

Unannounced Care Inspection Report 29 April 2016



Roxborough House

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced care inspection of Roxborough House took place on 29 April 2016 from 10am to 17.35. On the day of inspection the registered manager was off duty. A senior care assistant was in charge of the home. A follow up inspection visit to the home was undertaken on 4 May 2016 to meet with the registered manager to obtain further information in regard to specific areas inspected on 29 April 2016.

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

Is care safe?

One recommendation made in this domain included;

- The registered manager should ensure that review and revision of the Adult Safeguarding Policy is undertaken so that systems and processes are in keeping with the Department of Health, Social Services and Public Safety (DHSSPS) Adult Safeguarding policy; Prevention and Protection in Partnership (July 2015). The identification of a Safeguarding Champion is required. Staff training would also be necessary so that staff is informed of best practice including the role and function of the safeguarding champion.

Is care effective?

There were no requirements or recommendations made in this domain.

Is care compassionate?

There were no requirements or recommendations made in this domain.

Is the service well led?

One requirement and two recommendations were made in this domain.

- One requirement was made related to maintaining a copy of the report of monthly monitoring visits undertaken within the home. This should be available on request to RQIA; the registered manager; resident/representative and an officer of the SHSC Trust. Reports must include information relating to staffing, review of accidents/incidents and interviews with relatives / representatives.
- One recommendation related to review of policies and procedures held in hard copy as several did not match those held electronically on computer. This was considered to be unsafe due to the potential for confusion among staff.
- One recommendation related to carrying out a review of the uniforms worn by staff. Some residents expressed confusion in knowing who to speak with if they wanted advice or had any issues or concerns as all staff including ancillary staff wore the same style and colour of uniform.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

Details of the QIP within this report were discussed with Lucia Donnelly, 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 previous QIP there were no further actions required to be taken following the last care inspection.

2.0 Service details

Registered organisation/registered person: Southern SHSC Trust. (RQIA awaiting application for registration of the registered person from SHSC Trust)	Registered manager: Mrs Lucia Donnelly
Person in charge of the home at the time of inspection: 29/4/16 - Marie Gorman 10 am to 14.00 and Heather Kingsmill 14.00 to 17.35. 4/5/16 - Lucia Donnelly 14.30 to 15.30	Date manager registered: 5/10/2010
Categories of care: I - Old age not falling within any other category DE – Dementia LD - Learning Disability	Number of registered places: 30
Weekly tariffs at time of inspection: SHSC Trust facility	Number of residents accommodated at the time of inspection: 15 – 3 Temporary; 11 Permanent; 1 Intermediate care.

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Twenty six accident and incident notifications submitted to RQIA since the previous care inspection.
- Inspection report dated 7 July 2015.

During the inspection the inspector met with 15 residents, three care staff, one visiting professional and two resident's visitors/representative.

Satisfaction questionnaires were provided for residents (8), staff (8) and relatives/representatives (8) for completion and return to RQIA.

The following records were examined during the inspection:

- RQIA Registration Certificate
- Statement of Purpose
- Resident Guide
- Accident / Incident records
- Complaint records received since the previous inspection (1)
- Staff training records
- Staff duty roster
- Staff induction programme
- Policies / procedures
- Access NI record
- Staff registration status record
- Four care plans records
- Risk management strategy
- Risk register
- Staff Competency and capability assessment
- Quality Assurance - audits
- Fire risk assessment
- Minutes of residents' meetings
- Minutes of staff meetings

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection Dated 7 July 2016

The most recent inspection of Roxborough House was an unannounced care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 7 July 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager confirmed that staffing levels were satisfactory and that these were subject to regular review to ensure the assessed needs of the residents were met. Currently a “hold” on admissions to the home has been made by the manager due to a staffing shortfall as a result of two vacancies. This area of risk had been placed on the home’s risk register and identified as moderate risk by the registered manager.

