

Unannounced Care Inspection Report

23 July 2018



Blair House Care Home

Type of Service: Nursing Home (NH)

Address: 107 Dakota Avenue, Newtownards, BT23 4QX

Tel No: 028 9182 4450

Inspector: Kieran McCormick

www.rgia.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 registered nursing home which is registered to provide nursing care for up to 56 persons.

3.0 Service details

Organisation/Registered Provider: Amore (Watton) Limited Responsible Individual(s): Nicola Cooper	Manager: Jacqueline Bowen
Person in charge at the time of inspection: Susan Le Gallex – deputy manager – from 15.45 to 17.15 hours Adrian Constanteen – registered nurse – from 15.45 to 20.00 hours Silvy Jose – registered nurse – from 20.00 to 00.00 hours	Date manager registered: Jacqueline Bowen - application received - registration pending
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	Number of registered places: 56

4.0 Inspection summary

An unannounced inspection took place on 23 July 2018 from 15.45 to 00.00 hours 24 July 2018.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

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

As a result of the inspection, RQIA was concerned that some aspects of the quality of care and service delivery within Blair House were below the minimum standard expected. A decision was taken to hold a serious concerns meeting in relation to the care and treatment of patients. This meeting took place at RQIA on 30 July 2018.

During the serious concerns meeting the regional director acknowledged the failings and on behalf of the registered persons was able to provide a full account of the actions and arrangements needed to ensure the improvements necessary to achieve compliance with the required regulations. RQIA were satisfied with the action plan and assurances provided and a decision was made that no further enforcement action was required to be taken.

A further inspection will be undertaken to validate sustained compliance and drive necessary improvements.

The findings of this report will provide Blair House with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	*7

*The total number of areas for improvement include three which have been stated for a second and which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Roberta Wilson, regional director, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action in the form of a serious concerns meeting did result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 11 June 2018

The most recent inspection of the home was an unannounced pharmacy inspection undertaken on 11 June 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

During the inspection the inspector met with seven patients, 17 staff and four patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the nurse in charge of the home with 'Have we missed you cards' to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster informing visitors

to the home that an inspection was being conducted was displayed on the front door of the home.

The following records were examined during the inspection:

- duty rota for all staff from 2 to 29 July 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction file
- nurse in charge competency assessments
- four patient care records
- four patient care charts including bowel management, food and fluid intake charts and reposition charts
- a selection of governance audits
- evidence of completed supervisions and appraisals
- complaints/concerns record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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 11 June 2018

The most recent inspection of the home was an unannounced pharmacy inspection.

The completed QIP was returned and approved by the pharmacist inspector.

6.2 Review of areas for improvement from the last care inspection dated 5 & 6 December 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1	The registered person must ensure good	

<p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: Third and final time</p>	<p>practice guidance is adhered to with regard to post falls management.</p> <p>Action taken as confirmed during the inspection: Records reviewed evidenced a post falls observation record in place, a post falls initial assessment was completed and initial clinical observations or CNS observations were completed.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients' care plans are kept under review and are reflective of the current assessed care needs of the patients.</p> <p>Action taken as confirmed during the inspection: Care records reviewed and were reflective of individual patient's assessed needs.</p>	Met
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 7</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the complaints procedure for the home is in accordance with legislation and DHSSPS guidance on complaints.</p> <p>Action taken as confirmed during the inspection: The complaints procedure was updated in April 2018.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that when action plans are developed to address shortfalls identified during audit that the action plans are reviewed to ensure that the actions have been completed.</p> <p>Action taken as confirmed during the inspection: A review of governance and audit records evidenced an improved system in place however there was no action plan appended to the recently completed IPC/Housekeeping audits despite issues having been identified.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>	Partially met
Area for improvement 3	The registered person shall ensure that	

