

Unannounced Care Inspection Report 10 August 2018



Fairlawns

Type of Service: Residential Care Home
Address: 63 Drumcairn Road, Armagh, BT61 8DQ
Tel No: 028 3752 5074
Inspector: Priscilla Clayton

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for fifty four persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Fairlawns Responsible Individual: Michael Murphy	Registered Manager: Claire Cassidy
Person in charge at the time of inspection: Clair Cassidy	Date manager registered: 1 April 2015
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia MP (E) – Mental disorder excluding learning disability or dementia – over 65 years MP – Mental disorder excluding learning disability or dementia: X2 PH – Physical disability other than sensory impairment: X4	Number of registered places: 53 Maximum of 5 places for day service

4.0 Inspection summary

An unannounced care inspection took place on 10 August 2018 from 09.30 to 15.30.

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

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

Evidence of good practice was found in relation to the promotion of a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. There were examples of good practice found in relation to governance arrangements including; staff recruitment, induction, training, supervision and appraisal, infection prevention and control, audit and the maintenance of home's environment.

Areas requiring improvement included the staff training in GDPR, undertaking of a choking risk assessment of one resident alongside the recording of interventions to minimise the risk within the care plan. Review of all care plans was recommended to ensure these are signed by the resident and/or representative and registered manager as two care plans reviewed were unsigned.

Residents said they were very content and happy in the home where the care was very good. No issues or concerns were expressed or indicated.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 February 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, most residents and three staff.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. One questionnaire was returned from a resident's relative. No staff questionnaires were returned within the timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule and training records
- One staff employment file
- Two residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Audits
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Legionella risk assessment

- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 February 2018

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

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

6.2 Review of areas for improvement from the last care inspection dated 20 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that care plans are fully completed in a timely manner. Ref: section 6.5	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of two care plans evidenced that this recommendation had been addressed. An identified team leader undertakes audits of care plans to ensure these are maintained in accordance with minimum standards.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. The registered manager stated that the use of bank staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home. Bank staff were used to provide cover for staff on leave when permanent staff are unable to work extra hours.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and 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. The Northern Ireland Social Care Council's (NISCC) recently published induction programme for new staff was discussed with the registered manager.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff were regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection. The registered manager advised that staff supervisions were conducted three monthly for new staff or more frequently as required. Other supervisions were conducted on a six monthly basis. Staff training in General Data Protection Regulations (GDPR) was discussed with the registered manager. Training in this regard was being sourced by the registered manager.

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 new staff file provided by the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The registered manager advised that Access NI enhanced disclosures was undertaken for all staff prior to the commencement of employment. Records reviewed confirmed that Access NI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

Staff who spoke with the inspector were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. 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 stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of three care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager advised there were restrictive practices within the home, notably the use of keypad entry systems, lap belts on wheel chairs, pressure alarm mats, management of smoking materials and use of CCTV at entry/exit door. The manager advised that the home was registered with the Information Commissioners' Office (ICO) in respect of the CCTV. In the care records examined the restrictions were documented reviewed with the involvement of the multi-professional team, as required. The registered manager explained that the inclusion of the use of the restrictive practice within the Statement of Purpose was a work in progress which will be viewed at the next inspection and a copy obtained for RQIA records.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be updated and reviewed as necessary.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home.

Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken on the standard of cleanliness and action plans developed to address any deficits noted.

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

The registered manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents were undertaken on a monthly basis and analysed for themes and trends; an action

plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately 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. No odours were detected in the home.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly, for example Control of Substances Hazardous to Health (COSHH), fire safety, hot surfaces and smoking.

The home had an up to date Legionella risk assessment in place dated January 2018. The action plan was a work in progress.

It was established that four residents smoked. The registered manager advised that the care records of these residents identified that risk assessment and corresponding care plans had been completed in relation to smoking.

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

The registered manager and review of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date.

The home had an up to date fire risk assessment in place which was dated 11 June 2018. No recommendations for improvement were made.

The registered manager completed, signed and returned the estates checklist to RQIA.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were undertaken as required with records retained which included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly as required and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents and staff, spoken with during the inspection made the following comments:

- "Enough staff here, always around to help when needed" (resident)
- "The home is always clean and tidy" (resident)
- "We have the resources to ensure care is safe – enough staff, training, supervision and equipment" (staff)

Ten questionnaires were provided for distribution to residents and/or their representatives. One questionnaire was returned to RQIA from a resident's relative. This respondent described their level of satisfaction with the provision of safe care as "very satisfied".

No issues or concerns were raised or indicated by staff or residents who met with the inspector.

Areas of good practice

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

Areas for improvement

One area identified for improvement related to GDPR training for staff.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

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

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

A review of two care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments including manual handling, nutrition and falls were reviewed and updated on a regular basis or as changes occurred. One care record examined did not contain a choking risk assessment or evidence of the recorded measures in place to minimise this risk within the care plan. Improvement in this regard alongside referral to Speech and language therapist is necessary. Review of other residents who may be at risk of choking was recommended to ensure a choking risk assessment is undertaken with this potential need reflected and interventions recorded within care plan. A policy in regard to choking was recommended.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were not signed by the resident or representative and the registered manager. Review of all care plans was recommended to ensure signatures are recorded in compliance

with standard 6 of the Residential Care Homes Minimum Standards (2011). Individual written agreements setting out the terms of residency were in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned care practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example residents or where appropriate their representative were involved in the development of person centred care plans.

