

Unannounced Care Inspection Report 23 November 2016



Limetree House

Type of service: Residential Care Home
Address: 133/133A Comber Road, Dundonald, BT16 2BJ
Tel no: 028 9048 9380
Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Limetree House took place on 23 November 2016 from 10:30 to 18:15.

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

Is care safe?

Two areas for improvement were identified. One requirement was made in regards to undertaking a review of staffing levels throughout the home to ensure that there is adequate supervision of residents at all times. This includes both day and night duty shifts. One recommendation regarding liaising with the local trust's infection prevention and control nurse to identify areas of best practice which could be implemented throughout the home has been stated for a second time as the registered manager confirmed this had not been done. It was noted during the inspection personal protective equipment was not readily available in bathroom areas. This issue was discussed with the registered manager. There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, and the home's environment.

Is care effective?

Three areas for improvement were identified. One requirement was made to ensure sufficient detail is maintained in care notes. One recommendation was made with regards to developing a more robust audit tool to facilitate an analysis of trends and patterns to enable staff to minimise risks to residents and improve practice. A second recommendation was made to ensure staff attendance is recorded on the minutes of staff meeting minutes. There were examples of good practice found throughout the inspection in relation to care plans, reviews, communication between residents, staff and other key stakeholders.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents. No requirements or recommendations were made in relation to this domain.

Is the service well led?

One recommendation was made in regards to ensuring staff complete training in falls prevention and management. There were examples of good practice found throughout the inspection in relation to management of complaints, and maintaining good working relationships.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Deborah Moore, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 23 August 2016.

2.0 Service details

Registered organisation/registered person: Limetree / Gertrude Alexander Priscilla Nixon	Registered manager: Mrs Deborah Moore
Person in charge of the home at the time of inspection: Graham Moore, deputy manager, was in charge upon arrival. Deborah Moore, registered manager, arrived at approximately 12:00.	Date manager registered: 26 January 2015
Categories of care: DE – Dementia	Number of registered places: 35

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA, the returned Quality Improvement Plan and the previous inspection report.

During the inspection the inspector met with eight residents individually and others in groups, three care staff, one domestic staff, one resident's visitors/representative, the deputy manager, the registered manager and the registered provider.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Three resident’s care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls) and catering
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents’ meetings
- Monthly monitoring report
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Policies and procedures manual

A total of 18 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. 17 questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 August 2016.

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

4.2 Review of requirements and recommendations from the last care inspection dated 23 August 2016.

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p>	<p>The registered provider should ensure the homes adult safeguarding policy and procedures are reviewed and updated to reflect regional guidance Safeguarding Prevention and Protection in Partnership July 2015 and include the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed this had been</p>		

	reviewed and updated accordingly. The name of the safeguarding champion was included. A copy of the new regional guidance Adult Safeguarding Prevention and Protection in Partnership July 2015 was available in the home.	
Recommendation 2 Ref: Standard 7 Stated: First time	The registered provider should ensure that in those instances where residents have expressed a wish for their doors to be locked, this information is reflected and agreed within the residents care plans.	Met
	Action taken as confirmed during the inspection: Review of care records showed that in those instances where residents had expressed a wish for their doors to be locked this was documented in their care plans.	
Recommendation 3 Ref: Standard 35 Stated: First time	The registered provider should ensure that the registered manager liaises with the local trust's infection prevention and control nurse to identify areas of best practice which could be implemented throughout the home.	Not Met
	Action taken as confirmed during the inspection: The registered manager confirmed that this had not been done. The recommendation has been stated for a second time in the Quality Improvement Plan appended to this report.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. During the inspection observations were made in the main living and dining area of the home and in the living area on the first floor. It was noted that at various periods throughout the day supervision of residents was low. This was evidenced during lunch when two care staff members left the dining area to support a resident who had been ill. The senior carer was dispensing medications therefore entering and leaving the dining area. The deputy manager was present intermittently during this period however, at times there were no staff in the vicinity. Twenty two residents were in the dining area. One resident was observed as not eating, following the return of the two care staff approximately 15 minutes later; one care staff supported the resident to eat their lunch. Review of the resident's care plan showed that they can require encouragement at meal times.

Later in the afternoon observations were made on the first floor it was noted that seven residents were in the sitting room and two walking along the corridor, no staff were observed in

the vicinity. Considering the lay out of the building, the observed dependencies of residents and duties for staff members a requirement was made that the staffing levels throughout the home should be reviewed to ensure that there is adequate supervision and support of residents at all times. This includes both day and night duty shifts.

Discussion with the registered manager and a recently recruited staff member confirmed that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, and supervision and appraisal of staff was regularly provided. A record for annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. The registered manager confirmed staff knew in advance the dates of supervision and appraisal.