The registered manager explained that temporary cover for the two vacant posts were provided through additional hours worked by permanent part time staff, bank and commissioned agency staff. Staff confirmed that cover was provided as far as was possible however, on occasions this was not always possible. Staffing shortfall was reflected in the staff duty roster on two weekends with one care staff short on some shifts. The registered manager confirmed that two new care staff appointments have been made and are due to commence employment within the month. During the inspection staff were observed to carry out duties in an efficient effective manner.

Senior care staff, residents and the registered manager confirmed residents’ needs was being met with the additional hours commissioned and a “hold” currently placed on new admissions. No concerns regarding staffing shortfall were raised or indicated by residents or representatives during the inspection.

Questionnaires returned to RQIA following the inspection indicated that residents, representatives and staff were satisfied that staffing levels were satisfactory. Respondents indicated that staff was good at their job. There was no indication of any dissatisfaction with staffing or care practice from respondents

Review of completed induction records for new staff and discussion with the registered manager and staff evidenced that an induction programme was in place for all newly appointed staff, relevant to their specific roles and responsibilities.

Staff confirmed that supervision was regularly provided. A schedule of planned staff supervision was maintained. Staff also confirmed that appraisals are held annually with records retained. This was confirmed in staff questionnaires returned to RQIA within the timescale for inclusion in this report.

The registered manager and senior care staff confirmed that competency and capability assessments were undertaken for any staff that are 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. A review of a sample of staff competency and capability assessments evidenced these were comprehensive.

Review of the home’s recruitment and selection policy and procedure confirmed compliance with current legislation and best practice.

The senior care worker in charge on the first day of inspection confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Records of recruitment and selection of staff are retained within the SHSC Trust Human Resource Department.

The senior care worker in charge confirmed that Enhanced Access NI disclosure dates were viewed by the SHSC Trust Human Resource Department and the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body. Renewal dates were recorded and retained by the manager.

Review and revision of the Adult Safeguarding Policy should be undertaken to ensure this is in keeping with the Department of Health, Social Services and Public Safety (DHSSPS) Adult Safeguarding policy; Prevention and Protection in Partnership (July 2015). The identification of a Safeguarding Champion is required. Staff training is also necessary so that staff is fully informed of best practice including the role and function of the safeguarding champion.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints received confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

Review of the infection prevention and control (IPC) policy dated 15 April 2015 confirmed that these were in line with regional guidelines. Discussion with staff established that they were knowledgeable and had understanding of IPC policies/procedures and best practice.

Staff training records and discussion with staff confirmed that all staff had received training in IPC (23 February 2015) in line with their roles and responsibilities. Refresher training is planned for May/June 2016.

Inspection of home 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. Residents were able to describe how staff members wore gloves and aprons when assisting with personal care tasks and that their rooms were always kept clean.

Hand hygiene was a priority for staff and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home.

The senior care worker in charge confirmed that there were risk management procedures relating to the safety of individual residents and that the home did not accommodate any individuals whose needs could not be met or were outside of the registered category of care.

Review of care records identified that an individual needs assessment and risk assessments were obtained prior to admission of residents to the home. Following admission comprehensive needs assessments and care plans were developed in partnership with the resident/representative.

Three care records inspected contained needs assessments which were complemented with risk assessments including; manual handling, nutrition and falls were reviewed and updated on a regular basis or as changes occurred. Care records examined were signed by the resident or where necessary their representative.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required. Staff confirmed that responses were timely and when any recommendations were made these would be reflected within with care plans.

The senior care worker confirmed that no areas of restrictive practice were employed within the home. No visible restrictive practices were observed during the inspection. Corporate policies and procedures on restrictive practice were available to staff.

The registered manager confirmed that there were risk management policies and procedures relating to assessment of risks in the home. Discussion with the senior care worker and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed as necessary. For example, fire safety, Control of Substances Hazardous to Health (COSHH).

The senior care assistant confirmed that equipment in use in the home was well maintained and regularly serviced with records retained.

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 and visitors or staff. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges and bathrooms. Residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated throughout.

