

Unannounced Care Inspection Report 12 January 2017



Green Isle

Type of service: Residential care home

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

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Inspector: Alice McTavish

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 12 January 2017 from 10.15 to 15.50.

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 recruitment, induction and training, to staff appraisal, infection prevention and control, risk management and the home's environment.

One requirement and four recommendations were stated for the second time in relation to this domain.

Is care effective?

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

A recommendation was made in relation to care records.

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.

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

Is the service well led?

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

A requirement was made in relation to notifications to RQIA of accidents and incidents.

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
Total number of requirements and recommendations made at this inspection	2	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Keith Coffey, 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 8 September 2016.

2.0 Service details

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

3.0 Methods/processes

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

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

The following records were examined during the inspection:

- Staff duty rota
- Competency and capability assessment template
- Staff training schedule/records

- Staff recruitment file
- Care records of two residents
- The home’s Statement of Purpose and Residents’ Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care records, accidents and incidents (including falls, outbreaks), complaints and nurse call system
- 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
- Programme of activities
- Policies and procedures manual

A total of 20 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 06 October 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 08 September 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 20. – (3)</p> <p>Stated: First time</p> <p>To be completed by: 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> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager established that competency and capability assessments had been partially completed for only two of the people who were given the responsibility of being in charge of the home for any period in the absence of the manager. This requirement was therefore stated for the second time.</p>	<p>Partially Met</p>

Requirement 2 Ref: Regulation 21 (1) (b), Schedule 2, 3 Stated: First time To be completed by: 08 September 2016	<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>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of staff recruitment records confirmed that two written references were obtained relating to the prospective employee, including a reference from the person's present or most recent employer, if any.</p>	Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 24.1 Stated: First time To be completed by: 30 December 2016	<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>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of a training certificate confirmed that the registered manager completed training in supervision and performance appraisal of staff.</p>	Met
Recommendation 2 Ref: Standard 24.2 Stated: First time To be completed by: 30 December 2016	<p>The registered provider should ensure the following:</p> <ul style="list-style-type: none"> • all records of staff supervision are retained • the method for recording the completion of staff supervision is improved <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of staff supervision records confirmed that such records were retained. It was established, however, that the method for recording the completion of staff supervision had not been improved. This element of the recommendation was therefore stated for the second time.</p>	Partially Met
Recommendation 3	The registered provider should ensure that staff	Not Met

<p>Ref: Standard 24.5</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>have a recorded annual appraisal with their line manger to review their performance against their job description and to agree personal development plans.</p>	
<p>Recommendation 4</p> <p>Ref: Standard 23.6</p> <p>Stated: First time</p> <p>To be completed by: 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>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of staff training records confirmed that the method for recording staff training was accurately maintained and was reflective of the full staff team.</p>	
<p>Recommendation 5</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>The registered provider should ensure the following:</p> <ul style="list-style-type: none"> • the adult safeguarding policy and procedure is reviewed in line with latest regional guidance and implemented within the home • a suitable policy is developed in regard to risk management relating to the safety of individual residents • the infection prevention and control policy and procedure is reviewed to reflect current regional guidance 	Partially Met
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of policies and procedures established that only the infection prevention and control policy and procedure was reviewed to reflect current regional guidance. Two elements of this recommendation were therefore stated for the second time.</p>	
<p>Recommendation 6</p>	<p>The registered provider should ensure the following:</p>	Met

<p>Ref: Standard 21.1 and 21.5</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<ul style="list-style-type: none"> • a suitable policy on records management is developed • all policies and procedures are subject to a systematic three year review <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of documentation confirmed that a suitable policy was developed on records management and that policies and procedures were being reviewed on a rolling programme.</p>	
<p>Recommendation 7</p> <p>Ref: Standard 14.5</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>The registered provider should ensure that an emergency plan and/or end of life care plan is in place for each resident.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of records established that liaison had taken place with residents' General Practitioners to complete advanced care planning with residents; emergency care plans were yet to be completed with residents and/or their representatives. This recommendation was therefore stated for the second time.</p>	<p>Partially Met</p>

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 and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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. Completed induction records were reviewed during the last care inspection and were found to be satisfactory. Discussion with staff confirmed that mandatory training was regularly provided. A review of the schedule for mandatory training confirmed that such training was up to date. It was identified during the last care inspection that staff supervision was provided and that the frequency of supervision exceeded the minimum standard.

The registered manager confirmed that the completion of competency and capability assessments for any person who is given the responsibility of being in charge of the home for

any period in the absence of the manager remained ongoing. Records of any competency and capability assessments completed to date were retained.

Review of the recruitment and selection policy and procedure during the last care inspection confirmed that it complied with current legislation and best practice. The registered manager confirmed that the policy document was unchanged. Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The registered manager confirmed that Enhanced AccessNI disclosures were viewed by him for all staff prior to the commencement of employment and that AccessNI information was managed in line with best practice.

The adult safeguarding policy and procedure in place included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager confirmed that there were plans in place to review the home's adult safeguarding policy and procedure in line with the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and to implement this into practice.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. 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.

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

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

A review of policy and procedure on restrictive practice/behaviours which challenge during the last care inspection 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 policy and procedure was unchanged.

The registered manager confirmed there were restrictive practices employed within the home, notably locked external doors, a keypad entry system and pressure alarm mats for some residents. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the Statement of Purpose and Residents Guide during the last care inspection identified that restrictions were adequately described.

The registered manager confirmed there were risk management policy and procedures in place relating to the home. 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 this.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. 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.

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.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home 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. 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 and all recommendations were noted to be appropriately addressed. Fire safety records were reviewed during the last care inspection and were not examined on this occasion.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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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 the care records of two residents confirmed that 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. It was noted that care records did not consistently contain details of residents' dentists and/or opticians and some other professionals who were involved in the care of residents. A recommendation was made in this regard.

