

GENERAL INFORMATION

Name/Type of Home: Owenvale Court

Address: 607 Springfield Road
Belfast

Telephone Number: 028 90 412030

**Registered Person/
Organisation-in-Control:** St John of God Association

Registered Manager: Mr Patrick Doak

Categories of Care: Old and Infirm

Scale of Charges: £360 per week

Number of Registered Places: 46

**Number of residents on day of
Inspection:** 44

Type of Inspection: Annual Announced Inspection

Dates and times of Inspections: 13th February 2007
(1.30pm - 5.45pm)
14th February 2007
(10.00am – 4.00pm)

Date and time of last inspection: 20 July 2006
(12.30pm – 4.45pm)

Unit Inspector: Catherine Mc Evoy

Specialist Inspectors:

Estates Officer	<input type="checkbox"/> No	Not required on this occasion
Principal Pharmacist	<input type="checkbox"/> Yes	Mr Paul Nixon
Finance Officer	<input type="checkbox"/> No	Not required on this occasion
Lay Assessor	<input type="checkbox"/> No	Not required on this occasion

INTRODUCTION

The Regulation and Improvement Authority is empowered under The Health and Personal Social Services (Quality, Improvement and Regulations (Northern Ireland) Order 2003 to inspect Nursing Homes and Residential Care Homes. A minimum of 2 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 residents is tailored to meet the residents' individual needs and wishes.
2. **Quality of Life** - 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 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 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** - 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** – 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 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
- DHSS&PS Use and Control of Medicines
- HTM 84

B. **Methods/Process**

- Review of all records/ documentation required by current legislation and spot checks on policies and procedures,
- A walk around the home to view the accommodation and facilities,
- Periods of discreet observation of care practices,
- Discussion with eleven residents.
- Discussion with six members of staff.
- Discussion with three relatives.
- Questionnaires were forwarded to six relatives and five members of staff selected at random from the home's registers.
- Discussion with Brother Finian, Registered Person, Mrs Rita Mc Gettrick Administrative Manager, Mr Patrick Doak Registered Manager and Miss Caroline Campbell (Deputy Manager)

PEN PROFILE

Owenvale Court is a purpose built home located on the Upper Springfield Road in Belfast. It provides 46 beds for the care of the frail and elderly. The home is currently in the process of registering 47 beds.

It is a two-story building with private car parking facilities. It is decorated and furnished to a high standard. Each flatlet has an ensuite and mini kitchen facilities. The main scheme includes assisted bathrooms, common rooms, dining room, kitchenettes, hairdressing salon and therapy/activities rooms.

Community Services provided by this Home:

- Day Care
- Domiciliary Care
- Other

No
No
Respite

PREVIOUS INSPECTION

A. Summary of Requirements and Outcomes - 20th July 2006

Requirements as a result of the last inspection have been addressed with the exception of two.

Req. 4 - The statement of purpose is nearing completion.

Req. 5 - The residents' guide needs to be confirmed to ensure it meets legislative requirements.

B. Summary of Recommendations and Outcomes - 20th July 2006

The one recommendation made has been actioned.

PREVIOUS INSPECTION (PHARMACY)

A. Summary of Requirements and Outcomes

Two of the three requirements made during the previous pharmacy inspection on 4 November 2005 require ongoing attention, namely:

- Medicines must be administered in strict accordance with the prescribers instructions. Close monitoring of the medicines discussed in paragraph 6.1 is required. Any further discrepancies must be reported.
- The necessary arrangements must be made to ensure that the self-administration of medicines is reviewed on a regular basis and that a record of handover is maintained.

B. Summary of Recommendation and Outcomes

The recommendations had received attention.

SUMMARY

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

This inspection was carried out over a two-day period. Throughout the inspection process, Mr Doak and Miss Campbell remained available and were both most helpful and supportive.

There are high standards of service provision generally within Owenvale Court. All residents appeared well cared for and most of those who spoke with the inspector indicated satisfaction with the provision of care they were receiving. Suggestions raised by some residents were discussed with the Home Manager, the Deputy Manager and Administrative Manager. Staff and relatives who conversed with the inspector during the visit provided positive feedback.

All staff/resident/relative interactions observed were appropriate and it was evident that there are good relationships between management, staff, relatives and residents.

There was evidence of good communication systems in place, good record keeping and a quality environment maintained. Management is to be commended for these mechanisms in assuring a quality service provision.

The Inspector found Owenvale Court to be providing a high standard of care, however, a number of requirements/recommendations have been identified and it is hoped these will enhance quality provision of care for residents.

