



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 14 October 2019



## Crozier House

**Type of Service: Residential Care Home**  
**Address: Meeting House Road, Banbridge, BT32 3ER**  
**Tel No: 028 4066 2734**  
**Inspector: Priscilla Clayton**

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 27 residents within the categories of care as cited within section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern HSC Trust  <b>Responsible Individual:</b> Shane Devlin	<b>Registered Manager and date registered:</b> Iris Cromie. 2005
<b>Person in charge at the time of inspection:</b> Iris Cromie	<b>Number of registered places:</b> 27 residents comprising: RC - 1 RC – DE X 5 places A maximum of 4 day care persons can be accommodated providing the total number of residents does not exceed 27.
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia	<b>Total number of residents in the residential care home on the day of this inspection:</b> 19

### 4.0 Inspection summary

An unannounced inspection took place on 14 October 2019 from 10.55 hours to 16.30 hours.

This inspection was undertaken by the care inspector.

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

Evidence of good practice was found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of resident. There was also good evidence of staffing, training, supervision and appraisal, infection prevention and control, risk management and the home's environment.

Areas requiring improvement were identified included; care record audits, some areas of training and care plans review.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents and staff during the inspection, are included in the main body of this report.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	6

Details of the Quality Improvement Plan (QIP) 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.

## 4.2 Action/enforcement taken following the most recent inspection dated 13 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 13 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. One questionnaire was returned within the time scale.

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

- staff duty rota
- staff training schedule and training records
- three residents' records of care
- complaint records
- compliment records
- accident/incident records
- reports of visits by the registered provider/monthly monitoring reports (August and September 2019)
- RQIA registration certificate
- NISCC monitoring records

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 Iris Cromie, manager, at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 13 May 2019

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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 30 (1) (d) <b>Stated:</b> First time	The registered person shall ensure that all accidents and incidents occurring in the home which adversely effects the well -being or safety of any resident are reported promptly to RQIA.  Ref: 6.1	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Notifications were submitted within the timescale of three working days.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> Second time	The registered person shall ensure that audits of all care records is conducted; identify areas requiring improvement and develop action plans as necessary to improve the overall standard of care record keeping.  In addition close monitoring of the standard of care records/record keeping should be undertaken by the registered manager on a regular basis.  Ref: 6.1	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager advised that this Improvement was a work in progress.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that the following staff training is provided:</p> <ul style="list-style-type: none"> <li>• Care record keeping (Staff training in care recording should be provided to ensure staff adheres to best practice including; SHSCT policy, NISCC standards, and DHSSPS Residential Care Minimum Standards)</li> <li>• GDPR.</li> </ul> <p>Ref: 6.1</p>	<p><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager explained that training had been requested.</p> <p>The manager advised that she had undertaken a discussion with staff on record keeping and reminded staff of the associated standard expected.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard N26</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the remaining wardrobes within bedrooms are replaced as planned.</p> <p>Ref: 6.3</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Wardrobes within bedrooms had been replaced.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a second session of fire safety training is provided.</p> <p>Ref: 6.3</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of staff training records evidenced that this training was provided on 9 May 2019.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 17.10</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that records of complaints are retained within the home and are available for inspection.</p> <p>Ref: 6.6</p>	<p><b>Met</b></p>



	<p><b>Action taken as confirmed during the inspection:</b> Records of complaints were available within the home.</p>	
<p><b>Area for improvement 6</b> <b>Ref:</b> Standard 23.4 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that training is provided in the International Dysphasia Diet Standardisation Initiative for the cook and all care staff.</p> <p>Ref: 6.4</p> <p><b>Action taken as confirmed during the inspection:</b> This training has not been provided. The manager explained that she is sourcing training and hopes to have this arranged soon.</p>	<b>Not met</b>

## 6.2 Inspection findings

### 6.3 Is care safe?

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

On arrival at the home we were welcomed by the manager who remained on duty throughout the inspection. All residents were observed to be up, washed and dressed with obvious time and attention afforded to their personal care needs. Residents told us they had their breakfast, which they enjoyed. Staff were in the process of serving mid-morning snacks to residents. A pleasant, friendly atmosphere prevailed throughout this inspection.

### Staffing levels

The manager explained the current staffing levels for the home and advised that some permanent staff were working additional hours to provide cover for the five vacant posts which had been advertised. (Following the inspection the trust head of Residential and Day Care advised RQIA that interviews were held with staff appointments made to fill the vacancies within Crozier House.) The staff duty roster accurately reflected staff on duty each day alongside hours worked and who was in charge.

