Behavior Team for their specialist input. A recent audit was produced in graph form which provided a clear overview of the events occurring and enabled the management team to consider factors and action required. This is good practice.

3.1.2. Register

In the main the register was maintained appropriately however the telephone number for several G.P's was missing, this was addressed during inspection.

3.3 Staffing

On the day of inspection there was sufficient staff on duty to meet the needs of the residents and the staff duty rosters analysed confirmed staffing levels were maintained and in accordance with the minimum standard. The manager related the vacancies in the Care Staff team and how this was effectively managed by staff working additional hours or using agency staff. Active recruitment for the vacancies was ongoing. It was noted that that care staff are responsible for laundry duties which effectively removes the care staff from caring duties, as there had been informal complaints received about missing clothes, reports from staff that laundry duties affected their caring duties, and comments from a relative regarding residents being left sitting watching television, consideration should be afforded to the employment of laundry personnel.

In compliance with legislative directives regarding records and information required for staff working in the home, the Organisation should advise the Regulation and Quality Improvement Authority of the arrangements they will implement to ensure these records are available for inspection.

The Inspector requested the role and responsibility of a volunteer should be clearly defined along with the supervision arrangements when the volunteer is on duty. Records pertaining to volunteers should also be available for Inspection.

3.4 Training

Management confirmed that all staff had received the required mandatory training in first aid, moving and handling, fire safety, fire drills and infection control. It was agreed that training records should include the list of staff attending the training event and the date and signatures of all staff attending. Currently the home maintain copies of staff evaluation forms however this did not correspond with the trainer's numbers and not all forms were signed by the staff member.

Management were requested to immediately review the action taken with regard to the fire drill completed on the 19/2/07 as the record indicated "there was a poor response and protocols were not adhered to by the majority of staff placing themselves and residents in danger". This record did not indicate the staff involved and there was no evidence to suggest action had been taken to address the issues identified.

A Fire Risk Assessment examined was dated 2005, management were requested to confirm this assessment was updated.

Discussion was held on the induction systems in place and it was agreed the programme should be revised to include philosophies of residential care, core values underpinning care and a introduction to learning disability. Two induction records were reviewed, one record was signed and dated appropriately, the other record was partially signed and dated and required to be reviewed.

3.5 Supervision/Appraisal

Staff appraisals are completed annually. Regular formal supervision of all staff is ongoing and appropriate records are maintained. Staff meetings are held regularly and records maintained.

3.6 Policies and Procedures

St John of God Organisation has comprehensive Policy and Procedure Manuals to provide support and guidance to staff.

3.7 Finance

Management were requested to review the records pertaining to the allowances and income received on behalf of the resident and of the distribution of this money by the staff to the resident. Transactions reviewed in two records were signed and dated by staff members however the Inspector observed inaccuracies in both records. Management should undertake an audit of the financial records and advise the Regulation and Quality Improvement Authority of the outcome. The following is the expected standard;

- Records should detail the allowances/income received on behalf of the resident
- Records should detail when monies is transferred to the resident's bank account
- The distribution of allowances to the resident should be signed and dated by the resident and two members of staff
- Receipts from the source of expenditure should be maintained
- All monies should be accounted for, if change from monies is given to residents this should be detailed
- Residents who have responsibility for part of their monies should have these details documented in their assessment
- Staff co-signing records should check the record for accuracy
- Records should evidence regular audits completed

Evidenced by all or some of the following:

Review of off-duty rota.

Comparison of duty rota with staff returns/staffing notice.

Review of arrangements for cover in the event of staff absences.

Information provided about recruitment, selection and retention of staff.

Information provided about the use of agency staff.

Review of induction programmes.

Review of training strategy.

Review of minutes of staff meetings.

Review of frequency of staff turnover.

Review of arrangements for staff supervision.

Review of quality assurance system.

Spot check of policies and procedures.

Access to and use of policies and procedures by staff.

Review of records required by regulations.

Review of accidents/incidents.

Discussion/feedback from management, staff, patients/residents, relatives/advocates and care managers.

4.0 QUALITY OF THE ENVIRONMENT

4.1 General Environment

The home was observed to be warm and pleasantly ventilated and all areas were clean and tidy.

An improvement plan outlining the action taken in response to the 2006 Annual Inspection was furnished to the Inspector and indicated the action taken to address deficits.

It was acknowledged the Organisation had recently improved the environment within the home by repainting aspects of the home and replacing the floor covering on the first floor. Three profiling beds and new bedding had also been purchased. The commencement of the resurfacing of the entrance to the home will improve the entrance to the home.

