



Unannounced Care Inspection Report

23 May 2019



Tudordale

Type of Service: Nursing Home
Address: 294 Hollywood Road, Belfast, BT4 1SG
Tel No: 028 9065 1336
Inspector: Heather Sleator

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.

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 DHSSPS Care Standards for Nursing Homes.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 45 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Jewel Isip (registration pending)
Person in charge at the time of inspection: Jewel Isip	Number of registered places: 45
Categories of care: Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 44

4.0 Inspection summary

An unannounced inspection took place on 23 May 2019 from 09.30 hours to 17.00 hours.

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.

Evidence of good practice was found in relation to the provision and training of staff and the environment was safely managed without detracting from the homely atmosphere. There were examples of good practice found throughout the inspection in relation to patients being attended to by their GP and other healthcare professionals as they required. Communication with relatives and visitors was very good. We observed that patients were offered choice within the daily routine and that the activities provided had a positive impact on the patients. There were stable and well established management arrangements with systems in place to provide support to senior staff and provided an oversight of the services delivered.

Areas for improvement were identified in relation to the health and wellbeing of patients, the accurate reporting of patients' nutritional intake and repositioning, a robust approach to the thematic review of accidents and providing training for staff in the principles of care and core values; including dignity and respect and communicating with patients.

A meeting was held in the RQIA offices on 14 June 2019 to discuss the outcomes of the inspection in detail. This meeting was attended by two senior managers from Four Seasons Health Care, Lorraine Kirkpatrick and Ruth Burrows. At this meeting RQIA were provided with plans to address deficits which had been noted during this inspection. This will be followed up at the next inspection.

Patients described living in the home in positive terms. Those unable to voice their opinions were seen to be relaxed and comfortable in their surroundings. There were also positive comments from relatives who we met with during the inspection.

Comments received from patients, people who visit them and staff, are included in the main body of this report.

The findings of this report will provide the home 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	1	3

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

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

4.2 Action/enforcement taken following the most recent inspection dated 27 November 2018

The most recent inspection of the home was an unannounced medicines management inspection.

No further actions were required to be taken following the most recent inspection on 27 November 2018.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 1 to 23 May 2019
- 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 files
- three patient care records
- five patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- reports of the monthly quality monitoring reports February to April 2019
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as 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 last care inspection dated 29 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: First time	The registered person shall ensure that at all times a minimum skill mix of at least 35% registered nurses is maintained over a 24 hour period.	Met
	Action taken as confirmed during the inspection: A review of the staff duty rosters evidenced that the recommended skill mix of 35% registered nurses over the twenty four hour period had been attained.	
Area for improvement 2 Ref: Standard 43 Stated: First time	The registered person shall ensure that the environmental issues identified during this inspection are addressed.	Met
	Action taken as confirmed during the inspection: The environmental issues identified at the	

	previous inspection had been addressed. The areas had been repainted, flooring made good and water outlet taps had been replaced.	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person should ensure that patient nutrition care plans reflect the prescribed/assessed fluid target for individual patients who are in receipt of fluid intake monitoring. Action taken as confirmed during the inspection: The review of patient care documentation in respect of individual fluid targets evidenced that the assessed fluid target was stated in patients care records.	Met
Area for improvement 4 Ref: Standard 6 Stated: First time	The registered person shall ensure that net pants, stockings and socks are provided for each patient's individual use and not used communally. Action taken as confirmed during the inspection: There was no evidence in the laundry, linen rooms or throughout the home of the communal use of net pants.	Met

6.2 Inspection findings

6.3 Is care safe?

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

In order to determine if care was delivered safely we talked with a number of the patients and observed how staff assisted patients during the day. Patients told us that staff attended to them promptly if they called for them. Patients said that staff were pleasant and attentive to them. Patients' comments included:

- "They're (staff) very good and very kind."
- "I think they (staff) work very hard."

