

# Unannounced Care Inspection Report 8 September 2016



## Green Isle

Type of service: Residential Care Home

Address: 17a New Harbour Road, Portavogie, Newtownards, BT22 1EE

Tel no: 028 4277 2644

Inspector: Alice McTavish

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Green Isle Residential Home took place on 8 September 2016 from 10.05 to 15.35.

A lay assessor, Mr Alan Craig, was present during the inspection. Comments provided to the lay inspector are included within the report.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction and the home's environment.

Two requirements were made. One related to competency and capability assessments being 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. One requirement related to obtaining two written references for prospective employees.

Five recommendations were made. These related to the following areas:

- training for the registered manager in supervision and performance appraisal of staff
- retention of records of staff supervision and improving the method for recording staff supervision
- completion of annual staff appraisals
- accurate maintenance of records of mandatory staff training
- review and implementation of adult safeguarding policy and procedure; development of a suitable policy in regard to risk management relating to the safety of individual residents; review of the infection prevention and control policy and procedure

### Is care effective?

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

One recommendation was made in relation to the development of a suitable policy on records management and the systematic three year review of all policies and procedures.

### Is care compassionate?

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.

One recommendation was made in relation to having an emergency plan and/or end of life care plan in place for each resident.

## Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	7

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Keith Coffey, registered person and 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 16 February 2016.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Green Isle Residential Home Ltd/ Mr Keith Coffey	<b>Registered manager:</b> Mr Keith Coffey
<b>Person in charge of the home at the time of inspection:</b> Mr Keith Coffey	<b>Date manager registered:</b> 8 October 2008
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia	<b>Number of registered places:</b> 9

### 3.0 Methods/processes

Prior to inspection the following records were analysed: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the lay assessor inspector met with five residents and the inspector met with the registered manager and two care staff. No visiting professionals and no residents' visitors/representatives were present.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Staff recruitment files of two staff members
- Care records of three residents
- The home's Statement of Purpose and Residents' Guide
- Complaints and compliments records
- Equipment maintenance records
- Accident/incident/notifiable events register
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policies and procedures manual

A total of 23 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Four questionnaires were returned within the requested timescale.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 16 February 2016

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

#### 4.2 Review of requirements and recommendations from the last care inspection dated 16 February 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 21.1 <b>Stated:</b> First time <b>To be completed by:</b> 15 April 2016	<p>The registered manager should develop a policy in respect of obtaining resident's views on the quality of services and facilities provided by the home.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of the policy document confirmed that a policy in respect of obtaining resident's views on the quality of services and facilities provided by the home was developed.</p>	<b>Met</b>

#### 4.3 Is care safe?

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, residents' representatives and staff.

On the day of inspection the following staff were on duty:

- 1 x registered manager, also undertaking care duties
- 1 x care assistant
- 1 x cook

One senior care assistant and one care assistant were due to be on duty later in the day. Two care assistants were scheduled to be on overnight duty.

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.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. It was identified that the registered manager did not have training in supervision and performance appraisal of staff. A recommendation was made in this regard.

A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was available for inspection. Inspection of training records identified that although staff had been provided with mandatory training, the records were not accurately maintained and did not accurately reflect the full staff team. A recommendation was made in this regard.

The registered manager advised that staff supervision was provided every three to four months; this exceeded the standard for supervision. It was noted, however, that not all staff supervision records were present and that the matrix used to maintain managerial oversight of staff supervision was not kept up to date. A recommendation was made in regard to the maintenance of staff supervision records. It was also noted that annual appraisals were not completed. A recommendation was made that staff should have annual appraisals to review their performance against their job description and to agree personal development plans.

In discussion with the registered manager it was identified that competency and capability assessments were not 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. A requirement was made in relation to this.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Review of staff personnel files, however, identified that staff were not recruited fully in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. It was noted that second references for the two most recently recruited staff members had not been obtained despite being requested. A requirement was made that two written references are obtained relating to the prospective employee, including a reference from the person's present or most recent employer, if any.

The registered manager advised that Enhanced AccessNI disclosures were viewed by him for all staff prior to the commencement of employment and the written records supported this. The registered manager was able to describe the arrangements in place to monitor the registration status of staff with their professional body. Whilst the current method used to maintain managerial oversight of this area was adequate, advice was given on how records could be further improved.