Four weekly seasonal rotating menus were retained with choice of meals provided to meet the dietary needs of residents. Menus were considered to be varied and nutritious. Special diets were provided as required. Supplementary food drinks were provided as prescribed.

The serving of the mid- day meal was undertaken. Dining room tables were set with a central flower arrangement, table mats, range of condiments and choice of drinks. Adequate sized portions of food were served by staff in a respectful manner. Throughout the meal residents were supervised and assisted as required by staff in a respectful manner. A pleasant atmosphere prevailed throughout the meal with resident quietly conversing and enjoying the meals served. Residents gave positive feedback on the quantity of the food provided.

The home received the maximum rating of 5 in the food hygiene assessment undertaken by environmental health. The cook and kitchen staff are to be commended.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT).

Discussion with staff confirmed that wound care was managed by community nursing services. Referrals were made to the multi-professional team to areas of concern were identified in a timely manner.

Visiting professional staff to the home to undertake assessment of health and social care includes for example; podiatrist (monthly), optician (monthly), and when required the dietician, speech and language therapist, optician, general practitioner, district nursing and social workers. Records of visits undertaken were recorded within residents care records.

The registered manager advised 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 accident/incidents, catering, NISCC registrations, medicines, personal finance and fire equipment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of care practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports/latest RQIA inspection reports/Annual Quality Review report/resident meeting minutes were available on request for residents, their representatives any other interested parties to read.

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

Residents and staff spoken with during the inspection made the following comments:

- “The buzzers are answered promptly by staff.” (resident)
- “If I get pain the staff see to me.” (resident)
- “We have adequate resources to provide effective care.” (staff)

One completed questionnaire was returned to RQIA from a resident’s relative who indicated that they were very satisfied that effective care was provided.

No issues or concerns were raised or indicated by staff or residents who met with the inspector.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to; presentation and serving of meals, monitoring weight loss/gain, audits, communication between residents, staff and other interested parties.

Areas for improvement

Areas of improvement identified related to choking risk assessment, policy development, and the recording of risk management within care plans and signing of same.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

A range of policies and procedures was in place which supported the delivery of compassionate care.

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

Staff and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents’ rights; independence, dignity and confidentiality were protected.

Discussion with residents and the activity therapist confirmed that residents' spiritual and cultural needs, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, infection where appropriate.

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.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, daily informal discussions between staff and residents, satisfaction survey and visits by the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read.

The home employs two activity therapists to ensure that therapeutic intervention is planned and provided to meet the identified needs of residents. Records of all activities and residents who participated were retained.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example; arts/crafts, outdoor walks, beauty therapy, religious service, news updates and reminiscence. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents and staff spoken with during the inspection made the following comments:

- "I find the staff are very kind and caring." (resident)
- "I really like to go out on walks." (resident)
- "All residents are treated with dignity and respect." (staff)

One completed questionnaire was returned to RQIA from a resident's relative who indicated that they were "very satisfied" that care provided was compassionate.

No issues or concerns were raised or indicated by staff or residents who met with the inspector.

Areas of good practice

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

The registered manager is supported in her role at operational level by two team leaders and mixed skill team of care staff, two activity coordinators, cook/kitchen staff, domestics, administrative support and maintenance man. At senior management level support is provided by the Responsible Person, Mr M Murphy.

The registered manager explained the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider/s responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate (dated 26 June 2018) were displayed.

The registered manager demonstrated knowledge and understanding of the Residential Care Homes Regulations and Minimum Care Standards.

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 stated that the registered provider was kept informed regarding the day to day running of the home by way of daily visits to the home, telephone contact and arranged meetings.

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. The registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide. Discussion with staff confirmed they were knowledgeable about how to respond to 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.

Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The home retains compliments received including many thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

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.

A visit by the registered provider 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, RQIA and any other interested parties to read. Reports for June and July were reviewed.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Residents and staff spoken with during the inspection made the following comments:

- “The manager Claire sees to everything.” (resident)
- “I think the home is well manager.” (resident)
- “Good support from the manager.” (staff)
- “Good team work, we support each other to provide the best care for our residents.” (staff)

One completed questionnaire was returned to RQIA from a resident’s relative visitors/representatives and staff. The respondent described their level of satisfaction with the well led aspect of care as “very satisfied”

Areas of good practice

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Claire Cassidy Registered Manager and Ruth Brimage, Team Leader as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2018</p>	<p>The registered person shall ensure that any resident at risk of choking have a risk assessment with measures in place to minimise the potential risk recorded within care plans.</p> <p>The registered person shall ensure that care plans are signed by the resident or representative and the registered manager. Should a resident or representative be unable or refuse to sign this should be recorded.</p> <p>Review of all care plans should be undertaken to ensure compliance with standard 6 of the Residential Care Homes Minimum Standards are signed</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A review of all residents care plans is underway. Audit reports are compiled and are being deseminated with staff. Staff are endeavouring to speak with residents and their next of kin as appropriate to discuss care plans and arrange for signing and dating of same.</p> <p>Policy regarding assessement of choking risk and management of identified risk is being developed and implemented with our client group.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2018</p>	<p>The registered person shall ensure that staff training in GDPR is provided.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>GDPR training has been made available to staff and is being rolled out with dates for expected completion set. Completion of training is being monitored by management staff. Assistance and support is being provided by management as well as monitoring of implementation and completion of training.</p>

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



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