Care needs assessment and risk assessments (e.g. manual handling and nutrition where appropriate) were reviewed and updated on a regular basis or as changes occurred. 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 individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice.

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.

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. Audits of care plans, care review, accidents and incidents and complaints and compliments were available for inspection and evidenced that any actions identified for improvement were incorporated into practice

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 registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Areas for improvement

One area for improvement was identified. A recommendation was made in relation to noting the contact details of professionals involved in the care of residents.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

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

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents’ spiritual and cultural needs were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records and care plans were in place for management of pain.

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. 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 care practice and social interactions, demonstrated that residents were treated with dignity and respect.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them. Discussion with staff and 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 advised that they were approached individually about the quality of the care provided to them and they were confident in raising any concerns or issues with staff or the manager.

Residents were also 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.

Discussion with staff and residents and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- “This is the best place ever. They (staff) look after me extra well. The food is absolutely fantastic. The cook makes all the bread, scones and desserts and we are never left hungry. If I want to have my breakfast in my room, that’s no problem. The staff are lovely to me. I couldn’t be in a better place!”
- “I’m glad I came here for it’s so much more lively than the last place that I was in. I enjoy the company and there’s always bingo or music and there’s plenty for me to do. I’m very happy here.”
- “It’s very good.”
- “It’s a very good place to live. They treat us all very well.”
- “I’m happy here.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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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. These were found to be in line with good practice. 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. 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 Residents Guide and posters displayed in the home. 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 had not received any complaints since the last care inspection. The registered manager advised that should complaints be more frequently 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 care records and 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. It was noted, however, that a medication error was made on one occasion. The resident's GP was contacted for advice and the resident did not come to any harm. RQIA was not notified of this event. The registered manager was advised to submit notification; a requirement was made in respect of notification of accidents and incidents.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, dementia, diabetes and depression awareness.

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 was also the registered manager, identified that he had understanding of his role and responsibilities under the legislation

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

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responded to regulatory matters in a timely manner.

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 and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

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

Areas for improvement

A requirement was made in relation to notifications to RQIA of accidents and incidents.

Number of requirements	1	Number of recommendations	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 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 via the web portal 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

Requirement 1

Ref: Regulation 20. – (3)

Stated: Second time

To be completed by:
12 May 2017

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.

Response by registered provider detailing the actions taken:
All relevant staff will complete training that reflects the responsibilities of being in charge of the Home in the absence of the Manager. The competency and capability assessments will be at an “in charge” level to ensure the relevant staff are competent, having been trained and equipped to deal with any situation that may arise. It is envisaged that all relevant training will be completed by the end of April.

Requirement 2

Ref: Regulation 30. – (1) (d)

Stated: First time

To be completed by:
12 January 2017

The registered provider must ensure that all medication errors are reported to RQIA.

Response by registered provider detailing the actions taken:
Outstanding notifications to RQIA have now been completed for medication errors and the procedure for recording Incidents and Accidents in the Incident and Accident book now reflects this to ensure all future medication errors are reported to RQIA within 24 hours if possible and no later than 3 working days.

Recommendations

Recommendation 1

Ref: Standard 24.2

Stated: Second time

To be completed by:
12 May 2017

The registered provider should ensure that the method for recording the completion of staff supervision is improved.

Response by registered provider detailing the actions taken:
Each staff members training record is currently being updated to include quarterly supervision record dates to ensure all staff supervision is scheduled, planned and completed. A new template for recording staff supervisions is being developed. This will be implemented in April 2017.

Recommendation 2

Ref: Standard 24.5

Stated: Second time

To be completed by:
12 May 2017

The registered provider should ensure that staff have a recorded annual appraisal with their line manger to review their performance against their job description and to agree personal development plans.

Response by registered provider detailing the actions taken:
Each staff members training record will include the month of their next annual staff appraisal with an exact date being agreed nearer the time. A new staff appraisal template will be created to include a scale to review a staff member’s performance against their job description with space to record agreed personal development plans. Appraisal dates will be agreed by the first week of May 2017.

<p>Recommendation 3</p> <p>Ref: Standard 21.1</p> <p>Stated: Second time</p> <p>To be completed by: 12 May 2017</p>	<p>The registered provider should ensure the following:</p> <ul style="list-style-type: none"> the adult safeguarding policy and procedure is reviewed in line with latest regional guidance and implemented within the home a suitable policy is developed in regard to risk management relating to the safety of individual residents <p>Response by registered provider detailing the actions taken: Our adult sageguarding policy and procedure is currently being reviewed and updated in line with the latest regional guidance.</p> <p>We are developing our risk management policy relating to the safety of individual residents and are in contact with the local environmental health/health and safety officer for guidance.</p> <p>Both will be completed by 12 May 2017.</p>
<p>Recommendation 4</p> <p>Ref: Standard 14.5</p> <p>Stated: Second time</p> <p>To be completed by: 12 May 2017</p>	<p>The registered provider should ensure that an emergency plan and/or end of life care plan is in place for each resident.</p> <p>Response by registered provider detailing the actions taken: An emergency plan will be developed for each resident and completed by 12 May 2017.</p>
<p>Recommendation 5</p> <p>Ref: Standard 9.1</p> <p>Stated: Second time</p> <p>To be completed by: 12 May 2017</p>	<p>The registered provider should ensure that care records contain contact details of the dentist, optician, podiatrist and any other health care professional involved in the care of each resident, where applicable.</p> <p>Response by registered provider detailing the actions taken: Care records have now been updated and include the details of the resident's dentist, optician, podiatrist and all other health care professional involved with the residents care.</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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