

Unannounced Post-Registration Care Inspection Report 24 April 2018



Three Rivers Residential Care Home

Type of service: Residential care home
Address: 11 Millbank Lane, Omagh, BT79 7YD
Tel no: 028 8225 8227
Inspector: Laura O'Hanlon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a residential care home with twenty-five beds registered to provide care for people with dementia.

3.0 Service details

Organisation/Registered Provider: Zest Care Homes Limited Responsible Individual: Philip Scott	Registered Manager: Marie Armstrong
Person in charge at the time of inspection: Marie Armstrong	Date manager registered: 18 December 2017
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 25

4.0 Inspection summary

An unannounced inspection took place on 24 April 2018 from 10.10 to 17.00.

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

The inspection assessed progress with any areas for improvement identified since the pre-registration 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 communication between the staff and the residents, staff training, staff supervision and appraisal and the management of incidents.

Areas requiring improvement were identified in relation to the staff duty rota, the need for competency and capability assessments, recruitment practices, restrictive practices, the environment, care records, staff meetings and the management of complaints.

There were ten residents accommodated in the home on the day of the inspection. Residents said that they were happy in the home and that they were well cared for.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	10

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Marie Armstrong, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the pre-registration inspection report and the notifications of accidents and incidents.

During the inspection the inspector met with nine residents, three staff and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule/records
- Four staff recruitment files
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- A sample of policies and procedures

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 9 April 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 28 March 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home. However the duty rota reviewed contained all the staff working in both the residential and nursing home. This was identified as an area for improvement to ensure that a separate staff duty rota was maintained for the residential home.

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

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

A review of records and discussion with the registered manager confirmed that competency and capability assessments were undertaken for each staff member to ensure that they were competent in their role. However competency and capability assessments were not completed for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. This was identified as an area for improvement to ensure that this was undertaken.

Four staff personnel files were reviewed during this inspection. Two of the staff files reviewed did not contain a second reference and there was no record of employment gaps being explored. This was identified as an area for improvement to ensure that staff are recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

In addition within one of the staff files reviewed there was no evidence of the Enhanced AccessNI disclosure certificate. This was discussed with the registered manager during the inspection and confirmation was provided following the inspection that this was in place prior to the commencement of employment. This was identified as an area for improvement to devise a

robust system to ensure that an Enhanced AccessNI disclosure is viewed by the registered manager for all staff prior to the commencement of employment.

One of the personnel records reviewed contained the Enhanced AccessNI disclosure certificate. This was identified as an area for improvement to ensure that AccessNI information is managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body.

The registered manager confirmed that the adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably the use of a keypad entry system to the home and the use of CCTV within the internal environment. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

It was noted that whilst there were care plans in place for the use of CCTV these did not provide a clear robust rationale as to the reason for their use. In addition these care plans were only signed by the person who completed them. This was identified as an area for improvement to ensure that care plans provide a robust rationale as to the need for the use of CCTV in resident's bedrooms. These care plans should be signed by the resident and or their representative, the person who completed them, the registered manager and the Trust care manager.

There were also care plans in place to manage the potential risk to residents in regards to the ingestion of toiletries. However during the inspection of the environment these toiletries were observed sitting loosely in resident's en suite bathrooms. This was discussed with the registered manager and identified as an area for improvement to review the need and effectiveness of these care plans.

A review of the statement of purpose and residents guide identified that restrictions were adequately described.

The registered manager confirmed there were risk management policy and procedures in place. The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Staff training records confirmed that all staff had received training in Infection Prevention and Control (IPC) in line with their roles and responsibilities. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

It was noted that there were many items stored in the communal bathroom areas including zimmer frames, continence aids, and wheelchairs. This was identified as an area for improvement to ensure that storage is removed from communal bathroom areas. Any aids required to be stored in these areas should be placed in enclosed washable cabinets.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of residents' bedrooms identified that wardrobes were not secured to the walls. In addition looped pull cords for internal blinds were also unsecured. This was identified as an area for improvement to ensure these matters were addressed.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had a fire risk assessment in place dated 12 April 2017. The registered manager confirmed that a review of this assessment was completed on 23 April 2018 and they are awaiting the report.