We also spoke to the relatives of five patients. Relatives were happy that they knew the staff as it is a consistent team with few changes. Relatives said:

- "Staff check on her regularly to see that she's alright."
- "Always clean and tidy.....she's in less pain here when staff work with her than she was in the other home."

It was good to observe and have confirmation from relatives that those patients who, due to their frailty were unable to request staffs' attention, were regularly attended to by staff.

A system was in place to identify appropriate staffing levels to meet the patient's needs. A review of the staff rotas for the period 1 May to 23 May 2019 confirmed that the staffing numbers identified were provided.

There were sufficient staff available to ensure that catering and housekeeping duties were undertaken. An activity co-ordinator was supported by the wider staff team on the delivery of recreational activities. Relatives spoke highly of the activities coordinator, stating that she was 'wonderful'.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff. Three completed questionnaires from relatives were received. Relatives were very satisfied that the care afforded in the home was safe, effective and compassionate and that the home was well led. Comments received included:

- "Care is very good, staff very helpful at all times."
- ".....is treated gently, pleasantly and with respect."
- "Staff listen to any concerns and follow these up very quickly."
- "My is as happy as when at home."

We discussed the recruitment of staff with the manager and reviewed the recruitment records. The records confirmed that the appropriate checks had been completed with applicants to ensure they were suitable to work with older people. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home. Records of two completed induction programmes were reviewed and confirmed this process. The home provides training for staff via an e learning programme and face to face training. Review of training records confirmed that staff had undertaken a range of training annually relevant to their roles and responsibilities. The local Health and Social Care Trust also provide training which staff in the home can attend. Staff reported that they are encouraged and supported by the manager to attend this training.

We discussed how patients are protected from abuse. The manager confirmed that the organisation and the home had a safeguarding champion to support the adherence to the safeguarding policies and procedures. There had been two safeguarding referrals to the local Trust during the year and these had been investigated by the safeguarding team in the Trust. The safeguarding and protection of patients was included in the induction and annual training programme for staff.

Staff providing care in a nursing home are required to be registered with a regulatory body. For nurses this is the Nursing and Midwifery Council (NMC) and for care staff it is the Northern Ireland Social Care council (NISCC). The manager is responsible for ensuring all staff are registered appropriately. We observed that checks with the NMC for registered nurses were being completed twice monthly and with NISCC for care staff on a monthly basis. The staff listed on the duty rota for the week of the inspection were appropriately registered.

Assessments to identify patients' needs were completed at the time of admission to the home and were reviewed regularly. Where a risk to a patient was identified, for example a risk of falls or poor nutrition, a plan of care to minimise each risk was put in place. We observed that some patients had bedrails erected or alarm mats in place; whilst this equipment had the potential to restrict patients' freedom we were satisfied that these practices were the least restrictive possible and used in the patient's best interest, were clearly documented and reviewed.

Patients, where possible, their relatives and the healthcare professionals from the relevant Health and Social Care Trust were involved in the decision to use restrictive practice.

If a patient had an accident a report was completed at the time of the accident. We saw from the care records that the circumstances of each fall were reviewed at the time and the plan of care altered, if required. The manager reviewed the accidents in the home on a monthly basis to identify any trends and consider if any additional action could be taken to prevent, or minimise the risk of further falls. However, the review of the accident audits from December 2018 to April 2019 did not evidence a robust thematic review of any accident which had occurred. For example; there had been a spike in accidents for an identified month, the corresponding audit did not identify why this had happened. We also had reviewed the notifications received into RQIA from the home prior to the inspection. We noted that a number of unwitnessed falls were occurring in the evening. The review of the accident audits did not identify this trend. The need for a robust thematic review of any accident occurring in the home was discussed with the manager and has been identified as an area for improvement.

