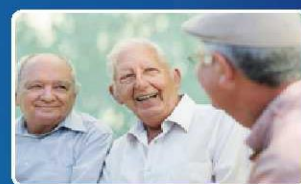




The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection Report

23 January 2019



Bruce House

Type of Service: Residential Care Home
Address: 6a Duncairn Avenue, Belfast BT14 6BP
Tel No: 028 9504 0570
Inspector: Heather Sleator

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 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 30 beds that provides care for residents living with dementia.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual(s): Martin Joseph Dillon	Registered Manager: See below
Person in charge at the time of inspection: Mark Kelly	Date manager registered: Mark Kelly - Registration Pending.
Categories of care: Residential Care (RC) A - Past or present alcohol dependence DE – Dementia	Number of registered places: 30 28– RC - DE 2 – RC - A

4.0 Inspection summary

An unannounced care inspection took place on 23 January 2019 from 08.10 to 13.45 hours. The focus of the inspection was to observe the daily life of the home from the perspective of a person living with dementia. This included the observation of the delivery of care including the morning routine of the home and the residents dining experience.

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 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.

Evidence of good practice was found in relation to staffing and the home's environment. There were examples of good practice found throughout the inspection in relation to assessment of patient need and dementia care practice. Good practice was observed in relation to the culture and ethos of the home, mealtimes and the provision of activities.

Areas for improvement were identified under regulation in relation to fire safety, the monitoring of staffs compliance with mandatory training, adult safeguarding training and the governance systems in operation in the home.

Areas for improvement were identified under the care standards in relation to increasing the frequency of staff meetings; establishing a consistent approach to the review of resident need; ensuring individual resident agreements are in evidence; that residents and/or residents' representatives have been consulted regarding the planning of care; a systematic approach to the supervision and annual appraisal of staff (planner); and ensuring staff adhere to good housekeeping measures in respect of infection prevention and control.

Residents described living in the home in positive terms, for example, “I like it here” and “They’re good to me”. Residents who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of residents.

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	4	6

Details of the Quality Improvement Plan (QIP) were discussed with Mark Kelly, 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 September 2018.

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 previous inspection report
- The returned QIP
- Notifiable events
- Written and verbal communication received since the previous care inspection

During the inspection the inspector met with the manager and service manager, 13 residents, four staff and one visiting professional.

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. There were no questionnaires returned from residents, residents’ representatives or staff within the agreed timescale.

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

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule and training records
- Three residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints and Infection Prevention and Control (IPC).
- Infection control register/associated records
- Accident, incident, notifiable event records
- Reports of visits by the registered provider
- Programme of activities

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

The findings of the inspection were provided to 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 13 September 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. Refer to 6.2.

6.2 Review of areas for improvement from the last care inspection dated 13 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 (1)(b) Stated: First time	The registered person shall ensure that any outbreak in the home is notified to RQIA. Action taken as confirmed during the inspection: The manager stated that there had been no further outbreaks of notifiable conditions in the home from the time of the previous inspection. The manager stated that he was aware of the need to report any incidence to RQIA.	Met

Area for improvement 2 Ref: Regulation 14 (2)(a) Stated: First time	The registered person shall ensure the broken radiator casing is replaced/made good.	Met
	Action taken as confirmed during the inspection: The manager confirmed that the identified radiator casing had been made good.	

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 manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff were used in the home as and when needed. The manager stated that the use of temporary/agency 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 management of the home. The manager stated that shortlisting for care assistants was being undertaken in the next few days.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home. Staff were very positive about working in the home, some for a considerable period of time. We spoke to an agency staff member who stated that the "home was brilliant" and that the staff were "helpful and everyone worked as a team". The agency staff member confirmed that they had completed an induction programme when they commenced in the home.

A review of 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.

In discussion with staff it was stated that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection. However, the review of the staff training record did not evidence staffs compliance mandatory training in a number of areas including adult safeguarding training, moving and handling (both the theory and practical components) and similarly fire safety training, both the practical and theory components. The need for close monitoring of staffs compliance with mandatory training requirements was discussed with the manager. The manager evidenced that training in the above areas had been arranged for February 2019; even so, this has been identified as an area for improvement under regulation. Discussion also took place with the manager regarding establishing a more systematic approach to the supervision and annual appraisal of staff as a 'planner' was not in place to guide the manager and ensure all staff were in receipt of supervision and appraisal. The establishment of a supervision/appraisal planner has been identified as an area for improvement under the care standards.

In discussion with ancillary staff it was stated these grades of staff do not complete adult safeguarding training. The manager does not have direct line management responsibility for the ancillary staff who work in the home; this is provided by support services management within the trust. However, it is important that all staff who come into direct daily contact with residents, especially in a care home environment, should be aware of and trained in the definitions of abuse, types of abuse and indicators and contact information. This has been identified as an area for improvement under regulation.

Discussion with the 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. Appropriate protection plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns.

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 residents' care needs and risk assessments were obtained from the trust prior to admission.

The manager advised there were restrictive practices within the home, notably the use of locked doors, keypad entry systems, CCTV (external environment only) and the management of smoking materials. The home was registered with Information Commissioners' Office (ICO) in respect of the CCTV. The manager stated that bedrails and/or alarm mats were not used in the home.