The manager and staff advised that the needs of residents were being met with current staffing levels. Staff explained that the home is very busy with the turnover of residents being admitted and discharged via Intermediate care scheme alongside associated development of records to ensure their actual and potential needs were identified and met in accordance with their person centred care plans. Staff said they would be pleased when new staff commence as several were working additional hours and agency staff were not always available. We could see that there was sufficient staff in the home to responded promptly to residents' requests for assistance and provide therapeutic activity.

One group of residents told us, “the staff were always about and very attentive, the care is good in this home.”

### **Staff training and development.**

The manager advised that all newly appointed staff including agency undertake a structured orientation and induction programme. Review of staff training records evidenced mandatory training dates. We suggested that other additional training and professional development opportunities should be recorded in the matrix so that the manager has an overview for governance purposes. Review of records evidenced that several care staff require update training in first aid and all employed staff, including ancillary, training in Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) in preparation for implementation of DoLS on 2 December 2019. Staff training in the Dysphasia Diet Standardisation, as identified from the previous care inspection, is necessary so that the correct formula is used by kitchen and care staff.

### **Staff supervision and appraisal**

The manager and staff advised that supervision and appraisals were ongoing. Review of the schedule evidenced compliance with good practice. Senior care staff were being supervised by the manager and care assistants by the senior care assistant. Staff advised that they appreciated supervision as this form of support was necessary to the provision of good care practice.

### **Safeguarding**

No safeguarding issues were outstanding. The trust policy/procedure was readily available to staff. The manager and staff demonstrated good understanding of the procedure to follow and confirmed that all suspected, alleged or actual incidents of abuse would be fully and promptly investigated by the trust safeguarding team in accordance with policy.

### **Accidents and incidents**

Records were retained of all accidents/incidents occurring in the home. These were cross referenced with notifications submitted to RQIA and found to be in compliance with legislative requirement and minimum care standards. The manager advised that close monitoring of accidents/incidents was undertaken by way of monthly audits to identify trends and patterns. Notifications were also forwarded to the manager’s line manager and to the trust governance team for monitoring purposes. One area identified for improvement related to ensuring that an appropriate identification indicator is recorded within notifications which are submitted to RQIA.

### **Infection prevention and control (IPC)**

Inspection of the home evidenced that all areas were observed to be exceptionally clean, tidy, odour free and comfortably heated. Resources such as disposable gloves and aprons were readily available to staff where practical care was being provided. Sevens step wash hand notices; written and pictorial were also displayed. Staff were observed washing their hands at frequent interval throughout the inspection.



Staff training records reviewed evidenced training in IPC was provided on 22 May 2018. No outbreaks of infection had occurred since the previous inspection to the home. Residents told us “the home always kept clean and that staff washed their hands following care provided by them”

One completed satisfaction questionnaire was returned to RQIA within the timescale. The respondent indicated they were very satisfied that the care provided was safe.

### Areas of good practice

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

### Areas for improvement

The following areas were identified for improvement; update training in first aid, Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) in preparation for implementation of DoLS on 2 December 2019 and the recording of an appropriate identifiable indicator within notifications submitted to RQIA.

	Regulations	Standards
<b>Total numb of areas for improvement</b>	0	2

#### 6.4 Is care effective?

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

Residents told us they were very satisfied with the care provided. One resident said he felt much better since admission and the extra time convalescing in Crozier House had made a big difference to his health”. A group of residents seated within the lounge agreed that the care provided was excellent and that they couldn't wish for any better.

#### Care records.

Three care records were provided for review. Records included; needs assessments, which were complemented with a variety of essential risk assessments, person centred care plans, care reviews and daily progress notes. Records also reflected assessments undertaken by the trust intermediate care staff. For example; district nursing, social worker, speech and language and trust intermediate care staff. Other professional interventions included; general practitioner, podiatry, dental and optician. Care records reflected residents' likes, dislikes and preferences.

One area of improvement identified at the previous inspection related to staff training in care record keeping which remains unmet. This training should be provided to ensure staff adheres to best practice including; SHSCT policy, NISCC standards, and DHSSPS Residential Care Minimum Standards and GDPR. The manager explained that this training had been requested from the trust training unit and would hopefully be provided soon.

One improvement identified from this inspection related to improvement in the care plans in use for residents admitted via the intermediate care are reviewed and revised to ensure that any actual and potential needs which do not apply are identified, dated and recorded as not applicable.

The manager explained that audit of care records remains a work in progress to develop an appropriate format which would include action plans to address any areas identified for improvement. This was identified as an area for improvement at the previous care inspection.

The manager advised that the anti-flu vaccination programme had commenced. Some residents receive the vaccination at the health centre while others are administered by the district nurse in the home.

