Unannounced Care Inspection Report
5 November 2019

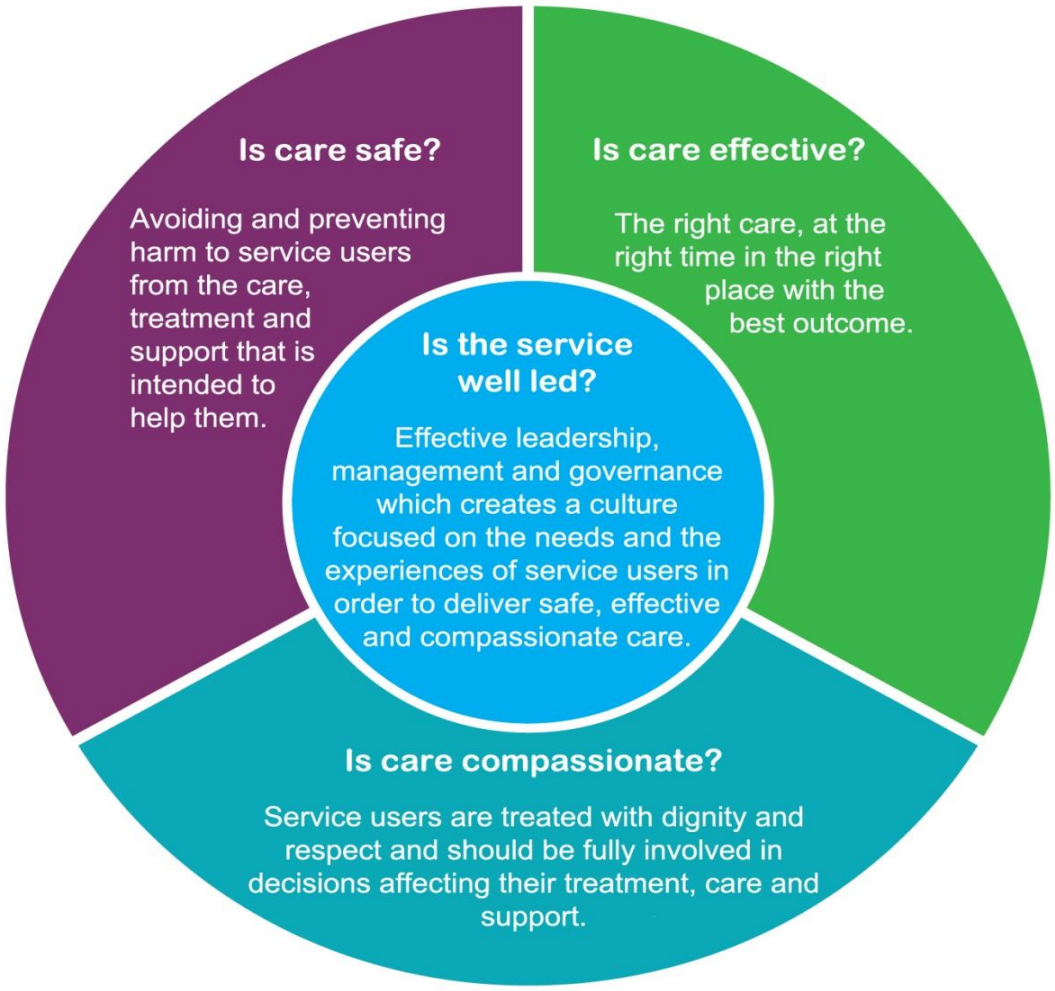
Killynure House

Type of Service: Residential Care Home
Address: 26 Church Road, Carryduff BT8 8DT
Tel No: 028 9504 2960
Inspector: Liz Colgan

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

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

1.0 What we look for



2.0 Profile of service

This is a residential care home which is registered to provide care for up to 40 residents with a diagnosis of dementia. Only twenty beds are currently in use. A maximum of two placements for day care service users with dementia can also be provided.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust **Responsible Individual:** Martin Dillon	**Registered Manager and date registered:** Rene Jimmy - Acting – No application required
Person in charge at the time of inspection: Rene Jimmy – Acting Manager	**Number of registered places:** 40 RC – DE The home is approved to provide care on a day basis only to 2 persons in DE category of care Monday to Sunday inclusive
Categories of care: Residential Care (RC) DE – Dementia .	**Total number of residents in the residential care home on the day of this inspection:** 18 (One resident in Hospital)

4.0 Inspection summary

An unannounced care inspection took place on 5 November 2019 from 09.15 to 14.45 hours.

