

# Unannounced Care Inspection Report 1 February 2017



## Fairhaven

**Type of service: Residential care home**  
**Address: 58 North Road, Belfast, BT5 5NH**  
**Tel no: 02890650304**  
**Inspector: Bronagh Duggan**

[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 Fairhaven took place on 1 February 2017 from 11:15 to 18:15.

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 recruitment, training, infection prevention and control, risk management and the home's environment.

No new areas for improvement were identified in relation to this domain. One requirement and two recommendations relating to the supervision of staff, the development of a supervision and appraisal policy and procedure, and the introduction of a schedule for staff supervision and appraisal have been stated for a second time.

### **Is care effective?**

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

One requirement and one recommendation were made in regards to ensuring an updated assessment being in place for an identified resident and also to introduce an auditing system to monitor the completion and regular review of care 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, management of complaints and incidents and maintaining good working relationships.

One recommendation was made in regards to ensuring the availability of the monthly monitoring visit reports in the home at all times.

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>	2	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Elizabeth Sweetlove Orr, 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 care recent inspection on 6 September 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Fairhaven Residential Homes Ltd	<b>Registered manager:</b> Mrs Elizabeth Sweetlove Orr
<b>Person in charge of the home at the time of inspection:</b> Mrs Elizabeth Sweetlove Orr	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> MP - Mental disorder excluding learning disability or dementia LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment	<b>Number of registered places:</b> 36

## 3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the last care inspection, the returned Quality Improvement Plan (QIP) and the previous inspection report.

During the inspection the inspector met with 13 residents, four care staff, one visiting professional and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Staff annual appraisal information
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident’s care files
- Records of recent staff meetings
- Complaints and compliments records
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents’ meetings
- Evaluation report from annual service user quality assurance survey
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policies and procedures manual

A total of 30 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. 20 questionnaires were returned within the requested timescale.

**4.0 The inspection**

**4.1 Review of requirements and recommendations from the most recent inspection dated 08 December 2016**

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

**4.2 Review of requirements and recommendations from the last care inspection dated 06 September 2016**

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 20.(2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 October 2016</p>	<p>The registered provider must ensure all staff in the home are appropriately supervised.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                      Evidence of formal staff supervision was not available. This requirement has been stated for a second time in the Quality Improvement Plan (QIP) appended to this report.</p>	<p><b>Not met</b></p>

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 20.(3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 October 2016</p>	<p>The registered provider must ensure competency and capability assessments are undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the registered manager.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager confirmed competency and capability assessments were completed for each member of staff who undertakes the responsibility of being in charge of the home in the manager's absence. A sample of four was reviewed.</p>	<p><b>Met</b></p>
<p><b>Last care inspection recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 November 2016</p>	<p>The registered provider should ensure a policy and procedure is developed regarding the provision of supervision and appraisal for staff in the home.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A policy and procedure regarding the provision of supervision and appraisal for staff in the home had not been developed. This recommendation has been stated for a second time in the QIP appended to this report.</p>	<p><b>Not Met</b></p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 24.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 November 2016</p>	<p>The registered provider should ensure that a schedule for annual appraisals and staff supervision is developed.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A schedule for appraisal and supervision was not available. This recommendation has been stated for a second time in the QIP appended to this report.</p>	<p><b>Not Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 16.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 November 2016</p>	<p>The registered provider should ensure the homes adult safeguarding policies and procedures are reviewed and updated to reflect the regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 and include the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The policy and procedure relating to Adult safeguarding was updated accordingly.</p>	<p><b>Met</b></p>

<b>Recommendation 4</b>  <b>Ref:</b> Standard 1.6, 1.7  <b>Stated:</b> Second time  <b>To be completed by:</b> 6 November 2016	The registered provider should ensure that the views and opinions of residents and their representatives are sought formally at least once a year, with a report compiled from the information gathered. This report should reflect the comments made, issues raised and any actions to be taken for improvement. A copy of the report should be provided to residents and their representatives.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed showed the views of residents and representatives had been gathered formally. A copy of the report was available for inspection.	

### 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.

Completed induction records were reviewed during the previous inspection these were in place for all staff, relevant to their specific roles and responsibilities. The registered manager confirmed no new staff have commenced employment since the previous inspection therefore induction records were not reviewed.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training and appraisal of staff was regularly provided.

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 four completed staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the registered manager confirmed that no staff have been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance. A safeguarding champion has been established.

Discussion with staff confirmed that they were aware of the safeguarding procedures. A copy of the new regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 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 registered 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 confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably pressure alarm mats. 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.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required.

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

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Cleaning records were maintained on a nightly basis.

The home had an infection prevention and control (IPC) policy and procedure in place. 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. Staff shared the example of encouraging residents to use hand gels when returning to the home.

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. The registered manager confirmed a plan for refurbishment was in place, on the day of the inspection two bathroom areas were closed to allow the improvements to be made. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated September 2016, no recommendations were made.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed weekly. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

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

Comments received from completed questionnaires were as follows:

- The home and surroundings are well maintained and repairs carried out immediately.
- All staff go on regular training courses.
- I enjoy all training and we are updated regularly. We receive our appraisals annually and held by (the registered manager).

