

# Unannounced Care Inspection Report 16 June 2016



## Clifton House Residential House

**Type of Service: Residential**  
**Address: 2 North Queen Street**  
**Belfast**  
**BT15 1EQ**  
**Tel No: 028 9089 7532**  
**Inspector: Alice McTavish**

[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 Clifton House Residential Home took place on 16 June 2016 from 09.45 to 16.15.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

One recommendation was stated in regard to staff training in food hygiene. There were examples of good practice found throughout the inspection in relation to staff induction, supervision and appraisal, recruitment practice, adult safeguarding, infection prevention and control, risk management and the home's environment.

### Is care effective?

No requirements or recommendations were stated in regard to the delivery of effective care. There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

### Is care compassionate?

No requirements or recommendations were stated in regard to the delivery of compassionate care. 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 to taking into account the views of residents.

### Is the service well led?

No requirements or recommendations were stated in regard to the delivery of well led care. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

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	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Frances McKernon, registered manager, and Mrs Deborah Oktar-Campbell, registered

provider, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

### 1.2 Actions/enforcement taken following the most recent type e.g. care inspection

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

### 2.0 Service details

<b>Registered organisation/registered provider:</b> Deborah Oktar-Campbell	<b>Registered manager:</b> Francis McKernon (registration pending)
<b>Person in charge of the home at the time of inspection:</b> Francis McKernon	<b>Date manager registered:</b> Registration pending
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia LD - Learning Disability PH - Physical disability other than sensory impairment A – Past or present alcohol dependence	<b>Number of registered places:</b> 27
<b>Weekly tariffs at time of inspection:</b> £494 plus £30 third party contribution	<b>Number of residents accommodated at the time of inspection:</b> 27

### 3.0 Methods/processes

Prior to inspection the following records were analysed: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with five residents individually and with others in groups, one care staff, one laundry assistant, the registered manager and the registered provider. The inspector also met with one resident's representative and one visiting professional. Ten resident views, six resident representative views and eight staff views questionnaires were left in the home for completion and return to RQIA. No completed questionnaires were returned to RQIA.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment file
- Three residents' care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Infection control records
- Equipment maintenance records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' and representatives' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- Policies and procedures manual

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection dated 17 May 2016**

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at their next inspection.

**4.2 Review of requirements and recommendations from the last care inspection dated 01 October 2015**

Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p>Ref: Standard 21.1</p> <p>Stated: Second time</p>	<p>The policies and procedures are in accordance with statutory requirements for all operational areas of the home.</p> <ul style="list-style-type: none"> <li>Develop a policy on continence promotion</li> </ul> <p>Further improvements should be made to support and guide staff, reflect current best practice guidance and governance arrangements.</p> <p><b>Failure to address this recommendation may result in the Authority initiating enforcement action.</b></p>	Met
	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of the policy on continence promotion confirmed that this provided support and guidance to staff and reflected current best practice guidance and governance arrangements.</p>	
<p><b>Recommendation 2</b></p> <p>Ref: Standard 5.4</p> <p>Stated: First time</p>	<p>The registered person should ensure that all needs assessments are signed by the resident or their representative, where appropriate and the member of staff responsible for carrying it out. Where a resident or their representative are unable to sign or choose not to sign, this is recorded.</p>	Met
	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of care records confirmed that that all needs assessments were signed by the resident or their representative, where appropriate and the member of staff responsible for carrying it out. Where a resident or their representative was unable to sign or chose not to sign, this was recorded.</p>	

<b>Recommendation 3</b> <b>Ref:</b> Standard 6.3 <b>Stated:</b> First time	The registered person should ensure that all care plans are signed by the resident or their representative, the member of staff responsible for carrying it out and the registered manager. Where a resident or their representative are unable to sign or choose not to sign, this is recorded.	Met
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of care records confirmed that that all care plans were signed by the resident or their representative, where appropriate and the member of staff responsible for carrying it out. Where a resident or their representative was unable to sign or chose not to sign, this was recorded.	
<b>Recommendation 4</b> <b>Ref:</b> Standard 29.2 <b>Stated:</b> First time	The registered person should ensure that the function testing of the emergency lights and the nurse call system are carried out on a monthly basis.	Met
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of documentation confirmed that function testing of the emergency lights and the nurse call system were carried out on a monthly basis.	

#### 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.

On the day of inspection the following staff were on duty –

- 1 x registered manager
- 1 x senior care assistant (deputy manager)
- 2 x care assistants
- 1 x activities co-ordinator
- 2 x domestic staff
- 1 x laundry assistant
- 1 x cook
- 2 x kitchen porters

One senior care assistant and two care assistants were due to be on duty later in the day. One senior care assistant and one care assistant were scheduled to be on overnight duty.

A 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 confirmed that supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection. The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of staff competency and capability assessments was reviewed and was found to be structured and comprehensive. Mandatory training was regularly provided to staff. It was identified, however, that although training in food hygiene was provided to the catering staff, none was provided to care staff who would often prepare snacks for residents after catering staff had completed their shift. A recommendation was therefore made that all care staff should be provided with mandatory training in food hygiene.

The home had a policy and procedure on recruitment and selection of staff. The registered manager confirmed that it complied with current legislation and best practice. Discussion with the registered manager 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. Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. In addition, an audit of staff recruitment files was undertaken annually.

The registered manager confirmed that arrangements were in place to monitor the registration status of staff with their professional body (where applicable). This was achieved through maintaining accurate records of staff registration and through checking this information against the Northern Ireland Social Care Council (NISCC) website on a monthly basis.