<p>Ref: Standard 45</p> <p>Stated: First time</p>	<p>pressure relieving equipment used within the home is used safely and in accordance with the manufacturer's guidelines. This is in reference to the correct pressure settings on patients' air mattresses.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection: Observation of pressure relieving mattresses for three patients evidenced that the settings in use were not in keeping with the individual weight of the patient.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 4 Criterion (9)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that bowel management is evidenced within the patient care records and recorded contemporaneously.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection: A review of bowel management records evidenced an occasion in the case of one patient where there was a gap of no recorded bowel movement for up to eight days. Records did not provide an assurance of any intervention or oversight by registered nurses regarding this matter.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 41 Criteria (8)</p> <p>Stated: First time</p>	<p>The registered person shall ensure staff meetings take place on a regular basis for all registered nursing and care staff to attend and at a minimum quarterly. Records are kept which include:</p> <ul style="list-style-type: none"> • The date of all meetings • The names of those attending • Minutes of discussions • Any actions agreed 	<p>Met</p>
<p>Action taken as confirmed during the inspection: Records reviewed evidence regular staff meetings, records evidenced that these had been appropriately recorded.</p>		

Area for improvement 6 Ref: Standard 12 Stated: First time	The registered person shall ensure that basic food hygiene measures are applied when patients are offered accompaniments with their drinks, such as biscuits or bread, in that the accompaniments are served on a saucer or likewise arrangement and not placed directly into the patient's hand or placed on a hard surface such as a table.	Met
	Action taken as confirmed during the inspection: Staff were observed adhering to best practice guidance in relation to food hygiene practices.	

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 nurse in charge confirmed the planned daily staffing levels for the home. The inspector noted from observation, review of duty rotas and discussion with staff and relatives that, despite best efforts, the home was frequently operating below its planned staffing target. Observation of the delivery of care evidenced that patients' needs did not appear to be consistently met by the levels and skill mix of staff on duty. A review of the staffing rota from 2 to 29 July 2018 evidenced that planned staffing levels had not been consistently adhered to due to short notice absence. Whilst the home endeavoured to be consistent with use of regular agency staff, there are concerns that the non-reliability of some permanent staff is not yet appropriately managed. The effect of such matters was deemed to be negatively impacting upon the delivery of person centred, best practice patient care.

An area for improvement under the regulations regarding staffing has been made. Rotas confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

Records reviewed evidenced that staff were coached through a process of supervision and appraisal.

An inspection of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients’ bedrooms, lounges and dining rooms were found to be warm and comfortable. The inspector was informed that one of the lifts at the front of the home had been out of service for two weeks at the time of inspection; this was discussed with the regional director who agreed to urgently follow this matter up. The inspector also noted some areas where orientation signage was missing from within the dementia nursing unit, bathroom facing nurse station and kitchenette both requiring repainting, this was discussed with the regional director and an area for improvement under the standards was made.

Staff practice in relation to infection prevention and control measures were observed to be in keeping with best practice guidance.

Fire exits and corridors were observed to be clear of clutter and obstruction. However the inspector observed laundry equipment and clothing stored on either sides of a service corridor near the laundry area. This matter was discussed with the estates inspector and it was agreed that this practice should be reviewed by the independent fire risk assessor; an area for improvement under the regulations was made.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

We discussed the provision of mandatory training with staff and reviewed staff training records. Training records reviewed by the inspector had been maintained in accordance with Standard 39 of the DHSSPS for Nursing Homes 2015.

Staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home’s policies and procedures. RQIA were notified appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training, supervision and appraisal, adult safeguarding and infection prevention and control.

Areas for improvement

The following areas were identified for improvement in relation to staffing, storage of laundry and environmental issues.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

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

Discussion with staff evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' conditions and they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that if they had any concerns, they could raise these with nursing staff or the registered manager. All staff who met with the inspector raised concerns regards staffing levels for care staff within the home. This matter has also been addressed in section 6.4 and an area for improvement has been made.

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT).