Care records were observed to be safe and securely stored.

### **Meals and meal times.**

The homes four weekly rotating menus reviewed were considered to be varied and wholesome. Main meals served included breakfast, lunch and evening tea. Mid-morning, afternoon and supper were served each day. The daily menu was displayed so that residents and their representatives know what was available at each meal time. Residents told us they were consulted in regard to seasonal menu planning and that they were always given a choice at main meal times. They also explained if they wanted to change their mind about their chosen meal another meal of their choice would be offered. Records of meals taken by residents were retained with variations to the menu recorded.

Dining rooms tables were nicely set with condiments and central flower arrangement. Drinks were provided at each. Consideration should be given to the use of some soft background music and provision of tablecloths would enhance the general ambience of the dining room.

Meals were nicely presented with special diets provided as prescribed. Adequate portions of food were served.

We could see from a discreet distance that residents were assisted by staff in a pleasant respectful professional manner throughout the meal.

Residents told us that the meals served were good. Resident satisfaction with the meals provided was also reflected within the home's satisfaction surveys. This is to be commended.

One completed satisfaction questionnaire was returned to RQIA within the timescale. The respondent indicated they were very satisfied that the care provided was effective.

### **Areas of good practice**

There were examples of good practice found in relation to communication between residents and staff meals and mealtimes, positive feedback from residents.

### **Areas for improvement**

The following areas were identified for improvement in relation to ensuring that recorded actual and potential needs of residents which do not apply are identified, dated and recorded as not applicable.

	Regulations	Standards
Total number of areas for improvement	0	1

### 6.5 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.**

#### Culture and ethos of the home

There was a pleasant relaxed atmosphere throughout the home, with residents speaking openly with other residents and staff. Residents appeared relaxed, content and confident; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

One resident told us that “you couldn’t get any better staff or manager as all were really kind here.”

Residents likes, dislikes and preferences were reflected within records reviewed. For example, there was reference to what activities they liked and times they liked to get up and go to bed. Staff told us that residents routines depended on what they wanted to do and that staff took a flexible approach.

When we spoke with staff they had a good knowledge of peoples’ abilities and level of decision making; staff knew how and when to provide comfort to people because they knew residents care needs well.

Staff communicated with residents in a professional respectful manner for example, seeking residents’ views about choice in respect of care, where they wanted to sit, staff knocking bedroom doors before entering and distribution of unopened mail to residents.

#### Activities

There was a wide variety of activities and social events organised for residents who wanted to participate. This information was displayed on the notice board. An activity therapist is employed two days each week with staff providing activities on other days. Staff advised that it was not always possible to undertake this duty when they became busy with new admissions and discharges. The provision of this important aspect of care should be reviewed to ensure that an acceptable level of therapeutic activity is provided each day. The manager stated that the new additional staff recently appointed to the team would address this matter. This will be reviewed at the next inspection to the home.

Records of activities provided were retained which included the activity provided and who participated.

#### Resident involvement

There was recorded evidence that residents views and comments shape the quality of the service and facilities provided by the home, for example, records provided reflected their views,

preferences and choice in regard to care. Residents told us their views were taken into account in all matters affecting them, for example; at resident meetings and care reviews and frequent daily discussions between residents by staff take place. Residents said that they felt that staff listened and acted upon any issues raised or suggestions regarding quality improvements. The manager explained that satisfaction questionnaires were distributed pre discharge to all residents and / or their representatives for completion and return to the manager who undertakes analysis and if necessary takes action to address issues raised. Actions plans were not in place in this regard. This will be reviewed at the next inspection.

One completed satisfaction questionnaire was returned to RQIA within the timescale. The respondent indicated they were very satisfied that the care provided was well led.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of resident.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 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 manager continues to be supported at operational level by a mixed skill team of care staff, domestics, cook/kitchen staff and clerical staff member. Support is also provided by the residential and day care manager and the SHSCT governance team, human resources and maintenance teams.

The manager told us how the effective support she received from her line manager included communication via telephone and regular visits to the home. In addition monthly supervision and residential group manager meetings were held to discuss, quality assurance outcomes, improvements, staffing and the sharing of other trust business / guidance.

Since the previous care inspection undertaken on 13 May 2019 three of the six areas identified for improvement had been fully addressed. The manager advised that the remaining three, as cited within the appended QIP, were a work in progress and that these would be met within the timescale agreed at this inspection.

### Communication

There was evidence of good modes of communication both internally with residents/and staff and externally with resident's relatives/representatives, trust intermediate care team staff and other professional trust staff.