We observed staff to determine if there was good practice to minimise the risk of the spread of infection. Gloves and aprons were available throughout the home and we noted that staff used these appropriately. Hand washing facilities, liquid soap and disposable hand towels were widely available and well utilized through the home. Hand sanitising gel was available in the reception area as you entered the home and at a variety of locations throughout the home as an additional resource to support good hand hygiene. Housekeeping and laundry staff had a range of appropriate colour coded equipment which was being used appropriately. The laundry was observed to be organised, tidy and the equipment was well maintained.

The environment in Tudordale was homely, warm and comfortable. There were a choice of sitting rooms and a selection of comfortable chairs were available in the lounges alongside space for patients who sat in their own specialised seating. Patients' were encouraged to individualise their own rooms; many had pictures, family photographs and ornaments brought in from home. The home had been decorated and furnished with memory cues and orientation guides for persons living with dementia. A number of patients chose to sit in their bedrooms throughout the day. Each patient had a comfortable chair in their room and a table within easy reach to hold everyday things that they need such as newspapers, magazines, TV remote controls. We spoke with six patients who preferred to remain in their bedrooms rather than sitting in the lounges. Patients told us that their rooms were comfortable and that they enjoyed having their belongings around them, especially family photographs.

No issues were observed with fire safety. The access to fire escapes was clear and fire doors in place were secured with magnetic hold open devices. The home was clean and fresh smelling throughout.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision and training of staff. The environment was safely managed without detracting from the homely atmosphere.

Areas for improvement

An area for improvement was identified regarding ensuring a robust thematic review of any accident which occurs in the home is completed and reflected in the monthly accident audits.

	Regulations	Standards
Total numb of areas for improvement	0	1

6.4 Is care effective?

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

We observed that there were clear working arrangements for the sharing of information of the needs of the patients. Staff were allocated daily to deliver care to identified patient groups. In discussion with the manager and following observation of staffs' working practice, the manager was advised to ensure staff adhere to the staff allocation duties. The manager agreed to do this. Patient care was discussed at the beginning of each shift.

As previously discussed a range of assessments, to identify each patient's needs, were completed by a registered nurse on admission to the home; from these care plans which prescribed the care and interventions required to support the patient in meeting their daily needs were produced.

Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcome of these assessments were available in the patient's notes.

We reviewed how patients' needs in relation to wound prevention and care, nutrition and falls were identified and cared for.

Records reviewed confirmed that wound care was delivered in keeping with the prescribed care. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust. For example podiatry and tissue viability nurses (TVN).

Arrangements were in place to identify patients who are unable to mobilise or move independently and are therefore at greater risk of skin breakdown. For those patients identified as at risk a care plan was in place. Pressure relieving care was recorded on repositioning charts. These charts evidenced that the patients were assisted by staff to change their position regularly. However, the review of the repositioning record of one patient did not reflect the position the patient was in. Accuracy when recording is very important. The need for accuracy was also evident following the review of the nutritional intake record for one patient as what had been written down for a patient was not what we observed that the patient had eaten. This was discussed with the manager and has been identified as an area for improvement.

Patients' nutritional needs were identified through assessment and care plans detailing the support patients need to meet their nutritional needs were put in place. Patients' weights were kept under review and checked monthly to identify any patient who had lost weight.

Patients we spoke with were very happy with the variety and quality of the meals provided. The morning tea trolley had a variety of snacks ranging from homemade tray bakes, biscuits and yoghurts for those patients who require a softer diet.

We reviewed the prevention and management of falls. Where a patient was identified as at risk of falling a care plan was drawn up to identify any preventative measures which may reduce the risk. We reviewed the assessment information regarding mobility and falls risk management. The documents reflected conflicting information and where directed within the assessment template, to put a care plan in place, we could not find the corresponding care plan. Accurate information must be present to ensure patients receive the appropriate care. A care record audit within the patient's record stated that the care record had been audited in September 2018. This was discussed with the manager who stated that an audit had been undertaken since then and was recorded on the electronic system. The accuracy of information within patients' records must be trustworthy.

