

Unannounced Care Inspection Report 11 July 2018



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

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 nine beds that provides care for older people and for people who have dementia.

3.0 Service details

Organisation/Registered Provider: Green Isle Residential Home Ltd Responsible Individual: Keith Coffey	Registered Manager: Keith Coffey
Person in charge at the time of inspection: Keith Coffey	Date manager registered: 8 October 2008
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 9

4.0 Inspection summary

An unannounced care inspection took place on 11 July 2018 from 10.00 to 16.30.

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 staff recruitment, induction and training, infection prevention and control, the home's environment, care records, listening to and valuing residents, management of incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified. These related to staff supervision, staff appraisals, staff meetings, the complaints policy and to review of the home's Statement of Purpose and Residents Guide.

Residents said that they enjoyed living in the home and that staff treated them very well.

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	0	5

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

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 3 January 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 and notifiable events received since the previous care inspection.

During the inspection the inspector met with the registered manager, seven residents, two care staff and the home's administrator.

A total of nine 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. No questionnaires were returned by residents, residents' representatives and staff within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule
- One staff file
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Equipment maintenance records
- Accident, incident, notifiable event records
- Annual Quality Review report (draft)
- Minutes of recent residents' meetings
- Legionella risk assessment
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

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

The findings of the inspection were provided to 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 3 January 2018

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

6.2 Review of areas for improvement from the last care inspection dated 3 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure that the staff duty rota states the designation and role of all staff working in the home. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the staff duty rota confirmed that the designation and role of all staff working in the home is stated on the rota.	

<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following –</p> <ul style="list-style-type: none"> • all staff members are listed on staff training records • records of mandatory staff training are kept up to date • mandatory training is completed by all necessary staff in managing residents' money <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of staff training records confirmed that all areas were satisfactorily addressed.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following –</p> <ul style="list-style-type: none"> • Speech and Language Therapist recommendations are updated in residents' care plans • risk assessments in relation to falls and nutrition are regularly updated • quarterly reviews of residents' care plans are routinely completed <p>Ref: 6.5</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of residents' care records confirmed that all areas were satisfactorily addressed.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 8.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that residents' records contain a recent photograph of the resident.</p> <p>Ref: 6.5</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of residents' care records confirmed that the records contained a recent photograph of the resident.</p>	<p>Met</p>

Area for improvement 5 Ref: Standard 1.2 Stated: First time	The registered person shall ensure that resident meetings are held. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of documentation confirmed that resident meetings were held.	

6.3 Inspection findings

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

The registered manager 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 not used in the home and a small number of bank staff was used, when required. The registered manager stated that the use of temporary 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.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within 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.

Discussion with staff confirmed that mandatory training was regularly provided. Schedules of training were reviewed during the inspection. In discussion with the registered manager and inspection of the schedule for staff supervision and annual appraisal, it was apparent that regular supervision and appraisal had not been provided to all staff. The registered manager and the home’s administrator advised that whilst a schedule had been made, the supervisions and appraisals had not been completed to date, although there was a plan in place to do so. Action was required to ensure compliance with the standards in relation to staff supervision. Action was also required to ensure compliance with the standards in relation to annual staff appraisals.

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

Discussion with the registered manager and review of the staff file of one member of staff who commenced employment in the home since the last care inspection 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 advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. The staff file reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The home's administrator advised that spot checks of staff registrations with the Northern Ireland Social Care Council (NISCC) were regularly completed. Care staff spoken with advised that they were registered with NISCC.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. There was a copy of the regional adult safeguarding policy (Adult Safeguarding: Prevention and Protection in Partnership, July 2015) in the home. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

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

The registered manager advised that no adult safeguarding issues had arisen since the last care inspection; all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

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

The registered manager advised there were restrictive practices within the home, notably the use of locked external doors with keypad entry systems. Pressure alarm mats were used for a small number of residents. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

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

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

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

The registered manager advised that he completed informal IPC compliance audits to ensure that the home's environment remained clean and that staff adhered to the correct processes for good hand hygiene.

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.

"The Falls Prevention Toolkit" was discussed with the registered manager and advice was given on the benefits of using this or a similar toolkit. The registered manager advised that very few falls occurred in the home, however, should more falls occur, an action plan would be developed to minimise the risk where possible and referral would be made to the trust falls team in line with best practice guidance.

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

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. No malodours were detected in the home.

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

The home had an up to date Legionella risk assessment in place dated 9 November 2016 and all recommendations had been actioned. The registered manager and review of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary and a log of visits to the website was maintained.

The home had an up to date fire risk assessment in place dated 28 September 2017 and all recommendations had been actioned. It was established that no residents smoked.

A review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis during fire training. Fire safety records identified that fire alarm systems were tested weekly and emergency lighting was checked monthly. Means of escape were checked daily. All systems and equipment, including fire-fighting equipment were regularly serviced and maintained.

Staff spoken with during the inspection made the following comments:

- “All of our training is up to date. There are good working relations within the staff team and everyone helps out. I find that there is good staffing levels and plenty of support from my colleagues and the manager. I feel it is a safe environment for the residents and for staff to work in. I think the staff are very tuned in to the needs of the residents and we keep good communication with the community services.”
- “I got a good induction when I came here to work. There is good team working here and I know I can go to the manager about anything. There is an excellent team who are all very supportive and everyone pulls together. I believe the residents here are treated very well. I have worked in other homes and also here in Green Isle as bank staff. I couldn’t wait to get back here as a permanent member of staff. The residents are lovely and we, as staff, get close to them as it is a smaller home. I feel a great sense of job satisfaction. This is easily the best home I have ever worked in.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, infection prevention and control, risk management and the home’s environment.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to staff supervision and to staff annual appraisals.