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 when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

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. However, observation of the bathrooms and toilet facilities evidenced incontinence aids, terry towelling towels and personal toiletries in these areas. It is important that staff adhere to good housekeeping procedures in respect of infection prevention and control. This has been identified as an area for improvement under the care standards.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken; however, a more robust system should be adhered to regarding governance and quality auditing. Refer to 6.5 and 6.7 for further comment.

The manager reported that there had been no outbreaks of infection from the previous inspection of September 2018. The manager stated he was aware of the procedures to follow and any outbreak would be managed in accordance with Trust's policy and procedures, reported to the Public Health Agency 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 in keeping with best practice in dementia care. The home was fresh- smelling, clean and appropriately heated.

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 No malodours were detected in the home.

Observation of the fire evacuation exits in the home evidenced that one exit was hazardous. The exit was on a sloping gradient and the surface was covered in moss and debris rendering it slippery and unsafe to use in an emergency situation. The area required immediate attention. This was brought to the attention of the manager and has been identified as an area for improvement under regulation.

We spoke with a visiting professional during the inspection made the following comments:

- “Couldn’t fault this home.”
- “Staff are brilliant.”
- “Anything you ask for they get it or do straight away.”
- “This is one of the best homes I go into.”

There were no completed questionnaires returned to RQIA from residents, residents’ visitors/representatives and staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements and the home’s environment.

Areas for improvement

Areas identified for improvement under regulation were in relation to fire safety, staffs compliance with mandatory training and adult safeguarding training.

Areas identified for improvement under the care standards were in relation to establishing a staff appraisal and supervision planner and adherence to housekeeping procedures in respect of infection prevention and control measures.

	Regulations	Standards
Total number of areas for improvement	3	2

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 daily/regular statement of health and well-being of the resident. The review of the care records did not evidence that care needs assessment and risk assessments for example; manual handling, nutrition, falls were reviewed and updated on a regular basis or as changes occurred. There was a lack of a consistent systematic approach to the reviewing of residents care needs. This was discussed with the manager and has been identified as an area for improvement under the care standards.

The care records also reflected the multi-professional input into the residents' health and social care needs. The manager stated that residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. However, the care records reviewed did not evidence that this had taken place (or were in the process of) being signed by the resident and/or their representative. One of the three care records selected for review had an individual agreement setting out the terms of residency was in place and appropriately signed. The remaining two care records did not. Evidence should be present that the care planning process is an inclusive process and that individual agreements have been discussed and signed by the relevant parties. This has been identified as an area for improvement under the care standards.

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. For example; we listened to the staff discussion during the handover meeting at 08:00 hours. At this time staff demonstrated verbally their knowledge of the residents' preferences and individual traits. This was commendable.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. We observed the serving of breakfast and the midday meal. Dining tables were attractively set, the meal service was relaxed and there were multiple examples of staff afforded resident choice at both of these mealtimes. Staff stated that each staff member was allocated a number of dining tables with the responsibility of assisting residents and supporting a good nutritional intake. We observed that this system was effective. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. Some discrepancies were in evidence in the care records reviewed regarding the accurate recording of residents' weight. This was discussed with the manager who agreed to discuss this with staff and monitor their compliance. 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.

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. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints and infection prevention and control were available for inspection. The review did not evidence that a robust system was in operation. For example; a thematic analysis of accidents and/or incidents was not in evidence. The manager completed a monthly report for his line manager and reference was made to the number of accidents which occurred during the month but a thematic analysis was not undertaken. Similarly a more robust approach to the planning and completion of resident care records and infection prevention and control should be in evidence. This was discussed with the manager and has been identified as an area for improvement under regulation.

Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection. Staff meeting did not occur on a regular basis with lengthy time intervals being present between meetings. This was discussed with the manager who stated he was in the process of arranging a range of meetings however, this has been identified as an area for improvement under the care standards.

Observation of practice evidenced that staff were able to communicate effectively with residents. We observed staff interaction and communication with residents and at all times staff displayed their knowledge of the individuals and took time to ensure that they resolved any issues or concerns brought to their attention by residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

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 reported that arrangements were in place, in line with the legislation, to support and advocate for residents. Information was available to residents’ representatives or visitors regarding help and support in the home.

Areas of good practice

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

Areas for improvement

An area for improvement under regulation was identified regarding ensuring robust governance arrangements are established.

Areas identified for improvement under the care standards were in relation to increasing the frequency of staff meetings, establishing a consistent approach to the review and recording of residents’ needs, and evidencing that residents’ individual agreements are in place and that the resident and/or resident’s representative has been consulted regarding the planning of care..

	Regulations	Standards
Total number of areas for improvement	1	4

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 manager advised 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 staff 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 confidentiality were protected. For example; staff in the home had completed the Butterfly Programme' which aims to enhance the quality of life for persons living with dementia. Staff discussed how they found the training invaluable and demonstrated throughout the inspection their compassion, skills and empathy when supporting the residents in their daily life. Residents were well dressed, there was evidence of life story work throughout the home and residents were engaged in a meaningful way by staff. There was no evidence of an 'us and them' culture in the home. 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; 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.