Review of the fire safety risk assessment, dated April 2015, identified that recommendations made had been addressed and signed as such by the registered manager. Review of staff training records confirmed that staff received had received fire safety training during 2015. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) which were held within individual care records.

Questionnaires completed and returned to RQIA from residents and representatives confirmed that respondents felt that the care provided was safe and free from harm. One respondent commented; "staff are consistently vigilant; they are busy but manage to keep on top of individual needs and hygiene is very good."

One visiting professional staff member expressed satisfaction with the care provided within the home. Care was described as "good attention to detail with care followed by staff as prescribed."

Two visitors also expressed satisfaction with the provision of care, staffing and general ambience within the home. They described the care as safe with good attention by staff to assist and support their relatives. No issues or concerns were raised or indicated.

Areas for improvement

One recommendation was made:

- Review and revision of the Adult Safeguarding Policy is necessary to ensure practice is in keeping with the Department of Health, Social Services and Public Safety (DHSSPS) Adult Safeguarding policy; Prevention and Protection in Partnership (July 2015). The identification of a Safeguarding Champion is required. Staff training is recommended so that staff are fully informed of best practice including the role and function of the safeguarding champion.

Number of requirements:	0	Number of recommendations:	2
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4.4 Is care effective?

Discussion with staff and the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents. Questionnaires were completed and returned to RQIA; staff (3), residents (2) and representatives (3). All respondents indicated that the right care was provided, at the right time, with the best outcome.

A review of four care records and discussion with residents confirmed that the care being provided by staff was effective. Care records examined were maintained in line with the legislation and standards. These were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

Care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

Care records were observed to be stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care records, accidents and incidents (including falls), complaints and environment were available for inspection and evidenced that actions identified for improvement were incorporated into practice.

The senior care assistant in charge confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with staff and residents confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with during the inspection and periods of observation of practice evidenced that staff communicated effectively with residents and representatives.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. This was also confirmed by residents, representatives and staff within completed questionnaires returned to RQIA within the timescale.

Minutes of resident meetings were available for inspection. These included the names of residents in attendance and reflected their views and preferences in a range of topics on the day to day running of the home.

Areas for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager and care staff confirmed there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner. Staff demonstrated a good understanding of residents' likes and dislikes and their life history.

The staff and residents and representatives confirmed that consent was sought in relation to care and treatment. Residents, representatives, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity.

Discussion with staff, residents, representatives and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. 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.

The registered manager confirmed that 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. Methods utilised included regular review of care, annual care management review, residents meetings, daily informal discussions, satisfaction surveys conducted annually and through discussion during interviews made at the monthly monitoring visits.

Staff confirmed that residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out on a regular basis. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

Responses from residents, representatives and staff within satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

Comments made by one representative included; “most definitely treated with appropriate dignity and respect.” One resident commented “treated as an individual, staff have time to spend with residents and chat”

Areas for improvement.

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

The senior care worker confirmed that the health and social care 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. This was confirmed by staff, residents and their representatives in completed questionnaires returned to RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies and procedures were being held electronically and also in hard copy. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Several policies, however, were held in hard copy and did not match those held electronically. This practice was considered to be unsafe due to the potential for confusion among staff. Review of all hard copies of policies and procedures held should be undertaken to ensure these match those held electronically. One recommendation was made in this regard.

A complaints policy and procedure was in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide and leaflets available. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. The manager explained that the investigation /outcome of one complain received resulted in the development of a best practice guideline for staff and that reflective learning had taken place.

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

Several complementary cards and letters had been received regarding the provision of excellent provision of care and life experienced by residents.

The registered manager confirmed that an accident/incident/notifiable events policy and procedure in place 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. Evidence of regular audit of accidents and incidents was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the Falls Prevention Guidance (Toolkit) and were using this guidance to improve falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and annual satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed.

