Unannounced Care Inspection Report
22 November 2016

The Croft Community

Type of Service: Residential Care Home
Address: 71 Bloomfield Road, Bangor, BT20 4UR
Tel No: 028 9145 9784
Inspector: Alice McTavish

1.0 Summary

An unannounced inspection of The Croft Community took place on 22 November 2016 from 12.10 to 16.45. The Croft Community has two units on the same site – Mayne House, which accommodates nine permanent residents and Croft Lodge, a recently built facility which offers respite care to a maximum of seven residents.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care 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 induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

One recommendation was made for the second time. This was in regard to mandatory staff training.

Is care effective?

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.

One recommendation was made in regard to the development of a policy on the management of records.

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.

One recommendation was made for the second time. This was in regard to the development of a more user friendly version of the information for residents on how to make a complaint.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Alan Hutchinson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent 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 7 June 2016.

2.0 Service details

Registered organisation/registered provider: The Croft Community Ltd	**Registered manager:** Mr Alan Hutchinson
Person in charge of the home at the time of inspection: Mr Alan Hutchinson	**Date manager registered:** 4 January 2016
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	**Number of registered places:** 16

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 nine residents, four care staff and the registered manager. No visiting professionals and no residents' visitors/representatives were present.

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

- Care records of three residents
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Fire safety risk assessment
- Policies and procedures manual

A total of 26 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Ten questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 7 June 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and will be validated in the next session.

4.2 Review of requirements and recommendations from the last care inspection dated 7 June 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 24.5 **Stated:** Second time **To be completed by:** 12 August 2016	The residential services manager should ensure that a competence and capability assessment is undertaken of any person who is given the responsibility of being in charge of the residential home for any period in the absence of the residential services manager.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and examination of documentation confirmed that a competence and capability assessment was undertaken of any person who is given the responsibility of being in charge of the residential home for any period in the absence of the residential services manager.	

Recommendation 2 **Ref**: Standard 25.6 **Stated:** First time **To be completed by:** 12 August 2016	The registered provider should ensure that the staff duty rota clearly states the following:- • the person in charge of Mayne House and Croft Lodge • the hours worked by the registered manager	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and examination of the staff duty rota confirmed that the person in charge of Mayne House and Croft Lodge and the hours worked by the registered manager were clearly stated.	
Recommendation 3 **Ref**: Standard 23.3 **Stated:** First time **To be completed by:** 31 October 2016	The registered provider should ensure that all outstanding areas of mandatory training are addressed.	**Partially Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of staff training records identified that two of the three areas of mandatory training were addressed. One area of training, relating to managing residents' finances remained outstanding. This training is now incorporated within staff induction and training for existing staff is planned. This element of the recommendation was therefore stated for the second time.	
Recommendation 4 **Ref**: Standard 21.1 **Stated:** First time **To be completed by:** 31 October 2016	The registered provider should ensure the following:- • a suitable policy and procedure on Infection Prevention and Control is developed in line with regional guidelines • the home's policy on consent is reviewed	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of policy documents confirmed that a suitable policy and procedure on Infection Prevention and Control was developed in line with regional guidelines, also that the home's policy on consent was reviewed.	

Recommendation 5 **Ref**: Standard 17.3 **Stated:** First time **To be completed by:** 31 October 2016	The registered provider should ensure that the information for residents on how to make a complaint is reviewed and that a more user friendly version is developed.	**Partially Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager identified that information for residents on how to make a complaint was reviewed and that a more user friendly version was in the process of being developed across all of the services provided by The Croft Community. This recommendation was therefore stated for the second time.	

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 and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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. The registered manager advised that all new staff were provided with an induction booklet which prompted staff to develop a portfolio of evidence of learning. New staff completed the booklet over the first six months of employment; they were also supported during this period through monthly supervision. In addition, the service had developed a similar portfolio for internally promoted staff, or for staff who moved from another area of the service, for example, from supported living to residential care. This practice was to be commended.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the last care inspection. The registered manager advised that this area was unchanged, however further improvements were being made; an electronic matrix for maintaining these schedules was being developed which would provide enhanced ease of audit.