The home had adult safeguarding policies and procedures in place which were consistent with current regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). The policy and procedures included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The home had established a safeguarding champion.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance 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 to whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints 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 confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessments and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). The registered manager confirmed that no areas of restrictive practice were employed within the home. On the day of the inspection no obvious restrictive practices were observed to be in use.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that 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 was well maintained and regularly serviced. Observation of equipment confirmed this.

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors.

The registered manager reported that there had been no outbreaks of infection within the last four years. Any outbreak would be managed in accordance with established procedures and would be reported to the local Consultant in Communicable Disease Control and to RQIA. Records would be retained.

A general inspection of the home was undertaken to examine residents' bedrooms and en-suite bathrooms, the communal lounges, dining room, catering kitchen and laundry. The residents' bedrooms were personalised with photographs, pictures 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 action plans were in place to reduce the risk where possible.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment, dated 30 September 2015, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed annually and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked monthly and were regularly maintained.



## Areas for improvement

One area for improvement was identified during the inspection. This related to staff training in food hygiene.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.4 Is care effective?

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

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that they had an understanding of person centred practice and that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed. The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment and catering were available for inspection and evidenced that actions identified for improvement were incorporated into practice. Further evidence of the regular completion of audits was contained within the monthly monitoring visits reports and the annual quality report.

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

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders. A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. A visiting professional told the inspector – "I have no concerns about the care provided in Clifton House. The staff always have the paperwork completed before care reviews and this is done to a high standard. There is good communication between staff and the community teams. All residents and their families are happy with the care provided here."

The registered manager advised that resident and representative meetings take place monthly. The minutes of such meetings were available for inspection and evidenced that there was good communication between residents, representatives and the staff team.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who required specialist supports e.g. Alzheimer's Society.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

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

A review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff, residents, representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

The registered manager, residents and representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to describe how residents' confidentiality was protected, for example, through ensuring that conversations were conducted discreetly and that written records were securely stored.

Discussion with staff, residents and representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

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

The registered manager confirmed that residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Residents were consulted about the standard and quality of care and about the home environment. This

consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements were required. An example of this is where residents recently raised with management their dissatisfaction with aspects of provision of food in the home. This led directly to improved arrangements for catering.

The inspector met with five residents who provided the following comments –

- “The staff are very good, helpful and kind. The place is lovely and the food is absolutely great.”
- “The girls (staff) would do anything to help you, they are great and they take great care of me.”
- “I couldn’t complain. They are good to me.”
- “I am happy with this place and I especially love the courtyard for I can walk outside safely and enjoy the surroundings. My room is lovely and the home is kept spotlessly clean. I really like the food and the staff will make me a cup of tea, even if it is late in the evening.”
- “The care here is absolutely wonderful”

A resident’s representative commented – “I am greatly impressed by the caring attitude and approach of all the staff. They have been very kind to my (relative) and to me and they are most welcoming. I come to visit my (relative) from outside Northern Ireland and the staff always make sure that I can have my meals with my (relative) so I can enjoy my (relative’s) company. Overall, I am very happy with the care provided by Clifton House.”

There was evidence that the attitude and approach of the home’s management and staff team provided very good compassionate care to residents and to their families. For example, staff members, in their own time and in an unpaid capacity, would sit with very ill residents overnight to allow family to rest. Other staff members would adjust their work schedules to ensure that their colleagues were able to provide this level of support to residents and families. The home also made any empty rooms available to families who were sitting with ill residents. Staff ensured that families were provided with food and drinks and with any other practical and emotional support. Staff also used their own time to visit residents in hospital or residents who had moved to nursing care. The activities staff often made preparations, in their own time and using their own resources, to plan activities and events.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents, also that the health and social care needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered.

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. Discussion with the registered manager and with the registered provider established that policies and procedures had not been systematically reviewed every three years; this issue had already been identified through an audit of policies and procedures and a schedule was in place to have all documentation updated.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide and posters displayed within the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

A review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised and whether the complainant was satisfied with the outcome of the complaints process. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision, for example, when a difficulty arose with residents accessing the adjoining Helm Housing facility, this led directly to a change of practice within the staff team; additional daily checks were included on all access and exit points at the home.

The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented 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 this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice. There was evidence that analysis of patterns and trends of accidents and incidents led to early identification of changing needs of individual residents and this led to appropriate referrals to community teams. For example, when a resident had a series of accidents, a referral was made for a vision test and new spectacles were provided. This resulted in fewer falls. The registered manager also confirmed that they were aware of the Falls Prevention Toolkit and were using this guidance to improve post falls management within the home.

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.

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

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered provider identified that she had understanding of her role and responsibilities under the legislation. The registered manager

confirmed that the registered provider was kept informed regarding the day to day running of the home. The registered manager confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employers' liability insurance certificate were displayed.

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

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed 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.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Frances McKernon, registered manager, and Mrs Deborah Otkar-Campbell, registered provider 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 The Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

## 5.3 Actions taken by the Registered Provider

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

### Recommendations

<p><b>Recommendation 1</b></p> <p>Ref: Standard 23.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 September 2016</p>	<p>The registered provider should ensure that all care staff are provided with mandatory training in food hygiene.</p> <p><b>Response by registered provider detailing the actions taken:</b> 05/07/16 provided. 3/4 staff attended. Remaining staff scheduled for September. 1 Cook and Home Manager completing level 3 in September.</p>
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*\*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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