A review of bowel management records evidenced, in the case of one patient, where there was a gap of no recorded bowel movement for up to eight days. Records did not provide an assurance of any intervention or oversight by registered nurses regarding this matter. This area for improvement was stated at the last inspection and will be stated for a second time.

The inspector noted that for three patients being nursed on pressure relieving mattresses that the mattress had been set for a patient of weight of 125kg. None of the patients were of this weight. Care plans did not reflect the required setting for each patient in accordance with their weight. This area for improvement was stated at the last inspection and will be stated for a second time.

A review of records evidenced that patient and/or relatives meetings were held and minutes were available.

Patient and representatives spoken with expressed their lack of confidence in raising concerns with the home's staff/management. All patient representatives who met with the inspector voiced particular concerns regarding their individual loved one, in addition all raised the same concerns regarding staffing levels within the home and the laundry service. In addition it was observed that patients' bedrooms had not been attended to and were untidy, beds had not made at 19.00, staff reported a lack of bed sheets in order to be able to make patients beds. All patient representatives who met with the inspector also raised concerns regarding clothes purchased frequently going missing. An area for improvement under the standards regarding the laundry service has been made.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff handover, provision of advocacy information and input from other members of the multi-disciplinary team.

Areas for improvement

The following area was identified for improvement in relation to the laundry service provision within the home.

	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.

The inspector arrived in the home at 15.45 hours and was greeted by staff who were helpful and attentive.

The care of patients observed on the day of inspection did not appear to be in keeping with best practice guidance relating to the care of people living with dementia. Patients were observed and the inspector was informed that for the convenience of staff, patients were grouped together in large numbers in the main lounge during the evening meal times and throughout the remainder of the evening. At one point around 30 persons were in the main lounge during the meal time experience. This was discussed with the regional director and an area for improvement under the standards was made.

Observations of the delivery of care in the dementia nursing unit evidenced a lack of organisation, structure and leadership. Patients were observed to be unkempt including clothing dirty, no socks and poor hand hygiene/nail care. The night time routine was lacking in attention to individual patient need. One patient who was in receipt of one to one care had to be left on a number of occasions between 20.00 – 22.00 so that the carer could attend to other patients in the lounge who were removing clothing, at high risk of falls and attempting to mobilise, a patient was also observed trying to lift the legs of another patient, this information was shared with the regional director for their attention. The inspector observed one patient waiting over thirty minutes to get to bed despite making at least three requests. These concerns were discussed with the regional director and an area for improvement under the standards was made.

Ten patient and ten relative questionnaires were issued at the time of inspection, none were returned at the time of writing this report.

The inspector met with 17 staff. A poster inviting staff to complete an online survey was provided. At the time of writing this report no responses were received.

Any questionnaire responses received after the issue of this report will be reviewed by RQIA and forwarded to the relevant persons if necessary.

Areas of good practice

There were examples of good practice found in relation to staffs’ friendly approach to patients and visitors.

Areas for improvement

The following areas were identified for improvement in relation to the meal time experience and the provision of care in accordance with best practice guidance for dementia care.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

It was of significant concern that the issues discussed in section 6.4 and 6.5 have occurred. Whilst some issues can be attributed to the recruitment of staff and or short notice absence of permanent staff concern remains regarding the oversight and management of the dementia unit on the night of the inspection. Reassurances however, were taken in that the regional director did attend the inspection and remained in the home for feedback at midnight.

Whilst areas for improvement have not been made directly within his domain the responsibility for the deficits in 6.4 and 6.5 do rest with the management and oversight of the home.

The registration certificate was up to date and displayed appropriately. Since the last inspection there has been change in management arrangements with Jacqueline Bowen coming forward for registration with RQIA as registered manager. Ms Bowen was on planned leave at the time of the inspection.

A review of the home’s complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. A copy of the complaints procedure was available and appropriately displayed in the home.