Review of staff training records confirmed that staff completed fire safety training twice annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained.

Four completed questionnaires were returned to RQIA from resident's representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

Nine areas for improvement were identified in regards to the staff duty rota, the need for competency and capability assessments, recruitment practices, restrictive practices and the environment.

	Regulations	Standards
Total number of areas for improvement	3	6

6.5 Is care effective?

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

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

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

Two of the care records reviewed did not contain a pre admission assessment. This was identified as an area for improvement to ensure that a pre admission assessment is undertaken by the registered manager or a senior member of staff prior to the resident's admission to the home.

The care records reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

However it was noted that care plans were not appropriately signed. This was identified as an area for improvement to ensure that care plans are signed by the resident and or their representative, the person completing them and the registered manager.

Discussion with staff confirmed that a person centred approach underpinned practice. This was evidenced through staff knowledge of the needs of individual residents.

Records were stored safely and securely in line with data protection.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings and

staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

It was noted that there was no record of any staff meetings taking place. During the inspection the registered manager advised that a provisional date was scheduled for a staff meeting in May 2018. This was identified as an area for improvement to ensure that staff meetings take place on a quarterly basis.

Residents spoken with, review of care records and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Four completed questionnaires were returned to RQIA from resident’s representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

Three areas for improvement were identified in regards to care records and staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	3

6.6 Is care compassionate?

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

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

Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records for example care plans were in place for management of pain.

The registered manager and the residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions with the staff, care management reviews and residents meetings.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. During the inspection the residents were involved in musical activities in the home.

Arrangements were in place for residents to maintain links with their friends, families and wider community. The staff confirmed that relatives and visitors were able to visit the home at any time.

Four completed questionnaires were returned to RQIA from resident's representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from returned questionnaires were:

- "We as a family feel my relative's care is 100%. All of their needs are well met and the management and staff are so polite and friendly."
- "I have had a good insight into the care provided at Three Rivers. I could not speak highly enough of the staff at every level in both patient and relative care there and also for my own relative's day to day needs."

Comments made by residents during the inspection were:

- "I love it here, I am very happy. I couldn't say enough good about the staff; they are all lovely. I am so happy that I am not going to leave here."
- "I like my room. I always get two choices for dinner and evening meals. The food is good. The staff would do anything for you if you weren't well."
- "I like the food. The staff are approachable. I get my daily paper."

Comments made by staff during the inspection were:

- "The staffing levels are fine. We complete a range of mandatory training. We all work well together as a team to make sure everything is done."
- "There is good communication among the team and all information is passed on. We all do our best for the residents."

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

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

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

Residents and/or their representatives were made aware of how to make a complaint by way of the complaints procedure displayed on the notice board. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

Review of the complaints records identified that these were maintained as one record for both the nursing and residential homes. However these records need to be maintained separately. This was identified as an area for improvement to ensure that separate records of complaints are maintained for the residential home.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