The registered manager confirmed that monthly monitoring visits were undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. However, there were no recorded reports retained in the home since July 2015. These were subsequently forwarded electronically to the home on the day of inspection. Inspection of the reports showed that several did not include staffing issues, review of accidents/incidents or interviews with relatives/representatives. One requirement was made in regard to the retention of monthly monitoring reports within the home which can be made available on request to RQIA; registered manager; residents or representatives and trust staff.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation. The registered manager confirmed that her line manager was kept informed regarding the day to day running of the home and that regular supervision was provided.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

Residents were aware of the roles of staff within the home, however three expressed concern as to who was who as all staff including ancillary staff wore the same uniform. These residents said they found this confusing in relation to knowing who to speak with if they wanted advice or had any issues or concerns. This matter was discussed with the registered manager who agreed to review this matter. One recommendation was made in this regard.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of RQIA registration was displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that adult safeguarding issues were managed appropriately and where required reflective learning had taken place.

One recommendation made in is stated within section 4.3 of this report in regard to DHSSPS policy (2015) on adult safeguarding prevention and partnership.

The registered manager and staff confirmed that there were effective working relationships with other professional staff and external stakeholders. The home had a whistleblowing policy and procedure. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there was good working relationships within the home and with other professional staff 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. This was detailed within policy and procedures retained.

Responses from residents, representatives and staff within satisfaction questionnaires completed and returned to RQIA were all positive in the “well led” domain. Comments from one relative included:

“Well organised”

“Family are greeted by name and feel involved”

”The care couldn’t be better and we are most grateful”

All respondents indicated that the home was well led, for example; well managed kept informed of changes or developments; knowledgeable staff; good standard of care and aware of how to make a complaint.

No issues or concerns were recorded or indicated in questionnaires returned to RQIA.

Areas for improvement

One requirement made related to retention of monthly monitoring reports in the home in compliance with Regulation 29 (5) of The Residential Care Homes Regulations (Northern Ireland) 2005.

One recommendation was made in regard to review and revision of policies and procedures held in hard copy format as several did not match those held electronically. This practice was considered to be unsafe due to the potential for confusion among staff.

One recommendation related to carrying out a review of the uniforms worn by staff. Some residents expressed confusion in knowing who to speak with if they wanted advice or had any issues or concerns as all staff including ancillary staff wore the same style and colour of uniform.

Number of requirements:	1	Number of recommendations:	2
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5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the Lucia Donnelly, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s 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 person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 29 (5)</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2016</p>	<p>The registered person shall ensure that monthly monitoring reports are retained in the home and made available on request to – RQIA, the registered manager, the resident or representative; and an officer of the HSS Trust.</p> <p>The reports should reflect any staffing issues, review of accidents/incidents and interviews with relatives/representatives.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has discussed this requirement with the Head of Service and actions have been agreed to ensure that Registered Provider Visit reports will be available on request and will reflect the issues stated above.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2016</p>	<p>The registered manager should undertake a review and revision of the Adult Safeguarding Policy is undertaken to ensure systems and processes are in keeping with the Department of Health, Social Services and Public Safety (DHSSPS) Adult Safeguarding policy; Prevention and Protection in Partnership (July 2015) are in place. The identification of a Safeguarding Champion is required. Staff training is necessary so that staff are informed of best practice including the role and function of the safeguarding champion.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered manager is taking advice from the Trust Safeguarding Team and this recommendation will be progressed.</p>
<p>Recommendation 2</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>Several policies and procedures held in hard copy format and did not match those held electronically on computer. This was considered to be unsafe due to the potential for confusion among staff. Review of all hard copies of policies and procedures to ensure these match with those held electronically is necessary.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Hard copies of Policies and Procedures have been reviewed with those held electronically and files updated.</p>

<p>Recommendation 3</p> <p>Ref: Standard 1.4</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered person should review the uniforms worn by staff as confusion arose for some residents in knowing who to speak with if they wanted advice or had any issues or concerns as all staff wore the same style and colour of uniform.</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager has actioned this recommendation this month and new uniforms have been ordered and delivered for the identified staff. Name badges have been provided for all staff which identified their role these actions will ensure that residents and visitors to the home can clearly identify staff roles within the home.</p>
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