A sample of competency and capability assessments were viewed during the previous inspection, for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; these were found to be satisfactory.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure in place included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements and relevant contact information.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

A review of accident and incident notifications showed that there had been delays in seeking medical advice with regard to three incidents between October and November 2016; these were discussed with the registered manager who confirmed this issue had been addressed with staff. The home had a policy and procedure in place regarding the management of accidents and incidents. Following the inspection the registered manager was contacted and advised to forward information relating to the three recent incidents to the safeguarding team for their consideration. As shall be stated in section 4.4 of this report a recommendation was made regarding the further development of an audit tool to monitor accidents and incident trends in the home.

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

The registered manager confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems, and pressure alarm mats. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH and fire safety.

Staff training records confirmed that all staff had received training in infection prevention and control (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 showed that gloves and aprons (PPE) were not available in all the bathrooms throughout the home. This issue was discussed with the registered manager who reported that some residents had been disposing of these and they were therefore removed to a central location for staff to access when needed. The need to ensure infection prevention and control measures are adhered to at all times was discussed with the registered manager. This includes the availability and storage arrangements of IPC resources. During the previous inspection a recommendation was made to liaise with the local trust's infection prevention and control nurse to identify areas of best practice which could be implemented throughout the home. This recommendation has been stated for a second time. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

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

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 30 November 2015 and all recommendations were noted to be appropriately addressed. The registered manager was aware of the review date.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 20 July 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

Seventeen completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

One resident's representative spoken with during the inspection made the following comments:

- "We are very pleased if (relative) has to be in anywhere it is here. The staff keep us well informed of any changes, they also really listen to (him/her) and notice any changes quickly".

Comments received from returned completed questionnaires were as follows:

- Responded quickly to putting alarm mat at side of bed when my (relative) started wandering at night - very reassuring for family.
- Very pleased with the safety aspects of Limetree House.
- First class care and safety reassurance.
- I am happy with the way all areas are explained well, training nights are interesting.

Areas for improvement

One new area for improvement was identified in relation to undertaking a review of staffing levels, a requirement was made in this regard. One recommendation made during the previous inspection relating to liaising with the local trust's infection prevention and control nurse to identify areas of best practice which could be implemented throughout the home has been stated for a second time.

Number of requirements	1	Number of recommendations	1
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4.4 Is care effective?

Three care records were reviewed. They included an up to date life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Two records contained up to date assessment of needs, it was noted one of the records did not contain a fully completed assessment of needs, the registered manager confirmed the resident had only recently been admitted to the home and that this would be completed without delay. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred, these were maintained on an electronic records system.

It was noted from the inspection of evaluation records which included daily / regular statements of health and wellbeing that these were short on detail in relation to personal care delivered and resident's presentation. A requirement was made that contemporaneous notes of all care and services provided to the resident, including a record of their condition and any treatment or other intervention should be maintained in sufficient detail so as to recognise any changes in the resident's condition.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. For example, staff shared examples of residents choosing their rising and retiring times, some may like to have meals in their rooms and others have preferences with regards to what they would like to wear.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls) and catering were available for inspection. A recommendation was made that the audit tool being used to monitor accidents and incidents should be developed further ensuring a more robust capture of relevant information to facilitate an analysis of trends and patterns to enable staff to minimise risks to residents and improve practice. Further evidence of audit was contained within the monthly monitoring visit reports and the annual quality report.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. One recommendation was made that staff attendance should be recorded on the minutes of staff meeting minutes. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection. The most recent residents meeting took place on 16 October 2016.

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

Seventeen completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Resident's representatives commented in returned questionnaires:

- Excellent communication, staff keep us fully informed about medication changes etc.
- Care needs are anticipated and actioned.

Areas for improvement

Three areas for improvement were identified. One requirement was made in relation to ensuring contemporaneous notes of all care and services provided to residents be maintained in sufficient detail so as to recognise any changes in the resident's condition. A recommendation was made regarding the monitoring and analysis of accidents and incidents. A further recommendation was made to ensure staff attendance is recorded on the minutes of staff meetings.

Number of requirements	1	Number of recommendations	2
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4.5 Is care compassionate?

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

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs were met within the home. Although a large number of residents spoken with presented with confusion due to their diagnosis, six residents confirmed to the inspector that they were happy with life in the home and that action was taken to manage any pain and discomfort in a timely and appropriate manner. One resident shared with the inspector an aspect of care they were dissatisfied with this information was shared with the registered manager and dealt with appropriately.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. For example a menu board was displayed in a central part of the home, activities were also displayed on a notice board.

The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected. For example, ensuring residents are supported with their care needs in a private manner.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents who could and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were usually recognised and responded to in a prompt and courteous manner by staff. Although as stated in section 4.3 of this report on occasions the supervision from staff was low and a requirement was made accordingly.