We reviewed the management of behaviours that challenge staff and the service. Information was present in a patient's care record regarding a specific behaviour, however there was no corresponding plan of care. We observed a patient who was distressed and displayed this by calling out in a loud voice. We went to see if the patient was being assisted by staff. Staff were present but there was no support being given to the patient by staff. A review of the patient's care records provided information as to how the patient was to be supported during times of evident distress. This was not being put into action by staff. Our findings were discussed with the manager regarding supporting patients and the accuracy of information. This has been identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection regarding the involvement of other healthcare professionals in patient care and communication between staff and relatives.

Areas for improvement

Areas for improvement were identified regarding the need for accuracy when assessing, planning and monitoring patients' care needs and ensuring supplementary care records, for example repositioning and nutritional records are completed accurately by staff.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 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.

We arrived in the home at 09:30 and were met immediately by staff who offered us assistance. Patients were being assisted by staff and were present in the dining rooms or in their bedroom waiting for breakfast to be served. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

We spoke with 12 patients and the relatives of five patients throughout the day. Patients confirmed that they were happy in the home, enjoyed their meals and that they could join in activities in they wanted to. Two patients stated that they get papers delivered and that this kept them 'up to date'.

The patients told us the following:

- "I think staff work pretty hard."
- "Some staff are better than others....some can be a bit sharp."
- "The food's pretty good."
- "My day goes quickly."
- "I have no complaints about anything."

We spoke with the relatives of five patients. The comments received were very positive and included:

- "The whole family are well pleased with the care....we come at different times of the day and we're always pleased."
- "Staff are brilliant."
- "We would recommend this home to anyone."
- "It's been excellent here."
- "On the day we arrived everyone came out to greet my (patient) which pleased me."
- "The care is given with love...everyone is amazing."
- "Couldn't speak highly enough of the staff."
- "Just feel part of the family."
- "My relative is so well cared for....treated with love and respect."
- "On the phone straight away to let me know if anything's happened."

For those patients who were unable to voice their opinion, staff are expected to provide good explanation of the care they were about to deliver prior to assisting the patient. We observed on one occasion when staff came to assist a patient that the explanation given was not sufficient to reassure the patient. The patient's facial expression and manner became tense and staff had to repeat what they wished to do. We observed other occasions where staffs' communication and assistance with patients did not reflect the core values of dignity and respect. For example; staff did not knock on a patient's door prior to entering or leave when they saw that the patient was in discussion with us. We also observed that staff continued to 'fill in' nutritional records in a patient's bedroom without engaging with the patient when the patient was being very vocal. Staff should ensure the delivery of care and daily communication with patients is completed in a respectful manner. These examples of practice were discussed with the manager and in a meeting with senior management in RQIA following the inspection. At this meeting it was confirmed that staff are to have further training to address the deficits identified. This has been identified as an area for improvement.

The opinion of patients, staff and relatives are sought on a regular basis. The manager or designated staff completes a feedback survey with one patient and/or one relative and completes and records the findings of a daily walk around the home. The information garnered is automatically forwarded to a team in the organisation who generate an action notice where a shortfall had been identified. The findings of any audit completed in the home are also reviewed by the regional manager when completing the monthly quality monitoring visit.

The home has received numerous compliments, mainly in the form of thank you cards. The most recent cards were displayed throughout the home for patients and visitors to see. These are some of the comments included:

- “Just to say thank you for looking after (patient) so well over the last 18 months....the whole family appreciates the care given to (patient). April 2019.

Discussion with staff and review of the activity programme evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs. The planned activities programme was displayed in the home. The activities coordinator wasn’t available during the inspection however relatives spoke very highly of her and of the work she was doing. Recent activities included; Tom the ‘music man’, an interactive table (painting without paints), and a Mother’s Day tea party. A relative of a patient who prefers to remain in their bedroom informed of how attentive the activities coordinator was and spent time with their relative and included their relative in the daily life of the home.

