

Unannounced Care Inspection Report 19 July 2018



Gnangara

Type of Service: Residential Care Home
Address: 163 Sligo Road, Drumawill, Enniskillen, BT74 7JZ
Tel No: 028 6632 5134
Inspector: Priscilla Clayton

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 which can accommodate a maximum of 15 residents with a diagnosis of dementia.

3.0 Service details

Organisation/Registered Provider: Fold Housing Association. Responsible Individual: Fiona McAnespie	Registered Manager: Margaret Irwin
Person in charge at the time of inspection: Jacinta Carney, Senior Care Assistant until 14.00 hours then Margaret Irwin, Registered Manager	Date manager registered: 14 June 2018
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 15

4.0 Inspection summary

An unannounced care inspection took place on 19 July 2018 from 11.30 to 18.30 hours.

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 the promotion of a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. There was good evidence of ongoing staff training, care recording, audits and care reviews.

Areas requiring improvement included; referral of one resident to the dietician, policy development, update training in General Data Protection Regulation (GDPR) and development of an action plan to address the small number of low rated responses contained within the resident satisfaction survey.

Residents who were able to articulate their views and one resident's relative said they were very satisfied that the care provided within the home was safe, effective, compassionate and well led. No issues or concerns were raised or indicated.

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	4

Details of the Quality Improvement Plan (QIP) were discussed with the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 December 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 care inspection report, returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, all residents, three staff, one resident's representative and one visiting trust professional.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. One completed questionnaire was returned from a resident's representative within the agreed timescale.

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

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule and training records
- Three residents' care files
- Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings/ representatives' meetings/ other
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

- Individual written agreements
- Input from independent advocacy services
- Programme of activities
- Policies and procedures relevant to this inspection

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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 December 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 12 December 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 (1) (d) Stated: Second time	The registered provider must ensure that accidents and incidents are managed and reported in accordance with the legislative requirements and good practice guidance. Ref: 6.7	Met
	Action taken as confirmed during the inspection: Review of accident/incident records and discussion with the registered manager and senior care assistant regarding the management and reporting of accidents/incidents confirmed compliance with this recommendation.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20.6 Stated: First time	The registered person shall ensure that the statement of purpose is maintained on an up to date basis. Ref: 6.7	Met
	Action taken as confirmed during the inspection: Review of the Statement of Purpose and discussion with the registered manager evidenced that the Statement of Purpose had been updated as recommended.	

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 satisfactory and were subject to regular review to ensure the assessed needs of the residents were being met.

Review of the staff duty roster and discussion with the registered manager identified that consistent bank staff were used due to increased resident dependency levels and cover for annual leave of staff. The registered manager stated that the use of bank staff did not prevent residents from receiving continuity of care and that three new staff recently recruited were due to commence employment within the near future. This will reduce the reliance on bank staff.

No concerns were raised regarding staffing levels during discussion with residents, resident representative and staff. One completed satisfaction questionnaire received from a relative indicated they were very satisfied that care was safe within the home.

Discussion with staff and review of mandatory training records confirmed that mandatory training was provided. Additional professional development training included; dementia awareness, human rights, diabetic management, nutrition and hydration, care planning and report writing.

Staff supervision and annual appraisal of staff was provided. Schedules of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the registered manager and staff 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 registered manager. Staff competency and

capability assessments were not reviewed during this inspection. Review of assessments at the previous care inspection was found to be satisfactory.

The registered manager advised that staff were recruited in accordance with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The registered manager explained that she had oversight of all new staff appointments, including recording and checking and of Access NI information. Care staff registration with Northern Ireland Social Care Council (NISCC) was also confirmed with monitoring carried out by the registered manager.

A register of staff working in the home was available and contained all information as outlined within the legislation.

Discussion with the registered manager regarding alleged or actual incidents of adult safeguarding were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

A review of care records identified that resident care needs and risk assessments were obtained from the commissioning 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 doors, keypad entry systems and wheel chair lap belts. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the home's statement of purpose.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary. The registered manager was aware that should individual restraint ever be employed, that RQIA and appropriate persons/bodies must be informed.

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 accordance 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 appropriate number and access to wash hand basins, adequate supplies of liquid soap, alcohol hand gels, disposable towels and pedal operated waste bins wherever care was delivered. Personal Protective Equipment (PPE), for example; 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 and staff. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The home had recently retained a rating of 5 in their food hygiene assessment undertaken by Environmental Health. Kitchen staff is to be commended in this regard.

Inspection of the kitchen was undertaken alongside discussion with the cook and review of food records. Records reviewed included temperatures of fridge/food, incoming foods and food probe testing. Weekly and daily kitchen cleaning schedules were recorded and retained by the cook. A good standard of recording keeping by the cook was noted.

