

# Unannounced Care Inspection Report 12 April 2017



## Carmen House

Type of service: Residential care home  
Address: 3 Carmen Lane, Bangor, BT20 3PL  
Tel No: 028 9145 9508  
Inspector: Kylie Connor

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Carmen House took place on 12 April 2017 from 10:45 to 16:00.

The inspection sought to assess progress with any issues raised 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.

### Is care safe?

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

Three recommendations were made in relation to staff supervision, staff appraisal and fire drills. One recommendation was carried over from a previous inspection in regard to the review of adult safeguarding and ICP policies and procedures.

### Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, communication between residents, staff and other key stakeholders.

Two recommendations were made in relation to the completion of records of resident consultations and care reviews.

### Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

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
<b>Total number of requirements and recommendations made at this inspection</b>	0	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Patricia Millar, registered manager and Mr Alexander Millar, responsible person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 27 October 2016.

## 2.0 Service details

<b>Registered organisation/ registered person:</b> Carmen House/Mr Alexander Thomas Millar	<b>Registered manager:</b> Mrs Patricia Millar
<b>Person in charge of the home at the time of inspection:</b> Mrs Patricia Millar	<b>Date manager registered:</b> 20 September 2007
<b>Categories of care:</b> RC- I - Old age not falling within any other category RC - DE – Dementia (2 persons)	<b>Number of registered places:</b> 15

## 3.0 Methods/processes

The following records were analysed prior to the inspection: the previous care report and notifications of accidents/incidents.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Three staff recruitment files
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Fire safety risk assessment

- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities
- Policies and procedures manual

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Eight questionnaires were returned within the requested timescale.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 27 October 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 27 October 2017

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> 19 (3) (a) <b>Stated:</b> First time <b>To be completed by:</b> 27 October 2016	<p>The registered provider shall ensure that contemporaneous records are maintained, signed and dated, in line with best practice and with NISCC standards.</p> <p><b>Action taken as confirmed during the inspection:</b>            A review of three care records evidenced that the times of care delivery was recorded in a contemporaneous manner.</p>	<b>Met</b>
<b>Requirement 2</b> <b>Ref:</b> Regulation 19 (2) Schedule 4 (6) (f) <b>Stated:</b> First time <b>To be completed by:</b> 27 October 2016	<p>The registered provider shall ensure the following records are maintained at the home for employees:</p> <ul style="list-style-type: none"> <li>• records specified in Schedule 4 relating to correspondence, reports and records of disciplinary action</li> </ul> <p><b>Action taken as confirmed during the inspection:</b>            Review of three staff files and discussion with the registered manager and responsible person evidenced that these records were retained or would be retained as applicable.</p>	

<b>Requirement 3</b> <b>Ref:</b> Regulation 21 (1) (b) <b>Stated:</b> First time <b>To be completed by:</b> 27 October 2016	The registered provider shall not allow a person to work at the home unless a full and satisfactory enhanced AccessNI disclosure is obtained.  <b>Action taken as confirmed during the inspection:</b> Review of three staff files evidenced that a satisfactory enhanced AccessNI disclosure had been obtained prior to commencement of employment.	<b>Met</b>
<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<b>Recommendation 1</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time <b>To be completed by:</b> 30 December 2016	The registered provider should ensure that the preferred rising and retiring times for residents are noted within individual plans of care.  <b>Action taken as confirmed during the inspection:</b> A review of three care records detailed the preferred rising and retiring times of residents.	<b>Met</b>
<b>Recommendation 2</b> <b>Ref:</b> Standard 19.4 <b>Stated:</b> First time <b>To be completed by:</b> 27 October 2016	The registered provider should ensure that contracts of employment are issued within 13 weeks.  <b>Action taken as confirmed during the inspection:</b> Three staff files reviewed evidenced that a contract of employment was now due to be issued. The responsible person gave assurances that these would be issued immediately and confirmed on 4 May 2017 that this had been completed.	<b>Met</b>

#### 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. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. However, the following comments were made in questionnaires returned from one representative and one resident:

- "The staff are very good at their job but I think more staff are needed." (Representative)
- "After 5 O'clock more staff needed to assist with residents' needs." (Resident)

These comments were shared with the responsible person on 4 May 2017 who gave assurances that staffing levels are regularly reviewed and monitored.

A review of the duty roster confirmed that it accurately reflected the staff working within the home. Following discussions with the registered manager and responsible person, the inspector advised that the duty roster is updated when they work beyond the time stated on the roster.

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

Discussion with staff and the responsible persons confirmed that supervision and appraisal of staff was not regularly provided. A recommendation was made in regard to this.

Discussion with the registered manager and responsible person and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The inspector advised that a template for managing the recruitment process should be developed and inserted at the front of each personnel file for easy reference.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body. The registered manager and responsible person were aware of the requirement for new care staff to be registered with NISCC within the regulated timeframe.

A recommendation was made following a previous care inspection that the adult safeguarding policy and procedure should be reviewed to reflect current regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and implemented within the home. The home's existing policy and procedure included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. This recommendation has been carried forward, included on the quality improvement plan and will be reviewed during the next care inspection.

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. Staff confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that whilst there had been no incidents, had there been, all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager confirmed 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 assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The person in charge confirmed some restrictive practices were employed within the home, notably a keypad entry system at the front door, a lap belt and pressure alarm mats in use for some residents. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment such as walking aids confirmed these assurances.

A recommendation was made following a previous care inspection that the infection prevention and control (IPC) policy and procedure should be reviewed to reflect regional guidelines. This has been carried forward, included on the quality improvement plan and will be reviewed during the next care inspection.