	Regulations	Standards
Total number of areas for improvement	0	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.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records and this was being updated to bring it into line with General Data Protection Regulations (GDPR). Records were stored safely and securely. A review of the 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. Care needs assessment and risk assessments (e.g. nutrition, falls, 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 they were familiar with person centred care and 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.

Residents described how they were provided with a varied and nutritious diet. This met the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

The registered manager advised that staff were able to recognise and respond to pressure area damage. Referrals were made to the multi-professional team to address any areas of concerns identified in a timely manner and any wound care was managed by community nursing services.

The registered manager advised that there were arrangements in place to monitor and review the effectiveness and quality of care delivered to residents at appropriate intervals.

The registered manager advised 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. Minutes of staff meetings and resident meetings were reviewed during the inspection. It was established that the last staff meeting took place in November 2017 and the next meeting was planned for 17 July 2018. Action was required to ensure compliance with the standards in relation to the frequency of staff meetings.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered 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 registered manager reported that all residents had family who were able to advocate on their behalf, if required; arrangements would be put in place, in line with the legislation, to support and advocate for residents should this be needed.

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection. This related to staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

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

The registered 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.

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

Discussion with staff and residents confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, where appropriate.

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

Discussion with staff and residents, observation of practice 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:

- “The girls (staff) just couldn’t do enough for you; they are so good, kind and friendly. They make sure I get everything I need. I like my room – it is clean and comfortable and I have a lovely view over the sea. I always worried about coming into a care home as you always hear such bad things, but I was delighted to find that it is great. My family is so pleased – they said, ‘If you don’t want to stay, we will take you out.’ But I have had a really good experience of here and I don’t want to go anywhere else now. They give us plenty to eat and I like having the company of the other ladies. I really couldn’t fault this place.”
- “I feel very safe here. I sometimes get anxious, and one of the things that makes me feel better is seeing another face. So, if I get anxious at night, I only have to use my call bell and the staff come to me immediately, like lightning! That really helps me. I find it very good here, a real home from home. We have plenty to do to keep us occupied. Yesterday we had our (armchair) exercises and then we played skittles. Later we ate in the dining room, looking over the garden, and we played ‘I spy’ – we had such a laugh!”
- “This place is second to none!”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

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

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

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. It was noted, however, that the current policy document did not accurately describe the role and function of RQIA in dealing with regulated services complaints. The policy also did not describe the onward referral route for complaints if local resolution is not achieved. Action was required to ensure compliance with the standards in relation to the complaints policy. It was also noted that the information regarding complaints contained in the home's Statement of Purpose and the Residents Guide was inaccurate. Action was required to ensure compliance with the standards in relation to a review of these documents.

Residents and/or their representatives were made aware of how to make a complaint by way of information on display in the home. Discussion with staff confirmed that they had received training in the management of complaints and they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

A 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 registered manager advised that very few complaints were received; should more complaints be made, an audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision.

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

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned. The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

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, care planning and Deprivation of Liberties Safeguards.

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 advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The registered 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 responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

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

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

The home did not collect any equality data on residents and the registered manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified during the inspection. These related to the complaints policy and to the home's Statement of Purpose and the Residents Guide.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 24.2 Stated: First time To be completed by: 31 October 2018	<p>The registered person shall ensure staff have recorded individual, formal supervision no less than every six months for staff who are performing satisfactorily.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A timetable/schedule has been developed to ensure that all staff have recorded individual formal supervisions no less than every six months. The next scheduled supervisions for all staff who are performing satisfactorily will be completed by 31 October 2018.</p>
Area for improvement 2 Ref: Standard 24.5 Stated: First time To be completed by: 31 October 2018	<p>The registered person shall 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> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A timetable/schedule has been developed to ensure that all staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans. These will be completed by 31 October 2018.</p>
Area for improvement 3 Ref: Standard 25.8 Stated: First time To be completed by: 31 October 2018	<p>The registered person shall ensure that staff meetings take place on a regular basis and at least quarterly.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A staff meeting was carried out on 18 July 2018 with another scheduled for 2 October 2018 with a timetable developed to schedule subsequent meetings.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2018</p>	<p>The registered person shall ensure that the home’s complaints policy is reviewed to accurately describe the role and function of RQIA in dealing with regulated services complaints and the onward referral route for complaints if local resolution is not achieved.</p> <p>Ref: 6.7</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20.6, 20.9</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2018</p>	<p>Response by registered person detailing the actions taken: The home complaints policy is being reviewed in accordance with RQIA role and function in dealing with regulated services complaints and the onward referral route for complaints if local resolution is not achieved.</p> <p>The registered person shall ensure that the information regarding complaints contained in the home’s Statement of Purpose and the Residents Guide is reviewed and updated.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The information regarding complaints in the home's Statement of Purpose and the Residents Guide is currently under review and will be updated in accordance with RQIA role and function by stated date.</p>



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