RELATIVES QUESTIONNAIRES (2 returned) and a letter from a relative

Responses to all questions were very in general positive and will be elaborated on in the relevant sections within the report along with those requiring further consideration by the manager to enhance the delivery of services to residents.

STAFF QUESTIONNAIRES (1 returned)

Responses were positive to all questions in the questionnaire and these will be elaborated on in the relevant sections within the report along with those requiring further consideration by the manager to enhance the delivery of services to residents.

The Inspector wishes to thank Brother Finian, Mr Patrick Doak, Miss Caroline Campbell and Mrs Rita McGettrick, the staff, residents and relatives for their helpful discussions and those who returned questionnaires or assisted in any way throughout the inspection process.

1. QUALITY OF CARE

1.1 Admission Arrangements

A pre-admission assessment is carried out on every resident prior to admission to the home to ensure that the home can meet his or her needs.

Arrangements are in place for potential residents and their relatives and friends to visit the home prior to admission. This allows them to assess the quality of the facilities, the usual pattern of daily life and the overall suitability of the home.

A brochure giving information on all aspects of the home is available.

1.2 Care Records

All residents have individual care plans, which were retained in a safe and confidential manner.

Six care records and care plans were selected for inspection. They were found to be comprehensive, conducive to eliciting relevant information, legible, regularly updated and signed by the person completing the record. They included relevant details, such as visits from Health Care Professionals, which appeared to be according to residents' needs.

1.3 Care Plans

On this occasion, six care plans were inspected. In general, they were well written, detailed and accurately reflected residents' need.

An effective system is in place whereby they are reviewed three monthly and updated if required.

In addition to this, key workers carry out monthly summaries on their residents' condition.

It was evident that prescribed care was followed through with the assistance of the community nursing teams and this had positive outcomes for the residents concerned.

1.4 **Care Practices**

Observation of the delivery of care in the home evidenced that during the course of the inspection staff promote the core values.

All practices observed evidenced residents being treated with dignity and respect.

Whilst assisting with care the staff were noted to respect the residents' privacy.

1.5 **Health Care**

It was apparent that satisfactory arrangements were in place for both routine and emergency medical care.

Residents have access to specialist care and services according to need and this was evident in the care records of residents examined.

1.6 **Nutrition**

On this occasion, the supervision and assisting with the lunchtime meal was observed. The food served consisted braised liver, or chicken pie with cabbage, parsnips and potatoes followed by strawberry coconut sponge and custard. Drinks such as juice or milk were also served.

The meal was served in the spacious dining room accommodating all residents. Tables were appropriately prepared with condiments and cutlery.

The mealtime was unhurried and residents were assisted, if required, discreetly and sensitively.

The majority of residents conversed with during the inspection praised the quality of the food served, however some concerns raised were discussed with the Home Manager and Cook as a means of feedback for the Catering Manager.

Since October 2006, Campbell Catering provides the catering service for the home. The Home Manager indicated he is in regular communication with Ms Erica Campbell the Project Manager regarding the provision of service and concerns from residents are ameliorated at an early stage.

Four weekly menus were available and these appeared nutritious and well balanced, with alternatives always available. Residents were able to choose a day in advance their choice of food for the next day. The daily menu was displayed for residents and the week's menu was printed on the weekly newsletter for residents and relatives. Management are to be commended for this system of ensuring quality provision in meeting residents nutritional

needs, affording choice and communicating menu content and choice to residents and relatives.

There was evidence of fresh vegetables - pre-prepared for cooking, fresh fruit and a plentiful supply of other foodstuffs. It was noted that some dry goods were not stored in sealed containers.

Food, refrigeration and freezer temperatures were monitored and recorded.

The cook also maintained a record of resident feedback regarding the food served. The cook was encouraged to ensure he received feedback from all residents to ensure quality provision in respect of meeting residents' individual food preferences.

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 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. QUALITY OF LIFE

2.1 Residents' Appearance

Residents were noted to be well groomed, appropriately dressed and appeared comfortable and well cared for.

Their personal care appeared to be of a high standard. One relative indicated that there were high standards of care with the home.

Clothes were free from any stains or spillages.

Personal laundry arrangements in the home appeared adequate.

2.2 Residents' Activities

According to the Home Manager, residents are enabled to exercise choice as regards leisure and social activities in as far as possible. On the day of the inspection, a bingo session was being held in the afternoon with about 20 residents approximately participating.

According to the Home Manager, a programme of activities is in place. The senior residential worker on each shift designates activities for his/her duty shift. However, there were no central/individual records maintained nor was there a list of activities available for residents and relatives to view.