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, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

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 throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the homes policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place which had been reviewed on 23 January 2017. Discussion with the responsible person confirmed that one recommendation had been addressed and progress was being made in regard to the remaining recommendations. The responsible person gave assurances that he would update the fire risk assessment to reflect progress made to date.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire evacuations were last carried out during fire training. Records were retained of staff who participated and any learning outcomes. It is recommended that fire drills are carried out periodically and records retained. These drills would enhance the training and highlight any reflective learning during different times of the day or night. 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.

Eight completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

### Areas for improvement

One area for improvement was carried forward from a previous inspection in relation to the review of adult safeguarding and ICP policies and procedures. Three areas for improvement were identified in relation to staff supervision, staff appraisal and fire drills.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	4
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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 an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care reviews of residents who did not have trust involvement were not being carried out and a recommendation has been made.

Care records reviewed were observed to be signed by the resident and their representative. Discussion with staff confirmed that a person centred approach underpinned practice. For example, efforts are made by staff to seat residents who have similar interests together in the dining room.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. 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, informal consultations with residents and their representatives, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Discussion with the registered manager confirmed that whilst residents are consulted informally nearly every day regarding the care they receive, meals, activities, the environment and any planned changes or improvements. As a result no formal residents meetings take place and neither is there a record made of these informal consultations. A recommendation has been made to ensure that records are made to evidence residents' involvement.

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 and residents representatives spoken with during the inspection made the following comments:

- “The manager has arranged for her to have her eyes and hearing tested.” (Representative)
- “There is good communication.” (Staff)
- “I enjoy working here.” (Staff)

Eight completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

### Areas for improvement

Two areas for improvement were identified in relation to the completion of records of resident consultations and care reviews.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
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### 4.5 Is care compassionate?

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.

Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

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, staff explained that residents are offered choices in regard to every aspect of their daily routine from rising times, to choice of clothes, meals and activities.

The registered manager, residents and their representatives 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 were able to demonstrate how residents' confidentiality was protected. For example, care is taken to protect residents' confidentiality when discussing forthcoming hospital appointments or visits by the GP or other healthcare professional.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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, informal consultations with residents and their representatives, and annual reviews. A recommendation has been made in section 4.4 of the report, to improve records pertaining to consultation with residents.

Discussion with staff, residents, and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example, seasonal activities were arranged and the arts and craft produced were used effectively to decorate some communal areas of the home. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Staff, residents and residents' representatives spoken with during the inspection made the following comments:

- "This (her lifestyle in the home) is a big improvement for her. She is brighter and happier. Staff are first class." (Representative)
- "They (the staff) are all very good. They do their best." (Representative)
- "The rooms are so nice, so homely." (Staff)
- "Their (the residents) happiness is what's important." (Staff)
- "We have good craic, the food is good." (Resident)
- "What more could you wish for? The staff are excellent, all out to help." (Resident)
- "I'm very happy, I love it." (Resident)

Eight completed questionnaires were returned to RQIA from residents, staff and representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.6 Is the service well led?

The registered manager 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.

A range of policies and procedures was observed to be in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, Poster/leaflet etc. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Whilst there had been no complaints received, the registered manager confirmed that records of complaints would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

There was 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 and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the "Falls Prevention 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.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Discussion with staff and review of returned questionnaires confirmed that mandatory training and additional training opportunities relevant to any specific needs of the residents were provided.

There was evidence of managerial staff being provided with additional training in governance and leadership. For example, the registered manager and responsible person stated that they had recently attended training in regard to adult safeguarding, delivered by the south eastern health and social care trust and the deputy manager was undertaking QCF Level 5. Learning from consultation with residents, their representatives, complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with the registered provider identified that they had understanding of their role and responsibilities under the legislation. The responsible person confirmed that he was kept informed regarding the day to day running of the home as he worked in the home and was included on the duty roster.

The registered manager 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 and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responds to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The registered manager confirmed that the home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer 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.

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

Eight 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.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Patricia Millar, registered manager and Mr Alexander Millar, responsible person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 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.

### 5.1 Statutory requirements

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

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment 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

#### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time (carried forward)</p> <p><b>To be completed by:</b> 1 July 2017</p>	<p>The registered provider should ensure the following:</p> <ul style="list-style-type: none"> <li>• adult safeguarding policies and procedures are reviewed to reflect current regional guidance and implemented within the home</li> <li>• infection prevention and control (IPC) policy and procedure is reviewed</li> </ul> <p>Copies of both policies and procedures should be forwarded to RQIA by 1 July 2017</p> <p><b>Response by registered provider detailing the actions taken:</b> Both policies are being reviewed at present and will be emailed to yourselves before 1<sup>st</sup> July 2017.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 24.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 August 2017</p>	<p>The registered provider should ensure staff have recorded individual supervision at least every 6 months.</p> <p><b>Response by registered provider detailing the actions taken:</b> My Deputy Manager is due back from maternity leave 1<sup>st</sup> week in June, and will be supervising this personally.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 24.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 August 2017</p>	<p>The registered provider should ensure staff have a recorded annual appraisal to review their performance and to agree a personal development plan.</p> <p><b>Response by registered provider detailing the actions taken:</b> This will be completed in line with 2 above.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 June 2017</p>	<p>The registered provider should ensure that fire drills are carried out at suitable intervals and records retained.</p> <p><b>Response by registered provider detailing the actions taken:</b> A full Fire Safety training session was held in May 2017. A new fire safety drill book has been produced to show extra unannounced drills and outcomes.</p>

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 1.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 June 2017</p>	<p>The registered provider should ensure that sufficient records are retained of consultations with residents.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> A Residents / Relatives comment and review book has been started to record all meeting with residents and with relatives as required.</p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 11.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 June 2017</p>	<p>The registered provider should ensure that care reviews are arranged for residents who have no trust involvement.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> This has already been completed for the two residents in question.</p>

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



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