

# Unannounced Care Inspection Report

## 7 February 2017



## Andena

**Type of service:** Residential care home  
**Address:** 206-208 Ballymoney Road, Ballymena, BT43 5HG  
**Tel No:** 028 2564 4767  
**Inspector:** Bronagh Duggan

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Andena took place on 7 February 2017 from 10:45 to 18:30.

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?**

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

Two recommendations relating to the updating of the homes safeguarding policy and procedure, and completion of a schedule for annual staff appraisals and staff supervision have been stated for a second time.

### **Is care effective?**

There were examples of good practice found throughout the inspection in relation to reviews, communication between residents, staff and other key stakeholders.

One requirement and two recommendations were made in regards to the regular review and updating of assessments, the completion of regular care reviews for any self-referred resident and also to introduce a regular audit of care records.

### **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?**

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

No requirements or recommendations were made in relation to this domain.

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
<b>Total number of requirements and recommendations made at this inspection</b>	1	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Christina Shields, 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 25 August 2016.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Mr James Joseph McConville	<b>Registered manager:</b> Mrs Christina Ann Shields
<b>Person in charge of the home at the time of inspection:</b> Mrs Christina Ann Shields	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	<b>Number of registered places:</b> 36

### 3.0 Methods/processes

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

During the inspection the inspector met with thirteen residents, three care staff, and four resident's visitors/representatives.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal information
- Staff training schedule/records
- One staff recruitment file
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Catering audit
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities
- Policies and procedures manual

A total of 30 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Thirteen questionnaires were returned within the requested timescale.

#### 4.0 The inspection

##### 4.1 Review of requirements and recommendations from the most recent inspection dated 25 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 25 August 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 24.3  <b>Stated:</b> First time  <b>To be completed by:</b> 25 September 2016	The registered provider should ensure that a schedule for annual staff appraisals and staff supervision is maintained.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> This had not been completed. This recommendation has been stated for a second time in the QIP appended to this report.	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 16.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 November 2016</p>	<p>The registered provider should ensure the homes adult safeguarding policy and procedure is reviewed and updated to reflect regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The homes adult safeguarding policy and procedure had not been updated to reflect regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 and include the name of the safeguarding champion. This recommendation has been stated for a second time in the QIP appended to this report.</p>	<p><b>Not Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 27.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 October 2016</p>	<p>The registered provider should ensure the flooring in an identified bedroom is improved upon.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Flooring in the identified bedroom was replaced.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 21.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 January 2017</p>	<p>The registered provider should ensure all policies and procedures are systematically reviewed every three years or more frequently as changes occur.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of the policies and procedures manual showed that they had been systematically reviewed.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 23.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 October 2016</p>	<p>The registered provider should ensure a robust training record is maintained which can easily highlight/track staff members training status.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Training records were available which showed staff members training status.</p>	<p><b>Met</b></p>

<b>Recommendation 6</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 25 September 2016	<p>The registered provider should ensure a care review is arranged for the identified resident without delay.</p> <p><b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that a care review was completed for the identified resident following the previous inspection.</p>	<b>Met</b>
<b>Recommendation 7</b>  <b>Ref:</b> Standard 23.4  <b>Stated:</b> Second time  <b>To be completed by:</b> 25 November 2016	<p>The registered manager should ensure that staff complete training in record keeping.</p> <p><b>Action taken as confirmed during the inspection:</b> Records available in the home showed that staff had completed training in record keeping.</p>	

#### 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. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Induction records were viewed during the previous inspection they were not reviewed on this occasion.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A recommendation made regarding the introduction of a schedule for annual staff appraisals and staff supervision has been stated for a second time.

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 manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed during the previous inspection and were found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of one staff personnel file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

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

The registered manager confirmed that there were plans in place to identify a safeguarding champion within the home. A recommendation made regarding the reviewing and updating of the homes adult safeguarding policy and procedure has been stated for a second time.

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.

The registered manager confirmed there had been no recent safeguarding referrals. The registered manager confirmed that all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. 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 keypad entry systems, bed rails, 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 e.g. COSHH.

Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

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



The registered manager reported that any outbreaks of infection within the last year had been managed in accordance with the home policy and procedures. The outbreak had been reported to the Public Health Agency, 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 most recent fire safety risk assessment was completed in October 2015, following the inspection the registered provider forwarded information confirming all recommendations had been appropriately addressed. The registered provider also confirmed the date for completion of a new fire safety risk assessment for February 2017.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed in December 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.

Thirteen 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 or satisfied.