An examination of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The inspector reviewed evidence of systems in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to complaints, accidents/incidents, furniture, mattresses and infection prevent and control (IPC). Appropriate action plans had been devised for most governance audits undertaken however this was not the case for IPC audits and an area for

improvement under that standards which was stated at the last inspection has been stated for a second time.

A review of records for April to June 2018 evidenced that Regulation 29 monitoring visits had been consistently completed on a monthly basis.

Staff were able to identify the person in charge of the home. Review of records confirmed that a nurse in charge competency had been completed for those registered nurses in charge of the home in the absence of the registered manager.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Roberta Wilson, regional director, 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (1)(a) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that at all times there is an appropriate staffing compliment to meet the assessed needs of patients. Where this is not achieved a clear contingency plan must be in place to ensure the safety and well-being of all patients.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Rotas are made out 8 weeks in advance to plan staffing and ensure block bookings are in place . The duty rota is monitored on a daily basis to ensure compliance . In the absence of the home manager this is done by the Deputy . All shifts with Agency are confirmed daily also and confirmations requested . A contingency plan is in place to manage short notice absence</p>
Area for improvement 2 Ref: Regulation 27 (4)(a) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that a review of the storage of laundry equipment and clothing in the identified area is undertaken by an approved fire risk assessor.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: A fire risk assessment was completed in August . We are waiting the report</p>
Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 Ref: Standard 45 Stated: Second time To be completed by: Immediate action required	<p>The registered person shall ensure that pressure relieving equipment used within the home is used safely and in accordance with the manufacturer's guidelines. This is in reference to the correct pressure settings on patients' air mattresses.</p> <p>Ref: Section 6.2 & 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: There is a daily check in place and this is being monitored by the nurse in charge</p>
Area for improvement 2	The registered person shall ensure that bowel management is

<p>Ref: Standard 4 Criterion (9)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>evidenced within the patient care records and recorded contemporaneously.</p> <p>Ref: Section 6.2 & 6.5</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>Response by registered person detailing the actions taken: Supervision has been completed in regard to the recording of bowel movements.</p> <p>The registered person shall ensure that when action plans are developed to address shortfalls identified during audit that the action plans are reviewed to ensure that the actions have been completed.</p> <p>Ref: Section 6.2 & 6.7</p> <p>Response by registered person detailing the actions taken: Action plans are now in place and are being reviewed at the daily flash meeting and in the weekly head of department meeting and the monthly governance meeting</p>
<p>Area for improvement 4</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2018</p>	<p>The registered person shall ensure that the environmental issues identified on this inspection are addressed.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: The lift has been repaired and is in working order . A full review of the environment inb the dementia unit was done by our Dementia coach and her findingsand recommendations hace been forwarded to head office</p>
<p>Area for improvement 5</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall that a review of the laundry service is undertaken to address the shortage of bed linen and the concerns raised by relatives in regards to clothing going missing.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: New linen has been received and a monthly order of linen is in place</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall review the meal time experience in the dementia nursing unit to ensure that the dining experience is delivered in accordance with best practice in dementia care.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: A dementia dining experience review was completed by our dementia coach. Weekly dining room audits are also being completed. The</p>

	<p>dining rooms in the dementia unit are being utilised to facilitate a positive dining experience</p>
<p>Area for improvement 7</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall review the delivery of care including practices and routine within the dementia nursing unit to ensure that all aspects of patient care are delivered in keeping with best practice in dementia care.</p> <p>All staff working on the dementia nursing unit should have training completed in dementia care.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Manager or deputy or senior nurse complete a daily walkround and flash meeting with heads of department and any issues identified are discussed at the time A weekly environmental audit is completed and the findings are discussed with the nurse in charge at the time.</p> <p>Creative minds training has been held in the home on the 4th September . Activity organisers were able to attend . Further training planned at nearby priory homes. Staff from Blair to attend. Managing distressed reaction training has been planned for the 10th October for all staff Staff also complete a dementia module as part of their standard training. Manager to contact lynda williamson from Alzherimers Ni to discuss provision of training for the dementia unit</p>

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



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