

# Unannounced Care Inspection Report 29 March 2018



## 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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with fifteen places that provides care for residents who are older in age and two places for residents who have a dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Carmen House  <b>Responsible Individual:</b> Alexander Millar	<b>Registered Manager:</b> Patricia Millar
<b>Person in charge at the time of inspection:</b> Patricia Millar until 15.30 and Alexander Miller thereafter	<b>Date manager registered:</b> 20 September 2007
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia	<b>Number of registered places:</b> Total number:15 comprising: 15 – RC-I 02 – RC - DE

### 4.0 Inspection summary

An unannounced care inspection took place on 29 March 2018 from 10.50 to 17.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and 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 training, the home's environment, activities and communication between residents, staff and other key stakeholders.

Areas requiring improvement were identified in regard to staff induction, supervision and annual appraisal, competency and capability assessments, recruitment and selection policy, recruitment procedures and fire drills. Three of these areas have been stated for a second time.

Residents and a representative said that they were happy with the standard of care and support delivered in the home, the programme of activities and the food. They reported that communication and consultation was timely and effective.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	6

Details of the Quality Improvement Plan (QIP) were discussed with Alexander Millar, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 April 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, the responsible individual, the deputy manager, five residents, two care staff, one visiting professional and one resident's visitor/representative.

Questionnaires were provided for distribution to residents and their representatives. Information was provided and staff for completion and return to RQIA. A total of eleven questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Staff recruitment records
- Two resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- A range of audits
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings and a representatives' meeting
- Evaluation report from annual resident quality assurance survey
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

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

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 12 April 2017

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

### 6.2 Review of areas for improvement from the last care inspection dated 12 April 2017

Areas for improvement from the last care inspection		
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 21.1  <b>Stated:</b> First time (carried forward)	The registered provider should ensure the following: <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> Copies of both policies and procedures should be forwarded to RQIA by 1 July 2017	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following review of the policies and procedures.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 24.2  <b>Stated:</b> First time	The registered provider should ensure staff have recorded individual supervision at least every 6 months.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the deputy manager and inspection of three staff files evidenced that staff had received supervision once and not a minimum of twice during the previous 12 months. This is stated for the second time.	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 24.5 <b>Stated:</b> First time	The registered provider should ensure staff have a recorded annual appraisal to review their performance and to agree a personal development plan.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the deputy manager confirmed that a template had been developed but that not all staff had had an annual appraisal. This is stated for a second time.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time	The registered provider should ensure that fire drills are carried out at suitable intervals and records retained.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the responsible individual evidenced that this had not been addressed and is stated for the second time. The inspector advised that records should include the date and time of the fire drill, the names of staff taking part and any learning identified. A template had been obtained.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 1.2 <b>Stated:</b> First time	The registered provider should ensure that sufficient records are retained of consultations with residents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following inspection of records of consultation with residents.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 11.2 <b>Stated:</b> First time	The registered provider should ensure that care reviews are arranged for residents who have no trust involvement.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following inspection of one residents care file and discussion with the deputy manager.	

## 6.3 Inspection findings

### 6.4 Is care safe?

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

The registered manager reported the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. Whilst no concerns were raised regarding staffing levels during discussion with residents, a resident's representatives and staff, concerns were raised in two returned staff questionnaires. These were discussed with the registered manager who gave assurances that she would follow-up with staff.

Review of completed induction records and discussion with the registered manager and staff evidenced that whilst an induction programme was in place for all staff, relevant to their specific roles and responsibilities the induction programme for care staff was in need of improvement to reflect NISCC best practice guidance. An area of improvement was identified.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, was provided. A schedule for mandatory training was maintained and was reviewed during the inspection. Staff supervision had not been completed at least twice per annum and appraisal of staff had not been completed; both are stated for a second time.

The registered manager reported that competency and capability assessments were not undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. An area for improvement was identified to comply with the regulations.

Review of the recruitment and selection policy and procedure confirmed that it did not comply with current legislation and best practice; the application form did not support this process. Discussion with the responsible individual and review of staff personnel files confirmed that staff were largely recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Staff had commenced employment before their references had been received. Two areas for improvement were identified to comply with the regulations.

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. Care staff spoken with reported that they were registered with the Northern Ireland Health and Social Care Council.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

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

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

The registered manager advised 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.

Discussion with the deputy manager confirmed there were restrictive practices employed within the home, notably keypad entry systems, lap belts and pressure alarm mats. Discussion with the deputy manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The responsible individual reported that the statement of purpose and residents guide were under review. The inspector advised that the identified restrictions were adequately described.

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

The responsible individual 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. fire safety.

The deputy manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced.

Review of the Infection Prevention and Control (IPC) policy and procedure confirmed that this referred to regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, 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 home's 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 deputy 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 dated 27 February 2018 and all recommendations were noted to have been either addressed or action was being taken.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed as part of this training but not on a regular basis and an area of improvement is stated for the second time. 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.