The registered manager reported that there had been no outbreaks of infection since the last care inspection. The registered manager was aware that any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The registered manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. The toolkit was referenced within the home's policy on accidents/incidents dated 21 June 2016. Audits of accidents/falls were discussed with the registered manager and records reviewed evidenced audits were undertaken on a monthly basis in order to identify trends and patterns and take appropriate action as necessary.

Discussion regarding the high number of accident/incident notifications submitted to RQIA. The registered manager advised that all slips, trips and falls were notified regardless of whether injury was sustained or not were notified. The registered manager explained that this action was taken to ensure nothing was missed and compliance with legislation. The registered manager undertook a review of notifications during the inspection and agreed that a high number did not require to be notified. RQIA guidance for registered providers and managers on Statutory Notifications of Incidents and Deaths (September 2017) was discussed and clarified.

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 ventilated and dementia friendly throughout. Furnishings and decoration were well maintained and of a high standard.

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 storage of domiciliary care documents within the residential care office was discussed. The registered manager agreed to have these removed to an appropriate office within domiciliary care.

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. For example; Control of Substances Hazardous to Health (COSHH), fire safety and moving and handling.

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

The home had an up to date fire risk assessment which was dated 2 May 2018. Recommendations made had been actioned, dated and signed.

The home had a legionella risk assessment, dated 27 February 2018. Recommendations had been signed as actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly and monthly, as required and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

The inspector met with all residents; several in group format and with others individually. Residents spoken with during the inspection made the following comments:

- “This is a good safe place”
- “Nice secure garden where we can come and go as we wish”

Staff comments included:

- “Would rate this home as tops for safe care”
- “We have all resources needed to provide safe care”

Comments received from a visiting trust professional were as follows:

- “Yes I would rate this as a good home”
- “Staff are good at reporting matters to the trust”

One completed questionnaire was returned to RQIA from a resident’s who indicated their level of satisfaction with the provision of safe care as “very satisfied”.

Areas of good practice

There were examples of good practice found in relation to staff training, supervision and appraisal, adult safeguarding, modes of communication, infection prevention and control, and the home’s internal and external environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The registered manager advised that staffing levels within the home were satisfactory in meeting the needs of residents accommodated. The register manager explained that due to the changing needs of one resident a medical consultation had taken place and a district nursing assessment requested to ensure the actual and potential nursing needs of the resident were identified and if placement within the residential setting was appropriate.

A review of three care records confirmed that these were maintained in accordance with the legislation and standards. Records included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments. For example; manual handling, nutrition, falls and choking/dysphasia were reviewed and updated on a regular basis or as changes occurred.

Care records were observed to stored safely and securely in accordance with data protection. Staff update training in regard to the new General Data Protection Regulation (GDPR) was recommended.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

The care records 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. An individual agreement setting out the terms of residency was in place and signed by both parties.

Menus reviewed were varied and nutritious with choice provided. Special diets were provided to meet the individual and recorded dietary needs of the residents. Residents were served meals in the three small dining rooms which accommodated the five residents in each unit. Staff were observed supervising and assisting residents in a professional unhurried respectful manner. Meals were observed to be nicely presented with adequate portions served.

Records of residents' weights were reviewed and discussed with the senior care assistant who advised that weight records were monitored by the senior care assistants. The recorded weight loss of one resident was discussed. Referral to the dietician was discussed and recommended.

Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans with associated recommendations made following assessment. One area of improvement related to the development of a policy on choking/dysphasia.

Audits of care plans, accidents and incidents, environment, catering was available and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

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 retained and reviewed during the inspection.

Observation of practice evidenced that staff communicated 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.

There were systems in place to ensure openness and transparency of communication, for example; reports of visits undertaken by registered provider, RQIA inspection reports, annual satisfaction survey report, annual quality report, resident three monthly meeting minutes and resident newsletter were available on request for residents, their representatives any other interested parties to read.

Residents spoken with during the inspection made the following comments:

- “Staff make sure we get good care”
- “The care here couldn’t be better”
- “Our buzzers are answered quickly”

Staff spoken with during the inspection made the following comments:

- “We have sufficient staff to meet the needs of residents”
- “We have the resources and are trained to provide good care”

One relative who spoke with the inspector during the inspection commended the staff on the care provided. No issues or concerns were raised or indicated.

One completed questionnaire was returned to RQIA from a resident’s relative. This respondent described their level of satisfaction with the effectiveness of care as “very satisfied”.