4.2 Equipment and Facilities

Staff was aware of the C.O.S.S.H (Control of Substances Hazardous to Health) Regulations.

4.3 Health and Safety

There were no obvious health and safety hazards noted on the days of inspection.

Evidenced by all or some of the following:

**A general inspection of the home including the kitchen and laundry.
Observing for:**

- **residents' call facilities;**
- **the standard of decor and furnishings;**
- **the standard of cleanliness;**
- **the availability of protective clothing;**
- **the availability of bed linen;**
- **the maintenance of equipment;**
- **the temperature of all areas used by residents;**
- **the availability and maintenance of lifts (where applicable)**

REQUIREMENTS		TIMESCALE
1	<p><u>Quality of Care</u></p> <p>Confirm assessments and care plans are revised as directed in the main body of the report.</p> <p><i>The Residential Care Homes Regulations (NI) 2005, Regulation 15 and Regulation 16.</i></p>	From date of inspection
2	<p>Confirm staff report appropriately on any changes that affect resident circumstances, and medical recommendations are implemented and recorded.</p> <p><i>The Residential Care Homes Regulations (NI) 2005, Regulation 19 Schedule 3 (k)</i></p>	With immediate effect and ongoing.
3	<p>Confirm staff has received training in Makaton and report writing.</p> <p><i>The Residential Care Homes Regulations (NI) 2005, Regulation 20 (1) © (i) (iii)</i></p>	
4	<p>Forward the outcomes of the investigation regarding consent issues for one resident and advise of the changes implemented to practice.</p> <p><i>The Residential Care Homes Regulations (NI) 2005, Regulation</i></p>	April 31 st 2007

	<u>Quality of Management</u>	
5	<p>The Organisation should advise the Regulation and Quality Improvement Authority of the arrangements they will implement to enable inspection of staff records.</p> <p><i>The Residential Care Homes Regulations (NI) 2005, Regulation 21 Schedule 2 1-7</i></p>	<p>Confirm training dated on return of response form.</p>
	<p>Confirm the roles and responsibilities of a volunteer are clearly defined along with the supervision arrangements and ensure records are available for inspection.</p> <p><i>The Residential Care Homes Regulations (NI) 2005, Regulation 20 (2)</i></p>	<p>April 31 2007</p>
	<p>Review the arrangements regarding staff induction as detailed in the main body of the report.</p> <p><i>The Residential Care Homes Regulations (NI) 2005, Regulation</i></p>	<p>In the return of the response form.</p>
	<p>Confirm action has been taken with regard to the fire drill completed on the 19/2/07 and confirm the Fire Risk Assessment dated 2005 has been updated.</p> <p><i>The Residential Care Homes Regulations (NI) 2005, Regulation 27 (4) (a) (e)</i></p>	<p>With immediate effect</p>
	<p>Review the records pertaining to the allowances and income received on behalf of the resident and of the distribution of this money by the staff to the resident as directed in the main body of the report.</p> <p><i>The Residential Care Homes Regulations (NI) 2005, Regulation 19 (2) Schedule 4, 9</i></p>	<p>Within seven days</p>

RECOMMENDATIONS		TIMESCALE
1	<p><u>Quality of Care</u></p> <p>Ensure all entries in the complaint records are entered in separate pages and include the complainant views on the action taken.</p>	With immediate effect
2	<p>Advise of the action taken to encourage residents to participate in community events.</p>	April 31 st 2007
3	<p><u>Quality of Life</u></p> <p>Confirm the practices in the dining room has been reviewed and advise of the outcome of this review.</p>	April 31 st 2007
	<p><u>Quality of Management</u></p>	3 April 31 st 2007
	<p><u>Pharmaceutical Officer's Report</u></p>	

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

After each inspection a notice will be displayed in the home to advise that the report of the inspection is available.

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**

**Mrs M Marley
UNIT INSPECTOR**

DATE

ANNOUNCED INSPECTION

I agree with the following requirements/recommendations (eg numbers 1, 3, 5, 7) of the Announced Inspection undertaken on 21st/22nd March 2007 which will be implemented within the timescale set:

Requirement Numbers: _____

Recommendation Numbers: _____

Please make comments on any requirements/recommendations not listed above:

Please provide any additional comments or observations you may wish to make:

Signed: _____
Registered Manager

Signed: _____
Registered Person-in- Control
(or Designated Person-in-
Control)

Name: _____
(Print)

Name: _____
(Print)

Date: _____

Date: _____

DATE RECEIVED	SIGNATURE OF INSPECTOR