There were systems in place to ensure that the views and opinions of residents, and/ or their representatives, were sought and taken into account in all matters affecting them. For example residents' meetings, annual reviews, and monthly monitoring visits. An annual quality review report was available for inspection.

Arrangements were in place for residents to maintain links with their friends, families and wider community, for example links are maintained with local churches.

Residents spoken with during the inspection made the following comments:

- "I like it here, I like to do wee jobs."
- "I like it, we are well looked after."
- "The food is excellent, top marks. As far as I am concerned everyone is very good".

- “I am very happy here.”

Seventeen completed questionnaires were returned to RQIA from residents, representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Resident’s representatives and staff commented in completed questionnaires:

- Observed staff communicating with my mother on numerous occasions, always treated well and listened to.
- Always treated with dignity.
- All staff are caring and patient and have time for all residents.

Areas for improvement

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

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. As stated in section 4.3 of this report a requirement was made regarding the review of staffing levels to ensure the adequate supervision and meeting of resident’s needs.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. These were instigated in 2015 when the home opened.

There was a complaints policy and procedure in place. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide. During the inspection a resident raised a complaint with the inspector regarding an aspect of care; this was shared with the registered manager and dealt with appropriately. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction.

As referred to in section 4.3 of this report a review of accidents, incidents and notifiable events showed that there had been a delay on three occasions between October and November 2016 with regard to seeking medical advice for residents who had accidents in the home. This was discussed with the registered manager who confirmed this issue had been addressed with staff. The registered manager was advised to share relevant information with the safeguarding team for consideration. Records showed that all staff had completed training in first aid. As stated in section 4.4 of this report a recommendation was made to develop further the auditing tool to monitor accidents and incidents, to ensure a more robust capture of relevant information to facilitate an analysis of trends and patterns and to enable staff to minimise risks to residents and improve practice. The registered manager confirmed that they were aware of the “Falls

Prevention Toolkit” and were using this guidance to improve post falls management within the home. Further to this a recommendation was made that staff complete training relating to falls prevention and management.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example staff have completed training in dementia.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

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 identified that they had understanding of their role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home, the registered provider confirmed they would visit the home on an almost daily basis.

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

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

Review of records and discussion with the registered manager and staff confirmed that adult safeguarding issues were generally managed appropriately and that reflective learning had taken place. However, as stated in section 4.3 of this report the registered manager was advised to forward information relating to three recent incidents to the safeguarding team for their consideration. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

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

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

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

Seventeen completed questionnaires were returned to RQIA from residents, representatives, and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Resident's representatives and staff commented in completed questionnaires:

- The service is well managed and led.
- Staff structure clear, extremely well managed home. All staff approachable any concerns about residents health responded to promptly.
- Management are easy to talk to and all aspects of the care I am happy with.

Areas for improvement

One area for improvement was identified in relation to ensuring staff complete training in falls prevention and management.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Deborah Moore, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [web portal](#) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 20.(1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 23 December 2016</p>	<p>The registered provider shall ensure the staffing levels in home are reviewed to ensure that there is adequate supervision and support of residents at all times. This includes both day and night duty shifts.</p>
	<p>Response by registered provider detailing the actions taken: Completed</p>
<p>Requirement 2</p> <p>Ref: Regulation 19.(1) (a) Schedule 3 , 3 (k)</p> <p>Stated: First time</p> <p>To be completed by: 25 November 2016</p>	<p>The registered provider shall ensure that contemporaneous notes of all care and services provided to residents, including a record of their condition and any treatment or other intervention should be maintained in sufficient detail so as to recognise any changes in the resident's condition.</p>
	<p>Response by registered provider detailing the actions taken: Completed</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: 23 February 2017</p>	<p>The registered provider should ensure that the registered manager liaises with the local trust's infection prevention and control nurse to identify areas of best practice which could be implemented throughout the home.</p>
	<p>Response by registered provider detailing the actions taken: Completed by information provided by the trust on outbreak of influenza and infection control and other relative information and staff awareness and training.</p>
<p>Recommendation 2</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 23 December 2016</p>	<p>The registered provider should ensure the audit tool being used to monitor accidents and incidents is developed further to facilitate an analysis of trends and patterns to enable staff to minimise risks to residents and improve practice.</p>
	<p>Response by registered provider detailing the actions taken: Updated</p>
<p>Recommendation 3</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 23 January 2017</p>	<p>The registered provider should ensure that staff attendance is recorded on the minutes of staff meeting minutes.</p>
	<p>Response by registered provider detailing the actions taken: Completed.</p>

<p>Recommendation 4</p> <p>Ref: Standard 23</p>	<p>The registered provider should ensure staff complete training relating to falls prevention and management.</p>
<p>Stated: First time</p> <p>To be completed by: 23 January 2017</p>	<p>Response by registered provider detailing the actions taken: Falls training booked for February 2017, the deputy manager has also spoken with each staff member about falls individually whilst waiting on this training.</p>



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