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. Samples of completed staff competency and capability assessments were reviewed and found to satisfactory. The registered manager advised that a new competency and capability form had been devised and competency and capability was also established through the existing process of staff supervision and appraisal. The new competency and capability form was found to be both structured and comprehensive.

The recruitment and selection policy and procedure was reviewed during the last care inspection and confirmed that it complied with current legislation and best practice.

Discussion with the registered manager and review of staff personnel files confirmed that staff continued to be recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The Croft Community did not have a human resources department and used an umbrella organisation to assist with staff recruitment. The registered manager confirmed that enhanced AccessNI disclosures for all staff were viewed by the umbrella organisation and that written confirmation of this was received by the registered manager prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The registered manager advised that he maintained records of staff registration with the Northern Ireland Social Care Council (NISCC) and received written notification of when annual fees were due. The registered manager also undertook spot checks of the registration status of staff members. Registration was discussed with staff within supervision.

The adult safeguarding policies and procedures in place were reviewed during the last care inspection and were found to be consistent with current regional guidance. They 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 (Adult Safeguarding Prevention and Protection in Partnership, July 2015) 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 identified that no adult safeguarding issues had arisen since the last care inspection; 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.

A review of policy and procedure on restrictive practice/behaviours which challenge was undertaken during the last care inspection. It was confirmed that this policy and procedure was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed that areas of restrictive practice were employed within the home, notably locked external doors and a keypad entry system on some internal doors. 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. A review of the Statement of Purpose and Residents Guide identified that 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. Discussion with the registered manager confirmed that if individual restraint was to be employed, the appropriate persons / bodies would be informed.

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.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this this was now 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 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 home 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 registered manager confirmed that the home had an up to date fire risk assessment in place dated 14 December 2015. This area was reviewed during the last care inspection and identified that any recommendations arising from the Fire Safety Risk Assessment had been addressed appropriately. Fire drills were completed monthly and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems were tested weekly and there were quarterly tests and inspections of the emergency lighting and fire alarm systems. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

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

A comment received from a staff member was as follows:

- "Sometimes I feel that we cannot meet all the service users' needs due to the wide variety of ability of the service users. This depends on our schedule which we have minimal control over."

Areas for improvement

One area for improvement was identified. This was a restated recommendation that mandatory staff training should be provided in managing residents' finances.

Number of requirements	0	Number of recommendations	1

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 the care records of three residents 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 statement of health and well-being of the resident. Care needs assessment and risk assessments 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 they had an understanding of person centred care and that a person centred approach underpinned practice. The care records reflected multi-professional input into the service users' health and social care needs. The registered manager confirmed that records were stored safely and securely in line with data protection. It was noted, however, that the home did not have a policy and procedure in place relating to the arrangements for the creation, storage, maintenance and disposal of records. A recommendation was made that a suitable policy for the management of records should be developed.

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 accidents and incidents, complaints and compliments were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. The registered manager advised that a monthly report on all audits was prepared and sent to the CEO of the organisation. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report which were reviewed during the last care inspection.

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, 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 spoken with and observation of practice evidenced that staff were able to communicate effectively with residents. Staff confirmed that they had received training in communication e.g. Makaton. Minutes of resident 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.

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

A comment received from a resident's representative was as follows:

- "We are in weekly contact with the carers."

A comment received from a staff member was as follows:

- "At times it is not possible to have a handover due to (the) rota. Communication book is used to pass on any issues."

Areas for improvement

One area for improvement was identified. A recommendation was made in regard to the development of a suitable policy for the management of records.

Number of requirements	0	**Number of recommendations**	1

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.

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

The registered manager confirmed that consent was sought in relation to care and treatment. Discussion with 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. Staff were able to describe how residents' confidentiality was protected. The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner; observation 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, residents attended house meetings and there were annual care reviews arranged by the trust. Residents were consulted with, at least annually, about the quality of care and environment. During the last care review it was established that the findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

An action plan was developed and implemented to address any issues identified. Improvements were made as direct result of the resident consultation. For example, when it was raised that residents might be disadvantaged in participating in outings as the home did not have its own transport, the home engaged in some fundraising activities. Monies were made available to allow residents to avail of the services of a local taxi company. Staff in the home confirmed that residents were now able to enjoy more regular outings.