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

There were examples of good practice found throughout the inspection in relation to, induction, training, supervision and appraisal, adult safeguarding, and risk management. Further examples of good practice were found in relation to; communication between residents, staff and other key stakeholders; the culture and ethos of the home; dignity and privacy; listening to and valuing residents and their representatives; taking account of the views of residents; governance arrangements; management of complaints and incidents; quality improvement; and maintaining good working relationships.

Areas requiring improvement were identified in relation to the safe and secure storage of medications; the retention of a summary of recruitment and vetting outcomes for all staff; the format of the duty rota; infection prevention and control; recording of consent; and to ensure that the arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents are reviewed.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others/with staff.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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	1	*6

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Rene Jimmy, 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.

4.2 Action/enforcement taken following the most recent inspection dated 4 February 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 4 February 2019. No further actions were required to be taken following 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: previous inspection reports from care, and pharmacy inspections and the returned quality improvement plans (QIP), notifiable events, and written and verbal communication received since the previous care inspection.

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

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire.

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

- staff duty rota from the 18 October to 10 November 2019
- staff supervision and annual appraisal schedules
- staff competency and capability assessments
- staff training schedule and training records
- five residents care records
- minutes of staff meetings
- complaints and compliments records

- audits of risk assessments, care records, finance, medication ,fire, infection prevention and control, cleaning schedules and accidents and incidents
- accident, incident, notifiable event records
- minutes of recent residents' and representatives' meetings
- reports of visits by the registered provider
- fire drill records
- maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- programme of activities
- policies and procedures

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

The findings of the inspection were provided to Rene Jimmy, manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 February 2019

The most recent inspection of the home was an unannounced medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 15 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 27.5 **Stated:** First time	The registered person shall ensure that the uneven paving within the external secure patio area is made good in order to minimise the risk of fall.	**Not met**
	Action taken as confirmed during the inspection: The manager confirmed that estates service management has visited the home and scoped the work and cost required to rectify the uneven paving within the external secure patio area. Costings have been submitted to senior management; funds have not yet been secured to bring this area up to the required specification that is safe for residents.	

	This area for improvement has not been met and has been stated for a second time.	
Area for improvement 2 **Ref**: Standard 23.4 **Stated:** First time	The registered person shall ensure staff update training in GDPR is provided.	**Met**
	Action taken as confirmed during the inspection: Review of documentation and discussion with the manager confirmed that staff update training in GDPR has been provided.	

6.3 Inspection findings

6.4 Is care safe?

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

The manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. The manager advised that permanent staff or bank staff generally work additional hours to cover staff leave when necessary. The manager stated that the use of bank staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the manager.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota from 18 October to 10 November 2019 confirmed that these were difficult to read due to the many changes also the rotas do not reflect ancillary staff as these staff are employed by a separate company. Discussion with the manager confirmed that the format of the duty rota is to be changed; these should also reflect ancillary staff on duty. This was identified as an area for improvement.

Review of documentation and discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. A review of completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

The manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory.

The manager confirmed that there were systems in place for safe recruitment and selection of staff. We were unable to review staff personnel records as all the documentation relating to the recruitment process was maintained by Belfast Health and Social Care Trust Human Resources Department. The manager does not retain any of the relevant details of recruitment on file. The registered provider and manager should review this area to ensure

that all relevant details are available for inspection. This was identified as an area for improvement.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This 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.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

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

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The manager advised there were restrictive practices within the home, notably the use of keypad entry systems, lap belt and pressure alarm mats. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary. The manager was aware that should individual restraint be used, that RQIA and appropriate persons/bodies must be informed.

The manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a regular basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal

Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures. Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. However in one identified bathroom unnamed toiletries were found and towels were stored on open shelving. This was identified as an area for improvement.

The 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 individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. The manager explained how the home had introduced the dementia Butterfly Project with the focus on staff attitudes and the environment. Each area within the home, including bedrooms, provides greater emphasis on the individual with familiar clever use of small items, for example, small shop situated within the main hall way, memory boxes mounted outside residents' bedrooms, post boxes and 50's music room (largely dedicated to the 1950's music). Management and staff are to be commended in regard to their promotion of this project to improve the care of the residents with dementia.