### Areas for improvement

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.4 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.

Three care records were reviewed. Two of these included an assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. One record did not contain an up to date assessment of needs for the identified resident. A requirement was made. Further to this a recommendation was made that an audit system should be introduced to monitor the completion and regular review of care records.



The care records 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. Discussion with staff confirmed that a person centred approach underpinned practice. For example residents are supported to attend local community events and engage with local churches.

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 and other key stakeholders. Minutes of resident meetings were reviewed during the inspection the most recent meeting was held on 19 November 2016.

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. Following the inspection resident feedback was shared with the Belfast Health and Social Care Trust.

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

Comments received from completed questionnaires were as follows:

- Every residents needs are cared for and any outside help e.g. podiatry, dentist etc. are all on board for home visits.
- The home runs a very well organised team which manage the care with in house staff and professionals from other bodies.

### Areas for improvement

Two areas for improvement were identified in relation to the completion of an up to date needs assessment for an identified resident and also to introduce an auditing system to monitor the completion and regular review of care records.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	1
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### 4.5 Is care compassionate?

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

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff and residents 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. For example information regarding how to make a complaint and raise concerns was displayed on the ground floor of the home.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected for example, by ensuring all care records were stored securely.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents spoken with confirmed that their views and opinions were taken into account in all matters affecting them. Residents shared with the inspector their observations with regard to staffing matters in the home. This information was shared with the registered manager who confirmed the importance of professionalism amongst all staff in the home.

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

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example residents' meetings, suggestion box, annual reviews, and satisfaction surveys for completion by residents and representatives.

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 which was made available for residents and other interested parties to read. This was displayed on the notice board in the reception area of the home.

Discussion with staff, residents, and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example residents participate in arts and crafts, games, pool playing and watching vintage movies. Residents showed "memory cushions" which they had made, these each contained specific information/symbols personal to them. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example residents link in with local clubs and societies including for example the local Gateway club. Residents also participate in social events organised by local churches.

Twenty completed questionnaires were returned to RQIA from service users, staff and relatives. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from residents were as follows:

- “I love it here, everyone is very kind.”
- “I love it, the food is gorgeous.”
- “I like it, I like to go out with my family also.”
- “It is very good for someone like me. I’m very lucky, I have a nice room.”
- “I like it here very much, they (staff) are very good.”

Comments received from completed questionnaires were as follows:

- The residents have a committee which meet with each other three monthly to discuss any new activities they would like and any upcoming events. Also menus are discussed.

### Areas for improvement

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

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

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

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 poster/ information displayed 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 manage complaints from residents, their representatives or any other interested party. 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. There were no new complaints recorded since the previous inspection.

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.

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 catheter care.

Monthly monitoring visit reports were not available for inspection. The registered manager confirmed the folder had been removed by the registered provider to update. The need to ensure all relevant information is available in the home at all times for inspection purposes was discussed with the registered manager. A recommendation was made.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular updates and visits to 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 employers' liability insurance certificate were displayed.

Review of governance arrangements within the home including areas relating to supervision of staff, ensuring a supervision schedule is put in place and ensuring the development of a policy and procedure relating to staff supervision and appraisal have been stated for a second time in the Quality Improvement Plan appended to this report.

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 and 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 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.

Twenty completed questionnaires were returned to RQIA from residents, resident representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- Our policy and procedure folder is readily available and fully updated.

### **Areas for improvement**

One area for improvement was identified in relation to ensuring the availability of the monthly monitoring reports in the home at all times.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Elizabeth Sweetlove Orr, 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](mailto:care.team@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 15.(2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 15 April 2017	<p>The registered provider must ensure the completion of an up to date needs assessment for the identified resident.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> this has been completed and added to careplan</p>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 20.(2)  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 April 2017	<p>The registered provider must ensure all staff in the home are appropriately supervised.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> staff supervision is in place and a schedule has been drawn up</p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time  <b>To be completed by:</b> 1 May 2017	<p>The registered provider should ensure the introduction of an auditing system to monitor the completion and regular review of care records.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> all careplans and reviews are carried out a schedule has been added to ensure they have been completed</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 22.3  <b>Stated:</b> First time  <b>To be completed by:</b> 1 March 2017	<p>The registered provider should ensure the availability of the monthly monitoring reports in the home at all times.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> the monitoring reports are up to date and are being kept in the home</p>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 April 2017</p>	<p>The registered provider should ensure a policy and procedure is developed regarding the provision of supervision and appraisal for staff in the home.</p> <p><b>Response by registered provider detailing the actions taken:</b> policy has been drawn up and added to the policy file</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 24.3</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 April 2017</p>	<p>The registered provider should ensure that a schedule for annual appraisals and staff supervision is developed.</p> <p><b>Response by registered provider detailing the actions taken:</b> this has been completed and all staff appraisals are up to date</p>

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



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