Residents spoken with during the inspection made the following comments:

- "I like my room. They (staff) are very nice to me. This is my first time here and I would be happy to come back."
- "It's very nice here."

A staff member spoken with during the inspection made the following comment:

- "The residents seem to enjoy having more space in the new building. It's good that there are two lounges. If someone wants a quiet space, that have the option of going to a different room. We have had some people here for respite who use wheelchairs and it's great that one of the bedrooms is fully adapted for people with higher dependency. There are more staff on duty during these times and the residents have the opportunity to get out and about. It's great that we have access to our own bus and we also have an account with a local taxi firm."

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

Comments received from residents' representatives were as follows:

- "(My relative) is treated with dignity and respect. Her religious support is well catered for."
- "Staff make (my relative) at ease during the respite."

Areas for improvement

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

Number of requirements	0	**Number of recommendations**	0

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 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. The registered manager advised that policies were maintained both electronically and in hard copy; there was a system in place to ensure that updated electronic policies were provided in hard copy in both Mayne House and in Croft Lodge.

A review of the home's complaints policy and procedure during the last care inspection confirmed that this 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. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records during the last care inspection confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. The registered manager confirmed that these arrangements were unchanged. Records of complaints included 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. An audit of complaints was used to identify trends and to enhance service provision.

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. The registered manager confirmed that a regular audit of accidents and incidents was undertaken and that learning from accidents and incidents was disseminated to all relevant parties. This was achieved through staff meetings and in individual staff supervision, if appropriate. Action plans were developed to improve practice where necessary. Information was also returned quarterly to the local Health and Social Care Trust in relation to accidents and incidents. There was also a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. The registered manager undertook monthly audits of complaints and compliments, accidents and incidents, staff supervision and appraisal, staff training, staff team meetings and the environment and prepared a report for the organisation's CEO.

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, for example,

epilepsy awareness, emergency management of epilepsy, dementia awareness and record keeping.

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 to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider, who was based on site and who maintained frequent contact, was kept informed regarding the day to day running of the home.

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 employer's 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/s responded 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 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.

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

A comment received from a resident's representative was as follows:

- "The staff always listen to any concern, not that there are many concerns."

A comment received from a staff member was as follows:

- "Although I feel the unit is managed on the floor by a good team, I feel (management) do not always listen and this can be very frustrating."

Areas for improvement

One area for improvement was identified. This was a restated recommendation in relation to the need to develop a more user friendly version of information for residents on how to make a complaint.

Number of requirements	0	Number of recommendations	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Alan Hutchinson, registered manager, 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 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

Recommendations	
Recommendation 1 **Ref**: Standard 23.3 **Stated:** Second time **To be completed by:** 28 February 2017	The registered provider should ensure that mandatory staff training in managing residents' finances is provided.
	Response by registered provider detailing the actions taken: This training is scheduled for 20th January 2017. Finance Manager will lead with support from supported living lead and training officer. Training will initially target senior support workers and then be rolled out to all levels of support staff.
Recommendation 2 **Ref**: Standard 17.3 **Stated:** Second time **To be completed by:** 28 February 2017	The registered provider should ensure that a more user friendly version of the information for residents on how to make a complaint is developed.
	Response by registered provider detailing the actions taken: This is now in draft form, consultation with service users is ongoing. They will have direct input and can suggest any changes before distribution to all houses / service users.
Recommendation 3 **Ref**: Standard 21.1 **Stated:** First time **To be completed by:** 28 February 2017	The registered provider should ensure that a suitable policy for the management of records is developed.
	Response by registered provider detailing the actions taken: Policy will be completed and distributed to all relevant staff / houses before end of February 2017, once agreed by Senior management.

Please ensure this document is completed in full and returned to** care.team@rqia.org.*uk* **from the

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