On the inspection of the internal environment the door to the medical room was open. Four bottles of an identified liquid medication had been left sitting out on the table. The type and the amount of medication if consumed by a resident could have had serious consequences to their health. The manager was informed immediately and advised to notify RQIA about this incident. This was identified as an area for improvement.

A slight malodour was detected in one identified bedroom, the manager agreed to monitor this bedroom. One area requiring improvement identified at the previous inspection related to the outside secure patio area where paving was noted to be uneven which could result in a trip hazard for residents has been stated for the second time.

The manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly. For example Control of Substances Hazardous to Health (COSHH), moving and handling and fire safety.

The manager advised that equipment in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary. Records were retained.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the 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/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, training, supervision and appraisal, adult safeguarding, risk management and the home's internal environment.

Areas for improvement

The following areas were identified for improvement in relation to duty rotas, the retention of a summary of recruitment and vetting outcomes for all staff, infection prevention and control and the safe and secure storage of medication

	Regulations	Standards
Total numb of areas for improvement	1	3

6.5 Is care effective?

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

Discussion with the manager and observation of care delivery confirmed that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which included the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely.

A review of five residents' care records showed that these were generally maintained in line with the legislation and standards. The care records included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, abbey pain scale, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. 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. In three identified residents' care records, the consent assessment had not been completed. This has been identified as an area for improvement. An individual agreement setting out the terms of residency was in place and appropriately signed.

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

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dining room was well presented; tables had been set and condiments in place. The residents reported the food was very good and they stated they are always offered a choice of meals. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were

arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage. 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.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. The audit system had been developed as advised at the previous care inspection. Audits of risk assessments, care plans, accidents and incidents, finance, medication, fire, infection prevention and control and Paris were to be completed on a monthly basis. The review of these audits is detailed in section 6.6. Further evidence of audit was contained within the report of the visits by the registered provider.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, residents' meetings, staff meetings and staff shift handovers.

Minutes of staff meetings and resident and their representative meetings were reviewed and found to be satisfactory during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home. In discussion with residents they also advised that the manager always takes time to speak to them individually.

There were also systems in place to ensure openness and transparency of communication, for example, regular visits by registered provider, availability of the latest RQIA inspection reports, completion of an annual satisfaction survey and annual Quality Review Report.

The reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Areas of good practice

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

Areas for improvement

The following area was identified for improvement in relation ensuring the consent assessment is completed.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

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

Observation and discussion with the 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 and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and how confidentiality was protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

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 the identification and management of pain, falls, accidents and incidents and nutrition where appropriate.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with staff and residents confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and an action plan was made available for residents and other interested parties to read.

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 by two activity therapists who work in the home each Monday, Wednesday and Friday. Care staff provides this support on Tuesdays and Thursdays. Arrangements were in place for residents to maintain links with their friends, families and wider community

Comments received from residents and staff during inspection was as follows:

"It is very good here." (resident)
"Staff are good they help us when we need it." (resident)
"I enjoy working here." (staff)
"I attend everything they put on (activities)." (resident)
"The food is good; you can get what you want." (resident)

"The residents really enjoy the activities." (staff)

One completed questionnaire was returned to RQIA from residents' representatives; the respondent described their level of satisfaction with all aspects of care as satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives 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's post is vacant and Rene Jimmy is the acting manager. She had previously been a senior care assistant in the home and has experience of working within a dementia care unit.

The manager has settled in very well into her new post and is currently reviewing the systems and processes of daily management within the home.

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

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. The manager explained that staff had received training on complaints management.

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.

Arrangements were in place to share information about complaints and compliments with staff. Discussion with the manager and review of complaints records evidenced that no complaints had been received since the previous care inspection undertaken on 15 August 2018.
The home retains compliments received, for example, thank you letters and cards and there are systems in place to share these with staff.

There was a system to ensure safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff, for example; Northern Ireland Social Care Council (NISCC), National Institute of Clinical Excellence (NICE) and DOH guidelines. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example; bespoke dementia awareness, communication skills, oral hygiene, skin care and customer care.

A visit by the registered provider 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, RQIA and any other interested parties to read.