We observed the serving of the midday meal. The meal service was relaxed and not rushed in any manner. Patients, including those who needed a softer diet, were offered a choice at mealtimes and staff were knowledgeable regarding the specific dietary requirements of patients. The dining rooms were supervised by staff at all times.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to good communication with relatives and a varied and full activities programme.

Areas for improvement

An area for improvement was identified regarding staff undertaking further training on the principles of care, the core values and communicating with patients.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is the service well led?

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

The manager is the person in day to day operation of the home; the current manager has been recently appointed and has submitted her registration application to RQIA. The manager reported that they were well supported by the organisation and the regional manager, Lorraine Kirkpatrick. They were also supported in their role by two deputy managers and an administrator. A review of the duty rota evidenced that the manager’s hours were clearly recorded. On occasion, the manager is rostered to work in a nursing capacity. Management and nursing hours should be clearly stated on the duty rota. The manager agreed to ensure this was done in the future.

The manager reviews the services delivered by completing a range of monthly audits. Areas audited included staff practice with hand washing, cleanliness of the environment and care records. Complaints and accidents are reviewed monthly to identify trends and any common themes. As previously discussed in 6.4 a more robust approach to the auditing of accidents has been identified as an area for improvement.

Discussion with the manager and staff; and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. The findings of any audit completed in the home are also reviewed by the regional manager when completing the monthly quality monitoring visit.

The regional manager on behalf of the responsible individual is required to check the quality of the services provided in the home and complete a report. This was done through a monthly visit. The reports included the views of patients, relatives and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available and the reports of February to April 2019 were reviewed and had been satisfactorily completed. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

A complaints procedure was displayed in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken and if the complainant was satisfied with the response and outcome to their complaint.

- “I’ve no complaints about anything.”

Examples of written compliments received and comments from relatives have been provided in 6.4 and 6.6 of this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management arrangements and the systems to provide management with oversight of the services delivered.

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 Jewel Isip, 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 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

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 21 June 2019</p>	<p>The registered person shall ensure that the assessment, planning and monitoring of patient care is robust and care needs are accurately assessed and care planned accordingly. This is in respect of mobility; falls risk assessments and behavioural needs.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: This has been addressed. The Registered Manager or Deputy are checking the files on a weekly basis using TRaCA audits to ensure that the assessment, planning and monitoring of patient care is robust and care needs are accurately assessed and care planned accordingly. This is in respect of mobility; falls risk assessments and behavioural needs. The Regional Manager is spot checking the files at least monthly to ensure compliance.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 22.10</p> <p>Stated: First time</p> <p>To be completed by: Immediate action</p>	<p>The registered person shall ensure that the auditing of accidents details any patterns or trends and any action to be taken regarding the findings of audit are stated including a timescale for completion.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: This is being addressed. The auditing of accidents is now more detailed, with the Registered Manager looking at any patterns or trends and any action taken in order to try and reduce the risk of accidents reoccurring. The Regional Manager is checking the accident analysis monthly during her Regulation 29 visit..</p>
<p>Area for improvement 2</p> <p>Ref: Standards 12 and 23</p> <p>Stated: First time</p> <p>To be completed by: Immediate action</p>	<p>The registered person shall ensure that the information written in patients' supplementary care records, including repositioning records and nutritional records is an accurate record.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: This is being addressed as the supplementary care records are being checked on an ongoing basis during daily walkabout around the Home. The Registered Manager or Deputy will check what is written to ensure that it is accurate. The Regional Manager will also spot check the supplementary charts during her Regulation 29 visit monthly.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 25</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff complete further training in respect of the principles of care, the home's core values and communicating with a person living with dementia.</p> <p>Ref: 6.6</p>
<p>To be completed by: 1 August 2019</p>	<p>Response by registered person detailing the actions taken: This is being addressed. Training in core values and communicating with a person living with dementia is being held in the Home before 30.07.19.</p>

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



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