One resident spoken to indicated there were 'no activities' while another stated that he found time in the home 'very boring'. Other residents spoken to suggested a snooker table being available for leisure activities plus shopping outings for residents. A relative spoken to was conscious that her relative would not wish to participate in the communal type of activities which she perceived were on offer. One relative and a member of staff responded in the questionnaires that they disagreed that there was a good range of activities and that residents are encouraged to participate.

It was recommended, that the current provision of residents' activities and resident participation should be monitored and kept under review. This should include residents' preferences and suggestions and appropriate action should be taken to ensure residents' needs are met in relation to meaningful and enjoyable activities.

It was also recommended that a programme of activities should be published and a record maintained of activities carried out, residents who have participated and the carer who has lead the activity.

2.3 **Residents' Facilities**

The home is all on two levels with residents having free access throughout.

The facilities offered are excellent with ensuite shower and catering facilities.

Residents' suites were tastefully decorated, bright and clean. In two rooms it was noted that curtains needed to be re - hooked to the curtain rail.

Additional W.C. facilities have been provided near to the very busy reception and main lounge areas as previously recommended in previous inspection reports.

2.4 **Resident Empowerment**

Residents are empowered to make their own decisions about how they wish to spend their day, for example, the time they get up and go to bed and personal privacy or occupation.

2.5 **Residents' Views**

Residents who spoke with the Inspector all, without exception, spoke highly of the home and the standard of care received.

The letter received from a relative included comments such as 'I couldn't speak highly enough of the care' and 'lovely home and friendly environment'.

Responses from two relatives questionnaires included the following comments: 'Staff are very caring and look after my father extremely well' and 'Owenvale is better than some hotels I have been in...the food and service couldn't be better'.

The Home Manager informed that Owenvale is involved in an advocacy programme with Bryson House and meetings are held monthly with residents. The Home Manager meets with the Advocate every two months for feedback and is informed more regularly if issues are raised that require attention that is more urgent.

2.6 **Staff Views**

Staff spoken to were all of the opinion that the residents in the home are offered a high standard of care and independent choice.

They confirmed the availability of both regulatory and developmental training opportunities.

They were complimentary about management and staff relationships within the Home.

2.7 **Communication**

There is an open management style in the home.

Staff meetings are held on a regular basis but meetings in the past year have not been recorded.

A staff handover report is carried out three times daily and diaries are used as a means of communicating essential information.

A weekly newsletter is distributed for residents and relatives' attention, which includes the weekly menu. Management is to be commended for this initiative for enhancing communications with residents and relatives.

2.8 **Complaints**

A written complaints procedure is provided for residents and relatives. However, one relative in the questionnaire indicated that he was not made aware of the complaints procedure

Management differentiates between minor complaints, which are dealt with in house and other complaints, which may be submitted to the Home Administrative headquarters.

The home maintains a minor complaints record, which details a local and acceptable resolution yet Management were not aware of any complaints submitted to Headquarters.

It is recommended, that the complaints procedure should be reviewed to ensure that all complaints minor or otherwise are managed effectively and staff are made aware of these and action taken as appropriate.

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/residents 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 residents.

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

**Conversation with residents, relatives and friends.
Enquire re resident/relatives committee**

3. QUALITY OF MANAGEMENT

3.1 Management

Mr Doak and Ms Campbell work as a management team.

There are clear lines of accountability within the home and staff are aware of the organisational structure.

There appears to be sound management systems in place.

It was recommended that the Registered Provider visits the home monthly and provides a written report on the conduct of the home in line with Regulation 29.

3.2 Records

Records inspected as listed at the beginning of this report were found to be maintained in accordance with legislative requirements with the exception of the Statement of Purpose and Residents' Guide. It was recommended that the Statement of Purpose should be completed and the Residents' Guide confirmed that it meets legislative requirements.

3.3 Staffing

An overview of the duty rota evidenced acceptable staffing levels, which were in accordance with dependency levels.

3.4 Training

There was evidence that induction programmes are available for all grades of new staff.

Regular updates in mandatory training were maintained with the exception of formal fire training. Central records are maintained of attendances at mandatory training and individual certificates are retained in personnel files.

According to the Deputy Home Manager, in house fire prevention and action to be taken in the event of a fire is ongoing as part of staff induction. Formal fire training, which was overdue, has been scheduled for the end of February 2007.

The one staff member who returned the questionnaire confirmed that he/she had not received 'fire training, fire drills or managing challenging behaviour in the past year'.

According to the Home Manager, staff are facilitated to maintain their professional development and care assistants have been supported to attain their NVQ qualifications.

3.5 **Supervision/Appraisal**

There was evidence of a satisfactory system of supervision in place. Annual appraisals were noted to be comprehensive and appropriate.