The adult safeguarding policies and procedures in place were not consistent with the current regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). A recommendation was made, as part of a wider recommendation relating to policies and procedures, that this should be reviewed and implemented within the home. The home's current adult safeguarding policy and procedure included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

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, although the home did not have a policy in relation to this; a recommendation was made, as part of a wider recommendation relating to policies and procedures, that a suitable policy should be developed. 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. Care needs assessment and risk assessments (e.g. manual handling, nutrition, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this 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 registered manager confirmed there were restrictive practices employed within the home, notably locked external doors and a keypad entry system. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed as required. 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. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment and inspection of maintenance records confirmed that this was so.

Review of the infection prevention and control (IPC) policy and procedure identified that this was not in line with current regional guidelines. A recommendation was made that this policy should be reviewed. Staff training records confirmed 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. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

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 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, including those with sensory impairments. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 1 September 2016. The registered manager provided assurances that all recommendations arising from the fire safety risk assessment would be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually.

Fire drills were completed every six months. 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 regularly checked and maintained.

The lay assessor spoke with five residents who advised that they felt safe in the home and that there was plenty of staff in the home to meet their needs.

Four completed questionnaires were returned to RQIA from staff. Respondents described safe care as very good.

### Areas for improvement

Seven areas for improvement were identified. A requirement was made in relation to competency and capability assessments being 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. A requirement was made in relation to obtaining two written references for prospective employees.

Five recommendations were made. These related to the following areas:

- the registered manager completing training in supervision and performance appraisal of staff
- retention of records of staff supervision and improving the method for recording the completion of staff supervision
- staff having a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans
- records of mandatory staff training being accurately maintained and being updated to reflect the full staff team
- review and implementation of adult safeguarding policy and procedure in line with latest regional guidance and implementation of this in the home; development of a suitable policy in regard to risk management relating to the safety of individual residents; review of the infection prevention and control policy and procedure to reflect current regional guidance

<b>Number of requirements</b>	2	<b>Number of recommendations</b>	5
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### 4.4 Is care effective?

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 care records of three residents 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 statement of health and well-being of the resident. The care records also 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 resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.



An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection. It was noted, however, that the home did not have a policy on records management and that policy documents were not reviewed regularly. A recommendation was made that a suitable policy should be developed and that all policies and procedures are subject to a systematic three year review.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. This area will be examined in more detail at the next care inspection.

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, staff 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.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. 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 lay assessor spoke with five residents who provided the following comments:

- "I've been here for (several) years and I'm very happy. The food is good, the accommodation is good and the carers are wonderful."
- "They are so caring, I feel this is a home from home."

Four completed questionnaires were returned to RQIA from staff. Respondents described effective care as very good, although one staff member commented "Staff meetings are irregular and suggested improvements for staff are not implemented."

### Areas for improvement

One area for improvement was identified. A recommendation was made in relation to the development of a suitable policy on records management and the systematic three year review of all policies and procedures.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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**4.5 Is care compassionate?**

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

There was a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with residents confirmed that residents’ spiritual and cultural needs were met within the home. Discussion with residents, observation of practice and review of care records confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity. It was noted that an emergency plan and/or end of life care plan was not in place for all residents. A recommendation was made in this regard.

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

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with 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. 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 which was made available for residents and other interested parties to read.

The lay assessor spoke with five residents who described compassionate care in the home as very good and, in one case, as “perfect.” Another resident commented “I could fall very easily and I get help whenever I need it.”

Four completed questionnaires were returned to RQIA from staff. Respondents described compassionate care as very good.

**Areas for improvement**

One area for improvement was identified. A recommendation was made in relation to having an emergency plan and/or end of life care plan in place for each resident.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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## 4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. Whilst these were found to be in line with good practice, several areas for improvement were identified and are described in section 4.3 of this report. The registered manager confirmed also that the health and social care 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.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

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. The home rarely received complaints. The registered manager advised that, should complaints be more regularly received, an audit of complaints would be used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. 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 Falls Prevention Toolkit was discussed with the registered manager and advice given on how to implement this.

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. Discussion with the registered provider (who is also the registered manager) identified that he had understanding of his role and responsibilities under the legislation.

