

Unannounced Care Inspection Report 07 August 2017



Crozier House

Type of Service: Residential Care Home
Address: Meeting House Road, Banbridge, BT32 3ER
Tel No: 028 4066 2734
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 which can accommodate a maximum of 27 residents. Within this number of places the home is approved to accommodate older people over 65 years of age and a maximum of five residents living with dementia. There is also provision for four day care places provided the total number of persons accommodated does not exceed 27.

3.0 Service details

Organisation/Registered Provider: Crozier House/Southern HSC Trust Responsible Individual(s): Francis Rice	Registered Manager: Iris Cromie
Person in charge at the time of inspection: Hazel Owens. Senior Day Care Worker	Date manager registered: 16 August 2013
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia (5 residents)	Number of registered places: 27

4.0 Inspection summary

An unannounced care inspection took place on 07 August 2017 from 09.00 to 14.20.

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 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 culture and ethos of the home, listening to and valuing residents and taking account of the views of residents. There were examples of good practice found throughout the inspection in relation to governance arrangements, systems and processes in place for the daily management of the home, and quality improvement and maintaining good working relationships..

Areas requiring improvement included; review and revision of the policy on restraint, audit of care records and the signing of care plans by the resident/manager. These two recommendations are stated for a second time.

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	3

Details of the Quality Improvement Plan (QIP) were discussed with the senior care worker as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 February 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous care inspection report and QIP
- Correspondence
- Notifications
- Registration status

During the inspection the inspector met with 10 residents, three staff, one visiting and two residents' representatives.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Ten questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Three residents' care files
- Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audit
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings/representatives'/other
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual resident written agreement

- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 February 2017

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

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

6.2 Review of areas for improvement from the last care inspection dated 22 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (3) Stated: Second time	The registered provider shall ensure that a competency and capability assessment is undertaken for any staff member who is given responsibility of being in charge of the home for any period of time in her absence.	Met
	Action taken as confirmed during the inspection: Competency and capability assessments of two staff confirmed that the registered manager had addressed this recommendation.	

<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p>	<p>The registered provider shall ensure that care plans are in place for all residents admitted under the intermediate care scheme. The care plans should reflect actual and potential needs, objectives and interventions to meet the needs identified.</p> <p>Action taken as confirmed during the inspection: Three care plans randomly selected confirmed that these were in place and reflected the identified actual and potential needs of residents admitted under the intermediate care scheme.</p>	<p>Met</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 16.1</p> <p>Stated: Second time</p>	<p>The registered provider should ensure that the policy and procedure titled Adult Safeguarding is reviewed and revised to ensure these are in keeping with DOH policy/procedure titled Adult Safeguarding Prevention and Protection in Partnership (2015).</p> <p>Action taken as confirmed during the inspection: Adult safeguarding policies/procedures had been updated as recommended.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 20.11</p> <p>Stated: Second time</p>	<p>The registered provider should enhance the current quality assurance methods through the reintroduction of resident/representative satisfaction surveys, audit of care records (including care plans and reviews) and accidents/incidents.</p> <p>Action taken as confirmed during the inspection: Discussion with the senior care worker in charge and review of action taken including; re-introduction of a satisfaction survey and audit of accident/incidents confirmed partial compliance with this recommendation. Audit of care records is planned to take place during September 2017. Accident/incident audits were completed April 2017.</p>	<p>Partially Met</p>

Area for improvement 3 Ref: Standard 16.9 Stated: First time	The registered provider should ensure that update training on the revised adult safeguarding policy/procedures is provided to all employed staff.	Met
	Action taken as confirmed during the inspection: Training records examined confirmed that training was provided on 30 January 2017.	
Area for improvement 4 Ref: Standard 6.3 Stated: First time	The registered provider should ensure that the resident or their representative, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident is unable to sign or chooses not to sign, this is recorded.	Not met
	Action taken as confirmed during the inspection: One of three care plans examined was not signed by the resident or registered manager.	

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 senior care worker confirmed the staffing levels 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 staff, residents and residents' representatives.

There was a visible staff presence observed during the inspection with staff readily available to assist and respond to residents' call bells in a timely manner.

All residents appeared comfortable, relaxed and well cared for with time afforded to personal care needs. Residents spoke openly with the inspector giving positive feedback in regard to the care provided.

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

Review of completed induction records and discussion with the senior care worker and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and reviewed during the inspection.

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. Two completed staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with 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 and that records were retained at the organisation's personnel department.