Management is to be commended for the system of supervision and appraisal in place.

3.6 **Policies & Procedures**

There is a good range of policies and procedures which are available to staff.

These are currently being updated with priority being given to the Health and Safety Policies, which have been completed. It is anticipated that all other policies will be updated by July 2007.

Several policies/procedures were spot-checked on this occasion and were found to be appropriate.

3.7 **Finance**

Appropriate arrangements appear to be in place for the management of residents' personal allowances.

Two signatures are obtained for each financial transaction.

Each resident is issued with terms and conditions of residency.

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 regulation

Review of accidents/incidents

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

4. QUALITY OF THE ENVIRONMENT

4.1 General Environment

The home was found to be fresh, bright, clean, warm and comfortable throughout.

The home was tastefully decorated and furnished throughout.

According to the Home Manager, plans are in place to have cracks in walls attended to.

Residents' bedrooms were personalised with some items of residents' own furniture, photos and memorabilia.

These were recorded in residents' files and according to the Manager/deputy are updated as required.

4.2 Equipment & Facilities

Equipment in the home appears sufficient for the needs of the residents.

4.3 Health and Safety

A health and safety policy is in place.

Staff in induction receive fire training and those interviewed were aware of the procedures to be taken in event of a fire plus evacuation procedures.

A formal fire training session has been planned for the end of February 2007.

Fire doors were closed and fire exits clear.

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)
- storage space,

Review of appropriate documentation

Discussion with staff

Review of odour management

Review of Safety Action Notices

Review of Health Technical Memorandum 84

5.0 ESTATES INSPECTION

Not inspected on this occasion.

6.0 PHARMACEUTICAL INSPECTION

6. USE AND CONTROL OF MEDICINES

6.1 AUDIT TRAILS

Thirty-three medicine audit trails were performed on randomly selected medicines. The majority produced satisfactory outcomes, indicating a good correlation between prescribed instructions, patterns of administration and stock balances. Discrepancies in the balances of Digoxin tablets, Aricept tablets and Loperamide tablets were observed and discussed. When a different strength of a preparation is supplied staff should highlight the information so that the correct dose is administered.

The outcome of these audits was discussed with the registered manager. Staff should ensure that a permanent record is made when a new supply is commenced. This will enable accurate audits to be undertaken over a period of time. It was agreed that in future, evidence would be maintained of the audits undertaken and these would focus, in the short term, on the medicines highlighted during the inspection.

6.2 MEDICINE RECORDS

The majority of medicine records had been constructed and completed satisfactorily. Staff were reminded of the need to ensure that the details on the central prescription records corresponded with those on the medicine administration records (MARs sheets). The details on the central prescription sheets should include the allergy status of the resident.

Two members of staff are involved in the checking of the central prescription records with both signing the entry, if the general practitioner does not verify these. This good practice should be extended to any hand written entries on the MARs sheets and any additional entries on the central prescription sheets.

The frequency of administration of "as required" medicines must be indicated by clear and definitely stated minimal intervals and a maximum daily dose.

Staff were advised that any incorrect entries in the controlled drug register should be amended by adding an explanatory note. Entries should not be deleted and unreadable.

6.3 MEDICINE STORAGE

Storage was tidy and well organized. Medicines were being stored safely and securely and in accordance with the manufacturers' instructions. Stock levels were generally appropriate.

The disposal of refused controlled drugs was discussed. Staff should not dispose of these in the home. They should be returned to the pharmacy for disposal.

6.4 POLICY AND PROCEDURES

The procedures in place for the self-administration of medicines by residents were discussed. A record of the handover of medicines should be maintained.

Information received from the general practitioner in relation to the changing doses of Warfarin should be documented appropriately. In order to ensure that the medicine is administered in accordance with the prescriber's directions, an additional administration recording sheet should be used.

The length of time that it had taken to obtain a new medicine from the pharmacy was discussed. Management should monitor this closely to ensure that any delays are minimised.

A record should be maintained of the checking of controlled drugs at each staff hand over. Management advised that this had been in place. However, from the discussion had with staff, it would appear that this had ceased as a result of a breakdown in communication. It was agreed that it would be re-implemented immediately.

6.5 STAFF TRAINING

A list of staff names, signatures and initials of those staff authorised to administer medicines was observed.

EVIDENCED BY ALL OF SOME OF THE FOLLOWING:

Audit trails carried out on a sample of randomly selected medicines

Review of receipt of medicines record

Review of record of outgoing medicines

Review of prescription record and medication administration record

Review of Controlled Drugs Register

Observation of storage arrangements

Spot-check on policies and procedures

Discussion with Mr Patrick Doak, Ms Caroline Campbell and the staff on duty.