As discussed previously a range of audits had been devised for example risk assessments, care plans, accidents and incidents, finance, medication, fire, infection prevention and control and Paris to be completed on a monthly basis. Review of these audits highlighted that not all were completed monthly and no audits had been completed in September or October 2019. Discussion with the manager indicated that she will be reviewing the audits in place and there timescales to ensure that the arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents as appropriate. This has been identified as an area for improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The manager stated that the registered provider was kept informed regarding the day to day running of the home by way of monthly monitoring visits undertaken and management meetings.

The manager reported 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 was displayed.

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

Areas of good practice

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

Areas for improvement

The following area was identified for improvement in relation to audits

	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 Rene Jimmy, 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	
Area for improvement 1 **Ref**: Regulation 13(4) **Stated:** First time **To be completed by:** 5 November 2019	The registered person shall ensure that medications are safely and securely stored. Ref: 6.3
	Response by registered person detailing the actions taken: The manager locked the door immediately after the incident was reported on the 05/11/19. On the 05/11/19 a notice was displayed on the door of the clinical room and the medical fridge reminding all staff that the clinical room door must be kept locked at all times. An incident report was completed and the RQIA was notified. A keypad system was installed for accessing the treatment room. This learning from the incident was discussed at the staff meeting and the importance of storing medication safely and securely was reiterated. The medication policy was discussed with the Senior Care staff. Reflective discussions held with staff member responsible for leaving door open.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 **Ref**: Standard 27.5 **Stated:** Second time **To be completed by:** 31 January 2020	The registered person shall ensure that the uneven paving within the external secure patio area is made good in order to minimise the risk of falls. Ref: 6.3 **This area for improvement has not been met and has been stated for a second time.**
	Response by registered person detailing the actions taken: Emails have been sent to the Estates and Senior Managers to follow up the courtyard paving works. The need for this work to be prioritised has been highlighted to the Estates Manager The QIP and revised risk assessment has been forwarded to the estates manager. No timeframe has been given but the registered person will follow this action up regularly.

Area for improvement 2 **Ref**: Standard 25 **Stated:** First time **To be completed by:** 31 January 2020	The registered person shall ensure that the format of the duty rota is reviewed and reflects ancillary staff on duty. Ref: 6.3
	Response by registered person detailing the actions taken: The format of the duty rota has been reviewed and amended and is now clearer and easy to read. Ancillary staff rotas are now available in the office.
Area for improvement 3 **Ref**: Standard 19 **Stated:** First time **To be completed by:** 31 January 2020	The registered person shall ensure that a summary of recruitment and vetting outcomes for all staff are retained in the home and are available for inspection. Ref: 6.3
	Response by registered person detailing the actions taken: New staff have not been recruited in the last twelve months but in future, the registered person will keep file the confirmation email in the staff members file.
Area for improvement 4 **Ref**: Standard 27 **Stated:** First time **To be completed by:** 5 December 2019	The registered person shall ensure that resident toiletries are individually named and towels are not stored on open shelving in the identified bathroom. Ref: 6.3
	Response by registered person detailing the actions taken: inThe registered person has ensured that all residents toiletries are named and towels stored on open shelves have been removed. Feedback from the inspection regarding infection control and the infection control policy has been discussed at the staff meeting. All toiletries for residents are named and now stored in their bedroom. The registered person will undertake an audit of named toiletries on a monthly basis
Area for improvement 5 **Ref**: Standard 7 **Stated:** First time **To be completed by:** 5 December 2019	The registered person shall ensure that the consent assessment in the care records is completed. Ref: 6.4
	Response by registered person detailing the actions taken: The registered person completed all outstanding consent records and filed in the residents files on the same day of the inspection.

Area for improvement 6 **Ref**: Standard 20.10 **Stated:** First time	The registered person shall ensure that audits and timescales are reviewed to ensure that the arrangements in place monitor, audit and review the effectiveness and quality of care delivered to residents. Ref: 6.6
To be completed by: 5 December 2019	**Response by registered person detailing the actions taken:** The service has a governance audit process in place to monitor the safety and quality of care this includes a monthly audit timetable. An action plan will be developed following audit that will be reviewed as part of the monthly monitoring visits by the ASM. A communication strategy to provide feedback from audits has been developed, this will include discussion at supervision with relevant staff, discussion at team meetings and email communication.

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

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