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. Menus and the activity programme, for example, were written in a pictorial format.

Observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. An activities coordinator supported residents two days per week and the activities programme was displayed. The remainder of the time during the week staff arranged and participated with residents in activities. This was achieved to a good effect as the atmosphere in the home was calm and there was no evidence of any distressed reactions by residents. The home has a large and spacious activities room, staff stated a range of activities take place in the room including; they hold a 'gentlemen's' club and movie club. Staff also 'opened' an old style sweet shop in the home where residents can come and choose familiar sweets; this again provides an opportunity for residents to reminisce in a meaningful way.

Discussion with staff during the inspection included the following comments:

- "I love it here."
- "We get a good handover report when we start duty, communication is good."
- "There's no time limit, just as long as it takes to help the residents."
- "Great home, staff are brilliant, I learnt a lot about dementia just working alongside them and listening to how they help the residents."

There were no completed questionnaires were returned to RQIA from residents, residents' visitors/representatives or staff.

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 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.

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 had received training on complaints management and were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

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. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

As discussed in 6.4 and 6.5 the monitoring of the quality of services provided by the home has been identified as an area for improvement. A more robust system of governance and quality auditing must be established in relation to, for example, infection prevention and control; monitoring staff's compliance with mandatory training; adult safeguarding training; and a thematic analysis of accident/incidents that occur.

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. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

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 including telephone calls, emails and visits to the home.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider/s responded to regulatory matters in a timely manner. 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 residents, residents' representatives and other professionals.

Discussion with staff during the inspection included the following comments:

- “The manager is brilliant.”
- “You can go to the manager about anything.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mark Kelly, 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 27 (4) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate</p>	<p>The registered person shall ensure that the identified fire evacuation route is cleaned and does not present as a slip hazard.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This was actioned by the Estates team on 26/02/2019</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2019</p>	<p>The registered person shall ensure that staff complete mandatory training in a timely manner and that compliance is monitored.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Manager is overseeing along with training Link Person. Training planned until end of year to address all gaps. Matrix updated monthly to reflect current status of all staff members. Standing item agenda at team meeting and supervision sessions. Will be area of focus on monthly monitoring visits.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2019</p>	<p>The registered person shall that staff who work in the home undertake and complete training in adult safeguarding procedures.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Adult Safeguarding Training dates planned for all care staff currently out of date with training. In discussion with PCSS Staff supervisor Liz Bradley on 25.02.2019 training will be provided for all new staff as part of induction but a trainer is being identified to provide training for existing staff members. This has been recognised as a gap.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 17</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2019</p>	<p>The registered person shall ensure that a robust system for the monitoring of the quality of care and services provided by the home is established.</p> <p>Ref: 6.4,6.5 and 6.7</p> <p>Response by registered person detailing the actions taken: A new audit file has been set up by Manager for completion each month with all relevant sections included to robustly manage the quality of care standards in Bruce House</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25.8 Stated: First time To be completed by: 31 March 2019	The registered person shall ensure that the frequency of staff meetings is increased. Ref: 6.4
	Response by registered person detailing the actions taken: A timetable has been set up in Manager's office for regular monthly scheduled meetings for Senior Staff forums and General Staff meetings
Area for improvement 2 Ref: Standard 6.6 Stated: First time To be completed by: 31 March 2019	The registered person shall ensure that a consistent approach to the reviewing of residents need is in evidence. Ref: 6.5
	Response by registered person detailing the actions taken: ASM with manager have implemented a more robust system to ensure that regular monthly checks are in place and evaluations/annual reviews are timetables in when required .
Area for improvement 3 Ref: Standard 6.3 Stated: First time To be completed by: 31 March 2019	The registered person shall ensure that evidence is present in residents care records that the resident and/or their representative has been consulted in respect of the planning of care. Ref: 6.5
	Response by registered person detailing the actions taken: currently under review and audit will ensure all have been updated and evidenced by 31/03/2019
Area for improvement 4 Ref: Standard 4 Stated: First time To be completed by: 30 April 2019	The registered person shall that signed residents individual agreements are in evidence and that the resident and/or their representative has been consulted and informed of the agreement. Ref: 6.5
	Response by registered person detailing the actions taken: As above this is currently under review and will be audited by 31/3/2019.

<p>Area for improvement 5</p> <p>Ref: Standard 24</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2019</p>	<p>The registered person shall ensure that a systematic approach/planner is established regarding the supervision of staff and annual appraisal.</p> <p>Ref: 6.4</p>
<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Immediate</p>	<p>Response by registered person detailing the actions taken: A checklist and timetable is currently designed and in place in Manager's office to highlight schedule of supervision this will be audited on a monthly basis by the ASM.</p> <p>The registered person shall ensure that housekeeping measures regarding infection prevention and control and established and complied with by staff.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Cleaning audit and Hand audits have been implemented to demonstrate good standards of cleanliness and housekeeping throughout the Home. Infection control link person in place with clear role in ensuring good practice compliance across staff team. This will be monitored by Manager and ASM</p>

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



The **Regulation** and
Quality Improvement
Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care