REQUIREMENTS

REQUIREMENTS		TIMESCALE
1.	<p><u>Nutrition</u></p> <p>All dry goods should be stored in sealed containers.</p> <p><i>The Residential Care Homes Regulations (Northern Ireland) Regulation 14 (2) (c)</i></p>	Immediately
2.	<p><u>Residents' Activities</u></p> <p>The programme of activities should be published and a record maintained of activities carried out, residents who have participated and the carer who has lead the activity.</p> <p><i>The Residential Care Homes Regulations (Northern Ireland) Regulation 19 (2) Schedule 4 (19)</i></p>	Immediately
3.	<p><u>Residents' Facilities</u></p> <p>Curtains in two rooms should be re- hooked.</p> <p><i>The Residential Care Homes Regulations (Northern Ireland) Regulation 27 (2) (d)</i></p>	Immediately
4.	<p><u>Records</u></p> <p>The Statement of Purpose should be completed</p> <p><i>The Residential Care Homes Regulations (Northern Ireland) Regulation 3 (1) Schedule 1</i></p> <p>Confirm that Residents' Guide meets legislative requirements.</p> <p><i>The Residential Care Homes Regulations (Northern Ireland) Regulation 4 (1)</i></p>	Immediately
5.	<p><u>Communications</u></p> <p>Staff meetings should be recorded</p> <p><i>The Residential Care Homes Regulations (Northern Ireland) Regulation 19 (2) Schedule 4 (20)</i></p>	Immediately

6.	<p><u>Complaints</u></p> <p>The complaints procedure should be reviewed to ensure that it complies with legislative requirements.</p> <p><i>The Residential Care Homes Regulations (Northern Ireland) Regulation 24</i></p>	Within one month
7.	<p><u>Management</u></p> <p>The Registered Provider should conduct visits to the Home in line with legislative requirements.</p> <p><i>The Residential Care Homes Regulations (Northern Ireland) Regulation 29</i></p>	Immediately
8.	<p>Evidence should be available of any medicine audits undertaken and of the action taken as a result of the outcomes (Ref 6.1).</p> <p><u>Legislation:</u> The Residential Care Homes Regulations (NI) 2005, Regulation 13(4)</p>	Immediate and ongoing
9.	<p>Medicines must be administered in strict accordance with the prescribers instructions. Close monitoring of the medicines discussed in paragraph 6.1 is required(Ref 6.1).</p> <p><u>Legislation:</u> The Residential Care Homes Regulations (NI) 2005, Regulation 13(4)</p>	Immediate and ongoing
10.	<p>The necessary arrangements must be made to ensure that a record of handover is maintained when a resident looks after their prescribed medication(Ref 6.4).</p> <p><u>Legislation:</u> The Residential Care Homes Regulations (NI) 2005, Regulation 13(4)</p>	Immediate and ongoing
11.	<p>The details on the central prescription records should correspond with those on the medicine administration records (MARs sheets). (Ref 6.2).</p> <p><u>Legislation:</u> The Residential Care Homes Regulations (NI) 2005, Regulation 13(4)</p>	Immediate and ongoing

12.	<p>Controlled drugs should be returned to the pharmacy for disposal. (Ref 6.3).</p> <p><u>Legislation:</u> The Residential Care Homes Regulations (NI) 2005, Regulation 13(4)</p>	Immediate and ongoing
13.	<p>A record of the checking of the stock balances of controlled drugs should be maintained. (Ref 6.4).</p> <p><u>Legislation:</u> The Residential Care Homes Regulations (NI) 2005, Regulation 13(4)</p>	Immediate and ongoing

RECOMMENDATIONS

	RECOMMENDATIONS	TIMESCALE
1.	The cook should ensure he receives feedback from all residents to ensure quality provision in respect of meeting residents' individual food preferences.	Immediately
2.	Management should monitor the current provision of residents' activities and review the range of activities provided.	Immediately
3.	A permanent record should be made of the date of opening of each medicine to facilitate the audit process.	Immediate and ongoing
4.	Two members of staff should sign any transcribing on the MARs sheets.	Immediate and ongoing

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 Board 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

Miss C Mc Evoy
UNIT INSPECTOR

DATE

ANNOUNCED INSPECTION

I agree with the following requirements/recommendations (e.g. numbers 1, 3, 5, 7) of the Annual Announced Inspection undertaken on 13/14th February 2007, which will be implemented within the timescale set:

Requirement Numbers: _____

Recommendation Numbers: _____

Please make comments on any recommendations/requirements 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