The registered manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was an organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through the monthly monitoring reports.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The registered manager confirmed that staff could access line management to raise concerns they will offer support to staff. Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Four completed questionnaires were returned to RQIA from resident's representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in regards to the management of complaints.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marie Armstrong, Registered 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.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: 24 May 2018</p>	<p>The registered person shall ensure that competency and capability assessments are completed for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.</p> <p>Ref: section 6.3</p>
	<p>Response by registered person detailing the actions taken: A tailored assessment programme is being devised to accurately assess and evaluate the strengths of the senior care assistants on duty and their capability with regards to fulfilling the management role in the absence of the residential manager. This framework will identify subsequent training needs and assist in the induction of the senior care assistants on duty.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1) (b) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: 25 April 2018</p>	<p>The registered person shall ensure that staff are recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.</p> <p>Ref: section 6.3</p>
	<p>Response by registered person detailing the actions taken: All staff will be recruited in line with Regulation 21 (1) b schedule 2 of the Residential Care Homes Regulations (NI) 2005 with all information and documents having been obtained, specifically the exploration of employment gaps and provision of 2 written references.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 25 May 2018</p>	<p>The registered person shall ensure that care plans provide a robust rationale as to the need for the use of CCTV in resident's bedrooms. These care plans should be signed by the resident and or their representative, the person who completed them and the registered manager and the Trust care manager.</p> <p>Ref: section 6.3</p>
	<p>Response by registered person detailing the actions taken: Residents who have CCTV activated in their bedrooms do so with best interest agreements in place. These are reflective of joint decisions made by the resident if applicable or next of kin, social worker and the care home. All care plans in relation to CCTV use are individualised to indicate the rationale for activating cameras in relation to identified needs.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: 24 May 2018</p>	<p>The registered person shall ensure that a separate staff duty rota is maintained for the residential home.</p> <p>Ref: section 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>As per Standard 25.6 a duty rota for the residential home is maintained recording all staff working over a 24 hour period and the capacity in which they work.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: 25 April 2018</p>	<p>The registered person shall devise a robust system to ensure that Enhanced AccessNI disclosure certificates are viewed by the registered manager for all staff prior to the commencement of employment.</p> <p>Ref: section 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>In future the registered person shall ensure all Enhanced AccessNI checks are reviewed and signed prior to the applicant commencing employment.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 19.3</p> <p>Stated: First time</p> <p>To be completed by: 25 April 2018</p>	<p>The registered person shall ensure that AccessNI information is managed in line with best practice.</p> <p>Ref: section 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All Access NI disclosure certificates numbers and date of issue will be displayed visibly on personnel files. Actual certificate personal content will be destroyed in confidential waste in line with best practice.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 24 May 2018</p>	<p>The registered person shall ensure that a review is undertaken of residents care plans in regard to the ingestion of toiletries. Consideration should be given to the need and effectiveness of these care plans.</p> <p>Ref: section 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All residents will have a risk assessment completed in relation to this hazard. Based on the risk assessment only those residents identified as being at risk of ingesting toiletries will have relevant care plans implemented.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 35.1</p> <p>Stated: First time</p> <p>To be completed by: 1 May 2018</p>	<p>The registered person shall ensure that items of storage are removed from communal bathroom areas. Any aids required to be stored in these areas should be placed in enclosed washable cabinets.</p> <p>Ref: section 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: All items for storage were removed from the communal bathroom areas on the day of inspection. All aids which are required by residents are kept in their own rooms when not in use. All communal areas will be regularly spot checked to ensure no unnecessary items are being stored there.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure that the following environmental matters are addressed:</p> <ul style="list-style-type: none"> • Wardrobes should be secured to the walls • Looped pull cords should be secured to the walls <p>Ref: section 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: All wardrobes have now been secured to the wall and looped pull cords have been secured by "P" clips as advised.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 3.7</p> <p>Stated: First time</p> <p>To be completed by: 25 April 2018</p>	<p>The registered person shall ensure that a pre admission assessment is undertaken by the registered manager or a senior member of staff prior to the resident's admission to the home.</p> <p>Ref: section 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: All residents will have a pre admission assessment conducted by the registered manager or a senior member of staff prior to placement. Except in the event of emergency admissions when this may not be possible. In this case detailed care documents will be requested from the prospective resident's keyworker or hospital discharge team and a medical history report along with current medication list will be requested from their GP to inform staff of resident need pre admission.</p>

<p>Area for improvement 8</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure that care plans are signed by the resident and or their representative, the person completing them and the registered manager.</p> <p>Ref: section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: A new document has been devised to record signatures from the resident (if able), the next of kin and registered manager agreeing to the implementation of care plans to meet identified needs. Each individual care plan will be appropriately dated, signed and designated by the author.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure that staff meetings take place on a quarterly basis.</p> <p>Ref: section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Staff meetings are held on a quarterly basis. Going forward there will now be a separate staff meetings arranged specific to those staff working in the residential home.</p>
<p>Area for improvement 10</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure that separate records of complaints are maintained for the residential home.</p> <p>Ref: section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Going forward a separate record of complaints will be held for the residential home.</p>

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



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