### Areas for improvement

No new areas for improvement were identified in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Three care records were reviewed, it was noted the needs of two identified residents had changed significantly; the assessments had not been updated accordingly to reflect the changes. A requirement was made. The care records also included life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. The care records reflected the multi-professional input into the residents' health and social care needs. The registered manager confirmed care reviews were being maintained on an up to date basis with the referring trusts and a number were due to be completed in the coming weeks. Omissions were noted in relation to the care review processes relating to self-referred residents. The need to ensure annual reviews regarding the suitability of placement for self-referred residents was discussed with the registered manager. A recommendation was made. Residents and/or their representatives were encouraged and enabled to be involved in



the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. 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 for example an audit relating to catering was available for inspection. Further evidence of audit includes the annual quality report. A recommendation was made that regular audits should be completed relating to assessments, care plans, and risk assessments.

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. 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 meeting was held on 23 December 2016.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Residents' representatives spoken with during the inspection made the following comments:

- "It is fantastic, we are kept well informed of any changes. Staff are always about if you need them."
- "We are very happy with the care in the home. Staff are very helpful."

Thirteen 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 or satisfied.

### Areas for improvement

Three areas for improvement were identified in relation to ensuring needs assessments are reviewed and maintained on an up to date basis, to ensure care reviews are completed at least annually for any self-referred residents in the home, and for regular audits to be completed regarding assessments, care plans, and risk assessments

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations</b>	<b>2</b>
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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, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

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 activities and the daily menu were displayed for residents to easily access.

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 staff always knocking the door before entering resident's rooms.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents 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 recognised and responded to in a prompt and courteous manner by staff.

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 annual satisfaction surveys.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation are collated into a summary report which is made available for residents and other interested parties to read. The registered manager confirmed questionnaires had been distributed to residents and representatives for completion and that this information will be used to help compile the report for 2016. The final report will be reviewed during a future inspection.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. An activities therapist visits the home five days per week, activities on offer include for example armchair exercises, music therapy, quizzes, arts and crafts, and knitting. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Resident's representatives spoken with during the inspection made the following comments:

- "This place is really excellent, the staff are all so good. I can't believe the improvement in (my relative) since she came here. This is a lovely home, it is always clean with a smell of home cooking".
- "This is probably the best place for (my relative) honestly we have absolutely no complaints about anything. We know she is well looked after."

Thirteen completed questionnaires were returned to RQIA from service users, staff and relatives. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Residents commented:

- “This is a good home, we are well looked after here. The food is good”.
- “I am very fortunate to be here, the staff are lovely. If there was something for dinner and I didn’t like it there would be no bother in getting something else. It couldn’t be better”.
- “I like it here no complaints from me.”
- “This is a nice home, I am not here a long time but everyone is very kind”.
- “I tell you what is really lovely; they will knock the door all the time before coming into your room”.

### Areas for improvement

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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. The need to continually review and assess the changing needs of residents was discussed with the registered manager who confirmed that care reviews were coming up for a number of residents in the home. The importance of ensuring the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home is registered with RQIA was discussed with the registered manager as was the need to monitor this on an ongoing basis.

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. Policies and procedures were systematically reviewed in 2016.

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 Residents Guide, leaflet etc. 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.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example dementia awareness training.

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 confirmed that the registered provider was kept informed regarding the day to day running of the home through regular visits to the home.

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 any adult safeguarding issues would be managed appropriately and that reflective learning would take place. 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.

Staff spoken with during the inspection made the following comments:

- "This is a well-run home, the manager is always available. The main concern is the welfare of residents".

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

### **Areas for improvement**

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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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 Christina Shields, 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 via the 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	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation15.(2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 7 March2017	<p>The registered provider must ensure the assessment of residents needs is revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.</p> <p><b>Response by registered provider detailing the actions taken:</b> Assessment of residents needs are all updated.</p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 11.2  <b>Stated:</b> First time  <b>To be completed by:</b> 7 March 2017	<p>The registered provider should ensure care reviews are completed at least annually for any self-referred residents in the home.</p> <p><b>Response by registered provider detailing the actions taken:</b> Care reviews for self referred resident has been completed.</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time  <b>To be completed by:</b> 7 May 2017	<p>The registered provider should ensure that regular audits are completed relating to assessments, care plans, and risk assessments.</p> <p><b>Response by registered provider detailing the actions taken:</b> To be fully implemented by due date.</p>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 24.3  <b>Stated:</b> Second time  <b>To be completed by:</b> 7 April 2017	<p>The registered provider should ensure that a schedule for annual staff appraisals and staff supervision is maintained.</p> <p><b>Response by registered provider detailing the actions taken:</b> Schedule for annual staff appraisals and staff supervision has been commenced.</p>
<b>Recommendation 4</b>  <b>Ref:</b> Standard 16.1  <b>Stated:</b> Second time  <b>To be completed by:</b> 7 April 2017	<p>The registered provider should ensure the homes adult safeguarding policy and procedure is reviewed and updated to reflect regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015.</p> <p><b>Response by registered provider detailing the actions taken:</b> New safeguarding policy to be in place by due date.</p>

*\*Please ensure this document is completed in full and returned via the web portal\**