Areas of good practice

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

Areas for improvement

Areas identified for improvement related to referral to the dietician for one resident and the development of a policy on choking/dysphasia.

	Regulations	Standards
Total number of areas for improvement	0	3

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, residents and staff advised that consent was always sought from residents in relation to the provision of 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 confidentiality were protected.

Residents were provided with information, in a format that they could, in as far as was possible understand, which enabled them to make informed decisions regarding their life, care and treatment. Menus and the activity programme, for example, were written in a pictorial format.

Discussion with staff, residents and observation of practice confirmed that residents were listened to; their needs were recognised and responded to in a prompt and courteous manner by staff. For example; residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, daily discussions, residents' meetings and visits by the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was reviewed and discussed with the registered manager. Overall a high percentage of positive responses were received. One recommendation made related to the development of an action plan to address the small number of low scores reflected. The action plan developed should be included within the report and made available to residents and other interested parties.

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

Residents spoken with during the inspection made the following comments:

- "We have choice in what we want to do"
- "I am always treated with respect"
- "Staff are kind and friendly"

One satisfaction questionnaire was completed and returned to RQIA by a resident's relative who indicated their level of satisfaction with the compassionate aspect of care as "very satisfied".

Staff who spoke with the inspector advised that residents and their visitors/representatives were always treated with respect and they were kept informed about all aspects of care provided.

Areas of good practice

There were examples of good care 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

One area of improvement related to the development of an action plan to address the small number of low scores within the satisfaction survey conducted.

	Regulations	Standards
Total number of areas for improvement	0	1

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

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

The registered manager was supported in her role at operational level by a mixed skill team of care workers and ancillary staff.

Discussion with the registered manager identified that staff had understanding of their roles and responsibilities under the legislation. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home via regular management meetings with her line manager and monthly monitoring visits conducted on behalf of the registered provider.

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA and that referral had been made regarding reassessment of one resident's needs by the district nurse.

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 stated that 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 Resident's Guide and information on display within the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. One complaint received since the previous care inspection had been appropriately recorded, managed and satisfactorily resolved.

The home retains compliments received, for example; thank you letters and cards which were shared with staff. Several cards were displayed within the office.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. The high incidents of accidents and incidents notified to RQIA was discussed with the registered manager who advised that they were reporting everything including all minor slips, trips and falls as requirement was made previously about under reporting and they did not wish to overlook anything. The registered manager undertook a review of notifications during the inspection and agreed that a high number did not require to be notified. RQIA guidance for registered providers and managers on Statutory Notifications of Incidents and Deaths (September 2017) was discussed and clarified.

Review of monthly audits of accidents and incidents was undertaken and discussed with the registered manager who explained that appropriate action was taken to minimise risks by way of any trends or pattern identified. 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 an electronic system to ensure safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Monthly visit were being undertaken on behalf of the registered provider in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a monthly report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read.

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/s responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the current 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 registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

Residents spoken with during the inspection made the following comments:

- “I think the home is well managed, staff know what they need to do”
- “I know who to complain to if I had an issue”
- “Staff well trained, know what to do”

One completed questionnaire was returned to RQIA from a resident’s relative who indicated they were “very satisfied” that care was well led.

Comments received from a trust professional included:

- “Yes I think the service is well led. No issues, always someone in charge”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Margaret Irwin, 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 9.3 Stated: First time To be completed by: 20 July 2018	<p>The registered person shall ensure referral is made to the dietician regarding one resident.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Advice provided by the dietitian and SALT is already included in the plan of care. A referral has been made to the dietitian for this resident. Resident intake and weight continues to be closely monitored and shared with allied health professionals for direction and review of plan of care.</p>
Area for improvement 2 Ref: Standard 21.1 Stated: First time To be completed by: 31 October 2018	<p>The registered person shall ensure that a policy on choking/dysphasia is developed and made available to staff.</p> <p>Ref 6.5</p> <p>Response by registered person detailing the actions taken: The policy group are actioning this task.</p>
Area for improvement 3 Ref: Standard 22.1 Stated: First time To be completed by: 31 November 2018	<p>The registered person shall ensure that staff update training in General Data Protection Regulation (GDPR) is provided.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: At the time of the Inspection all staff had completed this training via the E Learning training programme. A record of this training has been added to the local training log.</p>
Area for improvement 4 Ref: Standard 20.11 Stated: First time To be completed by: 31 October 2018	<p>The registered person shall develop an action plan to address areas of low scores within the resident satisfaction survey, include this within the report and make available to residents and other interested parties.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Registered Manager has completed a You Said We Did action plan for inclusion in the next residents newsletter and notice board. This will also be included in the Annual Quality Report.</p>

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



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