Records pertaining to staff meetings, resident, individual and group discussions, care reviews and monthly monitoring visits conducted by the head of residential and day care services. Staff hand- over reports are given at each change of shift. Staff told us that the manager operated an "open door" approach to everyone and that staff found their supervisions and annual appraisals to be effective with good support and discussions held on suggested quality improvements. Staff also explained that they felt with their "good team work, resources available, support and training provided all added to the good care provided."

There was a wide range of good information displayed on notice boards; health matters, how to complain, activities and daily menu.

The manager explained that resident / representative satisfaction questionnaires were distributed to all residents or their representatives at discharge. Those recently analysed by the manager were in the main positive although there was no action plans in place to address identified shortfall. The manager explained that this was a work in progress. Action plans to address audits undertaken including satisfaction surveys will be reviewed at the next inspection. The manager explained that the 2019/20 annual quality report for the home would be developed and available March 2020 which would detail all areas of good practice and improvements made as a result of audits and satisfaction surveys.

### **Complaints and compliments**

Records reviewed evidenced that no complaints had been received since the previous care inspection. The complaints record book available did not reflect any complaints received. The SHSCT complaints policy/procedure was available with a recorded review date 2020. (The previous policy dated 2009 should be removed from the policy file and archived.) The use of the trust complaints recording template, appended to the policy, was discussed with the manager who agreed to ensure these were used in accordance with trust policy.

Many complimentary letters and cares had been received from discharged residents and relatives/representatives commending the staff on their dedication and the excellent care provided.

### **Monthly monitoring visits.**

The manager advised that visits were being conducted with reports received. A cursory view of reports for July and September 2019 evidenced details as required.

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Iris Cromie, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## 7.1 Areas for improvement

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

## 7.2 Actions to be taken by the service

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> Extension: 31 January 2019</p>	<p>The registered person shall ensure that audits of all care records is conducted; identify areas requiring improvement and develop action plans as necessary to improve the overall standard of care record keeping.</p> <p>In addition close monitoring of the standard of care records/record keeping should be undertaken by the registered manager on a regular basis.</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> An audit checklist has been advise to improve the overall standard of care record keeping. This will be monitored by the Registered Manager. The audit of care records has commenced and will be ongoing .</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23.4</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> Extension: 31 January 2019</p>	<p>The registered person shall ensure that the following staff training is provided:</p> <ul style="list-style-type: none"> <li>• Care record keeping (Staff training in care recording should be provided to ensure staff adheres to best practice including; SHSCT policy, NISCC standards, and DHSSPS Residential Care Minimum Standards)</li> <li>• GDPR.</li> </ul> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has ensured that staff training on care Record keeping to meet Standard 23.4 has been arranged for 04/12/2019. All care staff have been informed and requested to attend as a mandatory requirement.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12.1</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that training is provided in the International Dysphasia Diet Standardisation Initiative for the cook and all care staff.</p> <p>Ref:6.1</p>



<p><b>To be completed by:</b> 15 October 2019</p>	<p><b>Response by registered person detailing the actions taken:</b> The registered manager has arranged in- house training to meet Standard 12.1 for the 12 December 2019 this was the earliest date that could be confirmed by the Dietetic Team. The catering Team and Care Staff have been advised that attendance is mandatory.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 November 2019</p>	<p>The registered person shall ensure update training in first aid and all employed staff require training in Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) in preparation for implementation of DoLS on 2 December 2019.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The training dates for First Aid have been scheduled for the 5&amp;6 December. Awaiting confirmation of further dates and staff have been informed that this is a mandatory requirement and must make themselves available to attend.</p> <p>Mental Capacity Act Training is ongoing. All staff staff have either undertaken or in the process of completing online level 2 MCA awareness training.</p> <p>The Registered manager &amp; one of the senior band 5 staff has undertaken level 2 &amp; 3 Both the Registered manager and one Senior band 5 staff has undertaken and completed level 4 (a) today 29/11/2019 and level 4 (b) within the required time frame before 31 November</p> <p>All Senior Staff and band 5 have undertaken level 2 and level 3 online training has been scheduled to be undertaken within the next week.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard - GDPR</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 October 2019</p>	<p>The registered person shall ensure that an appropriate identification indicator is recorded within notifications submitted to RQIA.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager has agreed an appropriate identification indicator to be used when notifications are submitted to RQIA to ensure compliance with GDPR.</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 October 2019</p>	<p>The registered person shall ensure care plans in use for residents admitted via the intermediate care are reviewed and revised to ensure that actual and potential needs which do not apply are identified, dated and recorded as not applicable.</p> <p>Ref:..6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Registered manager has ensured that the actions stated have been put in place and Care Plans are reviewed and revised as required in line with Standard 6.2</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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