Individuals spoken with during the inspection made the following comments:

- "I find it's a fantastic home, they are very quick to make referrals to the district nursing team." (district nurse)
- "We get training regularly." (staff)

Eleven completed questionnaires were returned to RQIA from residents, a resident's representative and staff. Respondents answered this question and described their level of satisfaction with this aspect of care as very satisfied, undecided and unsatisfied.

### **Areas of good practice**

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

### **Areas for improvement**

Seven areas for improvement were identified during the inspection in regard to staff induction, supervision and annual appraisal, competency and capability assessments, recruitment and selection policy, recruitment procedures and fire drills. Three of these have been stated for a second time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	6

## 6.5 Is care effective?

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

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

A review of two 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/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice.

An individual agreement for every resident setting out the terms of residency was in the process of being updated and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of medication and NISCC registration were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

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

Residents, a representative and a visiting professional spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident and/or their representative meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Individuals spoken with during the inspection made the following comments:

- “Staff handovers are really detailed.”
- “We know the residents (likes, dislikes and preferences) really well.”
- “They respond back if there is a deterioration...They are very good at ordering whatever is needed.” (district nurse)
- “They make an effort to decorate the environment according to the season.” (resident’s representative)

Eleven completed questionnaires were returned to RQIA from residents, a resident’s representative and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

**Areas of good practice**

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

**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 care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff, residents and a representative confirmed that residents’ spiritual and cultural needs were met within the home. Discussion with residents 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. This included information in regard to the programme of activities and the menu.

The registered manager, residents and a representative advised that consent was sought in relation to care and treatment. Discussion with residents, a representative 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 describe how residents’ confidentiality was protected.

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

Discussion with staff, residents, a representative 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. These included, for example, residents' meetings/consultations, representatives meetings and annual reviews.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan which was made available for residents and other interested parties to read. Improvements made as direct result of the resident consultation included putting fish without batter onto the menu.

Discussion with staff, residents, and a representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Staff and residents spoke of arts and crafts, pet therapy, singing and dancing, listening to music and floor games. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Individuals spoken with during the inspection made the following comments:

- "It's their choice, they come first." (staff)
- "Very much so (care being compassionate). I see them (staff) sitting with them (residents), singing with them, treating them as equals, it's like a wee family." (district nurse)
- "They (the staff) are so patient (with my relative) and take it all in their stride. I'm included in anything that's going on in the home. There is always a feeling of homely and friendly." (resident's representative)
- "They (staff) are very caring." (resident)
- "The food is great." (resident)
- ""It's a wee heaven." (resident)
- "A girl comes in on a Monday and she plays the organ and we sing." (resident)

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

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The registered manager outlined the management arrangements and governance systems in place within the home. 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 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.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and information on display in the home. Discussion with staff confirmed that they 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 were no complaints, the deputy manager advised 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.

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.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

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. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

There was evidence of managerial staff being provided with additional training in governance and leadership. The deputy manager was completing QCF Level 5 qualification and had completed champion training. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality 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 registered manager confirmed that the registered provider was directly involved regarding the day to day running of the home.

The registered manager and registered provider 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 employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned 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 advised that there were effective working relationships with internal and external stakeholders.

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

Staff spoken with during the inspection made the following comments:

- "They (the management team) are very approachable."
- "Management are really helpful."

Eleven completed questionnaires were returned to RQIA from residents, a resident's representative and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied and satisfied.

### **Areas of good practice**

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	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 Alexander Millar, responsible individual, 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.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 20 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2018</p>	<p>The registered person shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Full competency assessments have been established and will be undertaken by 30<sup>th</sup> June.</p>

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 24.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 May 2018</p>	<p>The registered provider should ensure staff have recorded individual supervision at least every 6 months.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> First set of supervisions will be completed by 25<sup>th</sup> May, with follow up every six months.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 24.5</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 June 2018</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>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Developmental plans have now been completed. Appraisals planned for end of June.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 29</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 April 2018</p>	<p>The registered provider should ensure that fire drills are carried out at suitable intervals and records retained.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Extra fire drills have commenced and been recorded and will continue from now on at regular intervals.</p>



<p><b>Area for improvement 4</b></p> <p>Ref: Standard 19.1</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2018</p>	<p>The registered person shall review the recruitment policy and procedure and application form to ensure compliance with statutory employment legislation and current good practice guidance.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The recruitment policy has been changed and a new application form put into place.</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2018</p>	<p>The registered person shall ensure that before making an offer of employment two written references are obtained, one of which is from the applicant's present or most recent employer.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> New procedures put into place from May 2018.</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p>	<p>The registered person shall ensure that the Induction Policy and Procedure is reviewed and improved in line with NISCC current best practice guidance.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Induction policy revised to meet the new procedures of induction including NISCC induction workbook and new health and safety booklet.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9051 7500

**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)