Enhanced Access NI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with the Northern Ireland Social Care Council (NISCC). A registration tracker was in place.

The senior care worker explained that review and revision of a trust policy/procedure on adult safeguarding was a work in progress.

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

Discussion with the senior care worker and review of accident and incidents notifications, care records and complaints records confirmed that no alleged or actual incidents of abuse had occurred since the previous care inspection.

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

A review of the policy and procedure on restrictive practice/behaviours which challenge confirmed that this 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). Improvement was recommended in relation to the policy to include reference of notification to RQIA should any form of restraint be used within the home.

The senior care worker confirmed that no restrictive practices were undertaken within the home. On the day of the inspection no restrictive practice was observed.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management team and updated and reviewed as necessary.

The senior care worker confirmed there were risk management policy and procedures in place. Review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly. For example; Control of Substances Hazardous to Health (COSHH), manual handling and fire safety.

Equipment and medical devices observed in the home were being regularly serviced as required.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. 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 and disposable towels were available alongside foot operated disposal bins.

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 in both written and pictorial format. Staff were observed to adhere to safe practice in regard to infection, prevention and control with regular hand washing, wearing of disposable aprons and gloves as required.

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 observed during the inspection. Discussion with the senior care worker confirmed that risk assessments and action plans were in place to reduce risk where possible.

Residents' bedrooms were personalised with photographs, memorabilia and personal items. The home was exceptionally clean, tidy, fresh smelling and organised. This is to be commended.

The home's fire risk assessment was dated 17 May 2016. No recommendations for action were made. All fire doors were closed and exits unobstructed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed. 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 where necessary monthly. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Care staff spoken with during the inspection made the following comments:

- "I feel this is a very good home where residents are very well cared for."
- "We would go the extra mile for residents to ensure that they are happy and content."
- "We have direct access to the manager, who operates an "open door" to everyone."

Residents spoken with during the inspection made the following comments:

- “Staff are very good and see to all our needs and wants.”
- “We are really well looked after, couldn’t wish for any better.”
- “The home is always clean and tidy.”

Ten completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents indicated they were satisfied that the care provided was safe.

Areas of good practice

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

Areas for improvement

The policy on restraint should include reference of notification to RQIA should any restraint be used within the home.

	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.

A review of three 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.

The care records reviewed 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. With the exception of one of the three care records reviewed these were observed to be signed by the resident or their representative. Improvement in regard to obtaining the resident/relative and manager’s signature in the care plan was made following the previous care inspection to the home. Discussion with staff confirmed that a person centred approach underpinned practice. This was evident in care plans reviewed.

There was good evidence of multi-professional collaboration recorded within care records reviewed.

Individual resident agreement, setting out the terms of residency, was in place and appropriately signed.

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

The senior care worker confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents/incidents environment, fire safety and medications were available for inspection. The senior care worker explained that any actions identified for improvement were incorporated into practice through dissemination to staff at supervision or through staff meetings. Further evidence of audit was contained within the monthly monitoring visits reports. The senior care worker explained that a template was being developed to undertake audit of care records. Audit of care records was recommended at the previous inspection and is stated for a second time in the appended QIP of this report.

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

Residents and two representatives spoken with and observation of practice evidenced that staff communicated effectively with residents, their representatives and other key stakeholders. Minutes of residents' meetings were reviewed during the inspection.

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

Staff spoken with during the inspection made the following comments:

- "We have all the necessary resources to provide good care to meet the residents' needs."
- "Should we raise any matters with the senior care workers or the manager these would be taken seriously and always addressed."
- "Care plans are shared with the residents or when consent given with a relative."

Residents spoken with during the inspection made the following comments:

- "This is a good home and the staff always ensure we get treated well."
- "I have absolutely no complaints about her, everything is spot on."
- "The staff are friendly, always smiling and friendly."

Ten completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents indicated satisfaction that care provided was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to person centred care planning and review, multi-professional collaboration, audits, communication between residents, staff and other key stakeholders.

Areas for improvement

Two areas identified for improvement related to audit of care records and the signing of care plans by the resident/manager. These two recommendations are stated for a second time.

	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.

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 and residents confirmed that residents' spiritual and cultural needs, were met within the home. This was further evidenced by the review of care records.

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 availability of large print if required.

The senior care worker and residents 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 was able to demonstrate how residents' confidentiality was protected. For example; holding discussions with residents regarding care in private, security of care records, knocking of bedroom doors before entering and performing personal care duties in private areas.

The senior day care worker and staff confirmed that residents were always listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, two 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 at residents' meetings, suggestion box, annual reviews and satisfaction surveys conducted.

One area identified for improvement related to the development of an annual quality report. This was discussed with the senior care worker. A copy is to be forwarded to RQIA with the QIP.

Discussion with staff, residents, two of their representatives, 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. For example through access to the home's telephone, open visits and attendance at various functions as desired.

Staff spoken with during the inspection made the following comments:

- “Residents are always treated with respect and listening to their views, choices and preferences is acknowledged.”
- “We share all relevant information with residents and their representatives.”
- “This is an excellent home where the needs of all our residents are met.”

Residents spoken with gave positive feedback in regard to the compassionate care provided and described how staff always afforded time to listen to them and provide assistance when necessary.

Ten completed questionnaires were returned to RQIA from service users, staff and relative. Respondents indicated satisfaction that care provided within the home was compassionate.

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

One area identified for improvement related to the development of an annual Quality Report for 2016/17.

	Regulations	Standards
Total number of areas for improvement	0	1

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 senior care worker outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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 senior care worker 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 was displayed.

A range of policies and procedures was in place to guide and inform staff. Policies were held electronically and in hard copy format. These were centrally indexed and retained in a manner which was easily accessible by staff.

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 their representatives were made aware of how to make a complaint by way of the Residents Guide and residents meetings. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Examination of the complaints records and discussion with the senior day care worker confirmed that no complaints had been received since the previous inspection.

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. A regular audit of accidents and incidents was undertaken and reviewed as part of the inspection process. The senior care worker confirmed that learning from accidents and incidents, where required, was disseminated to all relevant parties and action plans developed to improve practice.

Discussion with the senior day care worker and staff confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

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

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

The senior care worker confirmed that there were no active safeguarding issues. Review of records and discussion with the senior care worker and staff confirmed that if any adult safeguarding arose this would be managed appropriately and if required reflective learning would take place. The senior care worker 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 senior care worker confirmed that staff could also access line management to raise concerns and provide 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.

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

Residents spoken with during the inspection made the following comments:

- "All staff are good, I would give them a 15% pay rise if I had my way"

- “Mrs Cromie is very approachable and ensures that we are well cared for”
- “Staff are always available and keep me and my family informed about everything”
- “The meals are excellent and there is always plenty to eat. I must have put on a stone weight on since I came to the home. I had no one to cook for me and sometimes no one to get my messages.”

Staff who spoke with the inspector gave positive feedback in regard to the provision of the service and confirmed all necessary resources were available, that they felt very well supported by the manager and senior care staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, systems and processes in place for the daily management of the home, and quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified within this domain 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 the senior care worker 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 to Care.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6.3 Stated: Second time To be completed by: 31 August 2017.	<p>The registered person should ensure that the resident or their representative, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager can confirm that this area of improvement has been actioned within the required timescale.</p>
Area for improvement 2 Ref: Standard 21.5 Stated: First time To be completed by: 30 November 2017.	<p>The registered person shall ensure that the policy on restraint is reviewed and revised to include reference of notification to RQIA should any restraint be used within the home.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager can confirm that this area for improvement is underway and the Policy on Restraint will be reviewed and implemented within the required timescales.</p>
Area for improvement 3 Ref: Standard 6 Stated: Second time To be completed by: 30 October 2017	<p>The registered person shall ensure that audit of care records is commenced and undertaken on a regular basis to ensure compliance with care record standards.</p> <p>Ref: 6.2 and 6.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager can confirm that the planned audit cycle has been reviewed and this now includes a care records audit which will be undertaken on a regular basis to ensure compliance with care records standards.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017.</p>	<p>The registered person shall ensure that an annual quality report is developed. A copy of the report is to be forwarded to RQIA with the returned QIP.</p> <p>Ref 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager can confirm that an annual quality report has been developed. The report is underway and the content includes a description of the progress within the home throughout the past year with a highlight on the areas of quality and continuous improvement undertaken within the residential care home during 2016-17. The report highlights examples of practice which the Registered Manager believes are significant in assuring and improving the quality of services provided to both residents and relatives. The report will be submitted to RQIA Inspector by mid October which is within the stated time scale indicated in the QIP requested by 30th November 2017.</p>

Please ensure this document is completed in full and returned to Care.Team@rqia.org.uk from the authorised email address



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews