

Unannounced Care Inspection Report 8 June 2016



Crozier House

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced care inspection of Crozier House took place on 8 June 2016 from 10.00 to 16.00.

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?

No requirements or recommendations were made in respect of safe care. Staffing provision was considered to be satisfactory to meet the needs of residents accommodated at the time of inspection. Staff training, supervision and appraisal were provided in accordance with minimum standards and legislation. There were examples of good practice in respect of effective communication with residents and positive feedback from relatives, staff and residents within questionnaires returned to RQIA following the inspection.

Is care effective?

No requirements or recommendations were made in respect of the effective care domain. Care records examined contained comprehensive needs assessments which were complemented with risk assessments, individualised person centred care plans which reflected measures in place to minimise the risks identified, daily evaluations and on-going care reviews. Feedback from residents, relatives and staff during and from questionnaires returned to RQIA following the inspection reflected positive responses in respect of effective care.

Is care compassionate?

No requirements or recommendations were made in respect of compassionate care. There were examples of good practice found in relation to the culture and ethos of the home, listening to and valuing residents and to taking into account the views and opinions of residents. This activity was observed, recorded in care records and reflected in meetings held and reviews conducted.

Is the service well led?

Three requirements and two recommendations were made within this domain. Requirements included; undertaking competency and capability assessments of persons designated to be in charge of the home during the registered manager's absence; notification of incidents to RQIA within the timescale required; ensuring monthly monitoring records are retained in the home and available on request to residents, relatives, RQIA and HSSC Trust personnel.

Recommendations for improvement included review of policies and procedures which were noted to be outside the three year review period in keeping with minimum care standards (staff induction and Whistle blowing). In addition the adult safeguarding policy should be reviewed to include new regional guidelines and identification of a champion. Improvement in regard to further development of quality assurance methods including audits of care records, care plans and reviews; environment and reintroduction of resident satisfaction surveys was also recommended.

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	3	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Iris Cromie, 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 type e.g. care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered provider: Southern HSC Trust/ Frances Rice	Registered manager: Iris Cromie
Person in charge of the home at the time of inspection: Iris Cromie, registered manager.	Date manager registered: 09/09/2013
Categories of care: I - Old age not falling within any other category DE – Dementia	Number of registered places: 27
Weekly tariffs at time of inspection: SHSC Trust facility	Number of residents accommodated at the time of inspection: 14

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous care inspection report and QIP; notifications of accidents/incidents and correspondence received.

During the inspection the inspector met with the registered manager, nine residents, three care staff, one domestic staff, one visiting professional and one resident's visitor. Eight resident views, eight resident representatives' views and eight staff views questionnaires were provided for completion and return to RQIA. The responses contained within questionnaires reflected satisfaction in all of the areas reviewed. No issues or concerns were reflected.

The following records were examined during the inspection:

- RQIA registration certificate
- Statement of purpose
- Resident guide
- Selected policies / procedures
- Staff Induction
- Staff duty roster
- Accidents / incidents
- Complaints records
- Staff training records
- Staff supervision and appraisal schedules
- Three resident care records
- Enhanced Access NI record
- Audit records
- Minutes of resident meetings
- Minutes of staff meetings
- Activity schedule
- Fire risk assessment
- Fire drills and fire equipment checks

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 04/01/2016

The most recent inspection of Crozier House was an unannounced care inspection undertaken on 4 January 2016. The completed QIP was returned and approved by the care inspector. One of the three requirements made has been reiterated in this report as monthly quality monitoring visits made on behalf of the registered provider were not available in the home from January 2016.

4.2 Review of requirements and recommendations from the last care inspection dated 04 January 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 4 20</p> <p>Stated: First time</p>	<p>The registered manager is required to retain a record of all staff meetings held including the names of all those attending.</p> <hr/> <p>Action taken as confirmed during the inspection: Records of staff meetings retained showed named staff in attendance. The registered manager has established a schedule to ensure staff are aware of dates.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 19 (2) Schedule 4 11</p> <p>Stated: First time</p>	<p>The registered manager is required to retain a record of all complaints received from residents or representatives or relatives or by staff about the operation of the home, and the action taken by the registered manager.</p> <hr/> <p>Action taken as confirmed during the inspection: Templates for recording complaints were available. One complaint received was recorded, investigated and resolved.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulation 29 (5)</p> <p>Stated: First time</p>	<p>The registered provider is required to maintain a copy of each monthly report in the home and make it available on request to RQIA, resident or representative and HSS Trust personnel.</p> <hr/> <p>Action taken as confirmed during the inspection: Records of monthly monitoring reports from January 2016 were not available for inspection. Following request from the registered manager to her line manager the May 2016 report was e-mailed to the home. This requirement is reiterated for a second time in the Quality Improvement Plan appended to this report.</p>	Not Met

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 3 Stated: First time	It is recommended that all monthly audits are retained in one central audit file.	Met
	Action taken as confirmed during the inspection: Storage of audit files had been reviewed by the manager. Audits are now retained in one file for ease of access.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. The following staff were on duty –

- Registered manager
- One clerical staff (part time)
- Three care staff
- One domestic staff
- Two kitchen staff

Staffing levels were discussed with the registered manager, staff and residents. With the exception of the views of one staff member staffing levels were considered by everyone to be satisfactory. One staff member explained that at times there was only one domestic on duty instead of the usual two. This was discussed with the registered manager who confirmed that most days there were two on duty however; with the reduction of residents to 14 on the day of inspection one domestic was sufficient. The staff duty roster reflected named staff alongside hours worked each day. Allocated time was available for shift hand over reports.

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

Discussions with the registered manager, staff and review of returned staff satisfaction questionnaires confirmed that mandatory training, supervision and staff appraisal was provided. A schedule for annual staff appraisals and staff supervision was maintained and available for inspection.

Review of the staff recruitment and selection policy contained details of the recruitment process, legislative requirements and Department of Health and Social Services (DHSSPS) guidance.

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 Southern Health and Social Care Trust (SHSCT) 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) with a record of renewal dates retained by the registered manager.

The home's policy and procedure on adult safeguarding was discussed with the registered manager. One recommendation made is cited within section 4.6 of this report in regard to review and revision of the policy to include the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and identification of a safeguarding champion.

Discussion with the registered manager and staff demonstrated they had good knowledge and 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 registered manager confirmed that no adult safeguarding issues had been raised since the last care inspection. A review of accident and incidents notifications, review of care records and review of complaints confirmed this. The registered manager confirmed that all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the designated officer for investigation in accordance with procedures and legislation.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that they were appropriately maintained and reviewed regularly e.g; Control of substances Hazardous to Health (COSHH) and fire safety.

Review of 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).

The registered manager confirmed that no areas of restrictive practice were employed within the home. On the day of the inspection no obvious restrictive practices were observed to be in use.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. It was noted that the home maintained a schedule for maintenance and cleaning of equipment. Observation of aids and appliances (rollators, wheelchairs, mechanical hoists) used by residents were clean and in good working order.

A review of the infection prevention and control (IPC) policy and procedures, dated 15 April 2015, confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in keeping with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied at promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and in pictorial formats. One outbreak of infection in the home during March 2016 and the delay in forwarding notification to RQIA was discussed with the manager. Further reference to this matter is cited within section 4.6 of this report.

A general inspection of the home was undertaken to inspect a number of residents' bedrooms, communal lounges, and bathrooms. Whilst all residents' bedrooms were similar in size these were observed to be personalised with memorabilia including photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated and ventilated. 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.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated, June 2015, identified that recommendations arising had been addressed and signed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed and records retained of staff who participated. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Analysis of questionnaires returned from residents, staff and relative provided positive feedback; that care was safe and residents protected from harm. One respondent commented "excellent care and compassion given to my mother"

One visiting district nurse commented that she was very satisfied with the care provided. She described the care as safe and that staff were very good at keeping her fully informed regarding any changes in resident's health care needs. No issues or concerns were raised.

Areas for improvement

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

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

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs which were complemented with risk assessments, life history, care plans and daily/regular statement of health and well-being of the resident. Care records examined were noted to be updated regularly to reflect the changing needs of the resident and ongoing review of risk assessments. 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 they had a good understanding of person centred practice and that a person centred approach underpinned practice. For example; three care plans examined evidenced reference to individualised care planned to meet the specific identified needs of each resident with choice and preference acknowledged. The 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.

The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager 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 the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and one representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders.

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.

Minutes of residents' meetings were available for inspection. These reflected a record of resident consultation, preferences and choice in respect of care, food, activities and social outings.

Completed satisfaction questionnaires returned to RQIA following the inspection reflected positive responses in respect of effective care from residents, relatives and staff. All respondents indicated that the "right care was given at the right time"

Areas for improvement

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

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. This information was reflected within the home's statement of purpose and resident guide.

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 and that the resident's doctor and district nurse are kept fully informed.

The registered manager, residents and representatives confirmed that consent was always sought in relation to care and treatment. Residents, 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. Staff were also able to demonstrate how residents' confidentiality was protected. For example discussions regarding the provision of care or medical intervention or assistance with personal care were conducted in private; residents care records were being securely stored and available only to those who have permission.

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. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. 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.

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.

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, each day staff speaks with individual residents regarding the arranged activities and if they choose not to participate an alternative is offered. Daily menu is discussed with each resident with choice provided and recorded. Other methods included for example; monthly monitoring visits, care reviews and residents meetings.

Residents consulted confirmed that their views and opinions were taken into account in all matters affecting them.

Satisfaction questionnaires returned to RQIA following the inspection from residents, staff and relatives reflected positive responses in respect of compassionate care. No issues or concerns were recorded.

Areas for improvement

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

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

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. 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 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.

Staff delegated to be in charge of the home when the manager is absent was discussed with the registered manager who explained that when she was off duty a senior care staff member would be in charge. One requirement was made as no competency and capability assessments had been undertaken. This is a breach of regulation 20 (3) of The Residential Care Homes Regulations (Northern Ireland) 2005.

Staff spoken with confirmed that they were familiar with the organisational and management structure and with their lines of professional accountability. Staff were aware of their roles, and responsibility in relation to raising concern. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

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. However, it was noted that some policies had not been reviewed in accordance with Residential Care Homes Minimum Standards (DHSSPS) 2011 which recommends that policies should be systematically reviewed every three years or more frequently should changes occur. Policies identified during the inspection which require to be reviewed included; staff induction (April 2004) and whistle blowing (2008). The adult safeguarding policy dated 2014 should also be reviewed to include new regional guidelines entitled Adult Safeguarding Prevention and Protection in Partnership, July 2015 and identification of a safeguarding champion. The home had a copy of this document which was available to staff. One recommendation was made regarding review of the identified policies.

The home had a complaints policy and procedure which was available to staff. The policy 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, leaflets and display of information. 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, communication with complainants, result of any investigation, the outcome and the action taken to address the issues raised and lessons learned where applicable. One complaint received since the previous inspection had been appropriately recorded, managed and resolved.

The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented. However, one outbreak of infection which occurred during March 2016 and the delay in forwarding notification to RQIA was discussed with the manager who explained this was an oversight by staff and she had been off duty when the outbreak occurred. The registered manager confirmed the outbreak was managed in accordance with trust procedures with records retained. One requirement was made in regard to breach of regulation 30 (1) (b) of The Residential Care homes Regulations (Northern Ireland) 2005 as notification must be made to RQIA without delay and confirmed in writing within three working days of occurrence.

There was a system to ensure medical device alerts, safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed. Where appropriate these are shared with staff at team meetings.

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.

Monthly monitoring reports, as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 were examined and discussed with the manager. No reports were available on file for February, March and April 2016. The report for May 2016 was forwarded to the registered manager during the inspection. The registered manager explained that the visits had been undertaken but she had not received reports. One requirement 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 RQIA registration certificate was displayed in a prominent position.

Review of records and discussion with the registered manager confirmed that any adult safeguarding issues would be notified to the designated safeguarding officer without delay and managed in accordance with SHSC Trust policy and legislative requirement. There were no adult safeguarding issues ongoing at the time of inspection.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. Discussion with staff established that they were knowledgeable in regard to whistleblowing policy/procedure. The registered manager confirmed that staff would offer support to staff, should whistle blowing arise within the staff team. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits undertaken included; falls, medications; cleanliness and fire safety. Records available evidenced that actions identified for improvement were incorporated into practice through multi-professional review of falls and development of an agreed action plan which was shared with staff. For example; an improvement plan was developed in respect of the falls audit and shared with staff.

Action taken by staff has resulted in a reduction of falls through measures put in place which included: checking that call bells were within reach for residents, increased visits to residents' rooms who choose to retire to ensure they are comfortable, if they required any assistance such as toileting, commodes positioned correctly and fluids within reach. This is to be commended. One recommendation made included the reintroduction of resident/representative satisfaction surveys; development of audits of care records (including care plans, care reviews) and environmental cleanliness.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

Three requirements and two recommendations were made in this domain.

Three requirements related to; undertaking competency and capability assessments of staff left in charge of the home when the manager is absent; retention of monthly monitoring visits made on behalf of the registered provider (reiterated requirement for the second time) and timely notification of incidents to RQIA. Two recommendations were made in respect of review and revision of policies and procedures including adult safe guarding policy and procedure including identification of a safeguarding champion; further development of quality assurance methods including audits of care records, including care plans and reviews; environmental cleanliness and reintroduction of resident/ representative satisfaction surveys.

Number of requirements	3	Number of recommendations:	2
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Iris Crumie, 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 provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Residential Care Homes Regulations (Northern Ireland) 2005

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Care.Team@rqia.org.uk for review by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 29 (5)</p> <p>Stated: Second time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered person shall maintain a copy of each monthly report in the home and make it available on request to RQIA, resident or representative and HSS Trust personnel.</p>
	<p>Response by registered person detailing the actions taken: Arrangements have been put in place to ensure that a copy of the monthly report Report is in the home and made available on request to RQIA, Resident or representative and HSS Trust personnel.</p>
<p>Requirement 2</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2016.</p>	<p>The registered person 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.</p>
	<p>Response by registered person detailing the actions taken: A competency and capability assessment proforma has been developed and this will be undertaken with staff member who is given responsibility of being in charge in the absence of the Manager.</p>
<p>Requirement 3</p> <p>Ref: Regulation 30 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 8 June 2016</p>	<p>The registered person shall ensure that notification of any outbreak of infection in the home is made to RQIA without delay and confirmed in writing within three working days of occurrence.</p>
	<p>Response by registered person detailing the actions taken: The Manager will ensure that notification of any outbreak of infection in the home will be made, without delay, to RQIA and confirmed in writing within 3 working days from date of occurrence.</p>
<p>Recommendation 4</p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered person should ensure that policies and procedures are subject to three yearly review. Policies observed to be outside of this timescale included:</p> <ul style="list-style-type: none"> • Staff Induction • Adult safeguarding. (to include new regional guidelines and identification of a safeguarding champion.) • Whistleblowing
	<p>Response by registered person detailing the actions taken: Review of Policies and Procedures is ongoing. Those outside the timescale are currently being reviewed and updated</p>

<p>Recommendation 5</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered manager should enhance the current quality assurance methods through the reintroduction of resident representative satisfaction surveys, audit of care records (including care plans and reviews) environmental cleanliness and accidents/incidents.</p> <p>Response by registered person detailing the actions taken: Resident representative satisfaction surveys, audit of care records, environmental cleanliness and accidents/incidents will be reviewed, updated , reshaped and developed as required to enhance the current quality assessment method.</p>
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