The registered manager confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider respond to regulatory matters in a timely manner.

There was evidence that senior staff were being provided with additional training in governance and leadership. The registered manager was in the process of completing QCF level 5 in leadership and management. Care staff were also being supported to complete training at NVQ levels 2 and 3.

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 home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships 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.

The lay assessor spoke with five residents who described management of the home as very good or good. One resident commented “The home is family run and it is well run. The owners are here regularly and were in the home this morning. There’s a real homely atmosphere.”

Four completed questionnaires were returned to RQIA from staff. Respondents described the area of well led service as very good.

Staff members commented:

- “The management is very good and helpful. It is a lovely home to work in and staff and residents are all lovely.”
- “I feel that we have some of the highest service in the care home industry, and regularly get this feedback by relatives, family, friends and also a lot of health professionals who visit.”

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Keith Coffey, registered person and registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 20. – (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2016</p>	<p>The registered provider must ensure that competency and capability assessments are 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.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>A competency and capability assessment has been developed (attached) for any person who is 'in charge' of the home in the absence of the manager. This will be implemented with relevant staff members to be completed by 30 November 2016.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 21 (1) (b), Schedule 2, 3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 08 September 2016</p>	<p>The registered provider must ensure that two written references are obtained relating to the prospective employee, including a reference from the person's present or most recent employer, if any.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>A record is kept of requests for 2 referees and are followed up as being received. One referee is, where possible, the person's present or most recent employer. All records have been updated in this respect.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 24.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 December 2016</p>	<p>The registered provider (who is also the registered manager) should ensure that he completes training in supervision and performance appraisal of staff.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>Training in Supervision and Appriasal has been organised for the registered provider who is also the registered manager to undertake on 2 November 2016.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 24.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 December 2016</p>	<p>The registered provider should ensure the following:</p> <ul style="list-style-type: none"> <li>• all records of staff supervision are retained</li> <li>• the method for recording the completion of staff supervision is improved</li> </ul>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>Once the registered provider completes his training in Supervision and appraisal all records of staff supervision will be updated, retained and method of recording reviewed and improved.</p>

<b>Recommendations</b>	
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 24.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 December 2016</p>	<p>The registered provider should ensure that staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>Once the registered provider completes his training in Supervision and Appraisal all staff appraisals will be carried out and updated on an annual basis. Staff performance will then be reviewed against their job description and a personal development plan agreed for each staff member.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 23.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 December 2016</p>	<p>The registered provider should ensure that the method for recording staff training is accurately maintained and is reflective of the full staff team.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>Training records for all staff members are maintained via a staff matrix, a personal training file (sample record attached) and also records are available from the training provider (downloadable). These records are updated regularly.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 December 2016</p>	<p>The registered provider should ensure the following:</p> <ul style="list-style-type: none"> <li>• the adult safeguarding policy and procedure is reviewed in line with latest regional guidance and implemented within the home</li> <li>• a suitable policy is developed in regard to risk management relating to the safety of individual residents</li> <li>• the infection prevention and control policy and procedure is reviewed to reflect current regional guidance</li> </ul> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>For each of these policies guidance is being examined and existing policies will be reviewed and changed in accordance with this guidance. The registered provider/manager is intending to attend the 'Improving Quality through Audit and Guidelines' Conference on Wednesday 30 November to assist with updating policies to be completed by 30 December 2016.</p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 21.1 and 21.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The registered provider should ensure the following:</p> <ul style="list-style-type: none"> <li>• a suitable policy on records management is developed</li> <li>• all policies and procedures are subject to a systematic three year review</li> </ul>

30 December 2016	<b>Response by registered provider detailing the actions taken:</b> Policy is being developed and will be approved and implemented before the stated date of 30 December 2016. All policies and procedures will now be reviewed on a three yearly basis as required.
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<b>Recommendations</b>	
<b>Recommendation 7</b>	The registered provider should ensure that an emergency plan and/or end of life care plan is in place for each resident.
<b>Ref:</b> Standard 14.5	
<b>Stated:</b> First time	<b>Response by registered provider detailing the actions taken:</b>
<b>To be completed by:</b> 30 December 2016	An emergency plan and/or end of life care plan is currently being developed for each resident and will be completed by 30 December 2016.

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews