

# Unannounced Care Inspection Report 16 October 2016



## Glasswater Lodge

Type of service: Residential Care Home  
Address: 1 Glasswater Road, Crossgar, BT30 9DN  
Tel No: 02844830518  
Inspector: Ruth Greer

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Glasswater Lodge took place on 16 October 2016 from 09:50 to 16:40.

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

### **Is care safe?**

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

One requirement was made in relation to this domain. This was in relation to the recruitment of staff not being fully in accordance with legislation.

### **Is care effective?**

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

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

### **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 requirement was made in relation to this domain. This was in relation to the appointment of a registered manager.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSPPS 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	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Sarah Reid, acting manager, as part of the inspection process on the day of the inspection and with Pam Simpson, deputy manager by telephone. 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 16 June 2016

## 2.0 Service details

<b>Registered organisation/registered person:</b> South Eastern Health and Social Care	<b>Registered manager:</b> Sarah Reid (acting)
<b>Person in charge of the home at the time of inspection:</b> Anne Curran, senior care assistant at the beginning of the inspection. Sarah Reid, acting manager joined the inspection at approximately 11 am.	<b>Date manager registered:</b> September 2014 ( as acting)
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 31

### 3.0 Methods/processes

Prior to inspection we analysed the following records: the report of the last care inspection and notifications of accidents/incidents to RQIA.

During the inspection the inspector met with fifteen residents, three care staff, two catering staff, one visiting professional and two resident's visitors.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment file
- Four resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Fire safety risk assessment
- Fire drill records
- Programme of activities
- Policies and procedures manual

A total of 18 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. 13 questionnaires were returned within the requested timescale.

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 16 June 2016

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

#### 4.2 Review of requirements and recommendations from the last care inspection dated 20 May 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 20 (3) <b>Stated:</b> First time <b>To be completed by:</b> 30 June 2016	The registered person shall ensure that up to date competency and capability assessments are in place for any person who is given the responsibility of being in charge of the home for any period of time in the absence of the manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that competency assessments had been undertaken and copies were available and up to date at the time of inspection.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 16 (2) (b) <b>Stated:</b> First time <b>To be completed by:</b> 30 June 2016	The registered person shall ensure that the residents' care plans are kept under review.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Examination of four care plans, chosen at random found these to be up to date.	
<b>Requirement 3</b> <b>Ref:</b> Regulation 13 (1) (a) <b>Stated:</b> First time <b>To be completed by:</b> 25 May 2016	The registered person shall ensure that any allegations are managed in line with the adult safeguarding policies and procedures to protect the health and welfare of residents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The trust Adult Safeguarding Officer has visited the home to provide additional information to the manager in respect of the management of all allegations/incidents of abuse. The manager confirmed that she is aware of her legislative responsibility in this area. There have been no such incidents since the last inspection.	

<b>Requirement 4</b> <b>Ref:</b> Regulation 30 (1)(d) <b>Stated:</b> First time <b>To be completed by:</b> 25 May 2016	The registered person shall ensure that all adult safeguarding issues are notified to RQIA and all other relevant stakeholders in a timely manner in line with adult safeguarding policies and procedures.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that all allegations/incidents of abuse will be reported to RQIA and all stakeholders in a timely manner	
<b>Requirement 5</b> <b>Ref:</b> Regulation 27 (4)(a) <b>Stated:</b> First time <b>To be completed by:</b> 30 June 2016	The registered person shall ensure that an up to date fire safety risk assessment is undertaken of the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that a fire safety risk assessment of the home was undertaken on 20 June 2016.	

<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<b>Recommendation 1</b> <b>Ref:</b> Standard 6. 3 <b>Stated:</b> Second time <b>To be completed by:</b> 30 June 2016	Care plans should be developed to meet all needs identified by the assessment and should be shared with residents and/or their next of kin. The signatures of residents and/or their representatives should be obtained to show their participation in the process.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> A plan was in process to share care plans with residents and their relatives. There was evidence that some care plans had been shared and signatures were in place. This process is on-going and progress will be reviewed at the next inspection.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 28.1 <b>Stated:</b> Second time <b>To be completed by:</b> 30 June 2016	An audit of bathrooms should be undertaken in line with infection control guidelines. The audit should identify rusted fittings which should then be repaired/made good.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The audit had been undertaken and rusted fittings had been painted.	

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2016</p>	<p>The registered person should ensure that care records are signed and dated by the person making the entry, also that she reviews the system of maintaining written records to better meet the needs of the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The care records examined at this inspection had been signed and dated appropriately.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 11.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2016</p>	<p>The registered person should ensure that care reviews are arranged with the commissioning trust and other relevant stakeholders when significant changes or events occur which have an impact on residents.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Four care files were chosen at random. All had up to date reviews in place.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 21.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2016</p>	<p>The registered person should ensure that policies and procedures should be subject to a systematic three yearly review.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that a review of the policy file was underway. Several policies had been reviewed and up dated. The work is on-going and progress will be reviewed at the next inspection.</p>	<p><b>Partially Met</b></p>

#### 4.3 Is care safe?

The acting 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:

Manager x1

Senior care assistant x 2

Care assistant x 3

Catering x 2

Domestic, including laundry, x2

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

Discussion with staff and a review of returned staff views questionnaires 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 available for inspection.

The acting 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 review of a sample of staff competency and capability assessments were reviewed and found to satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. The manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The personnel file of one recently recruited staff member was inspected and found to contain two references, one of which was from a previous employer. However this was not the most recent former employer as is required by legislation. In discussion with the manager she undertook to contact the most recent employer to obtain a reference. Written confirmation was received at RQIA from the deputy manager that the reference from the most recent employer for the staff member has been obtained.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

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

The adult safeguarding policies and procedures included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The acting manager confirmed that there were plans in place to identify a safeguarding champion within the home.

There was a copy of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) 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 acting 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 acting manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting manager identified that the home did not accommodate any individuals whose assessed needs could not be met. It was identified that one resident's needs had deteriorated. Arrangements were in place for a review with the



care manager in regard to a transfer for the resident to nursing care. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The acting manager confirmed there were restrictive practices were employed within the home, notably bed rails and pressure alarm mats. Discussion with the acting manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The acting manager confirmed there were risk management policy and procedures in place. Discussion with the manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and were part of the overall process of the ongoing review of the home's policies and procedures.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was being updated as part of a general review of the policy and procedure file in line with the findings of the last inspection. In discussion the manager was advised to include reference to the newest regional guidance in the updated IPC policy. 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.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The acting 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 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 20 June 2016. The acting manager confirmed that and all recommendations had been, or were in the process of being, appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed most recently on 8 June 2016. Records were 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 weekly / monthly and were regularly maintained. Individual residents had a completed Personal

Emergency Evacuation Plan (PEEPs) in place. Copies of the individual PEEPS were in place in an easy access wall mounted folder.

A senior staff member on duty on the day confirmed that care in the home is provided in a caring and safe manner. One newly employed staff member stated that she had had mandatory training and an induction in the home prior to taking up her post.

Residents spoken with reported that staff were attentive and kind.

A district nurse in the home to provide care for a resident reported that she was satisfied with the care provided to her patient. The district nurse confirmed that the home complied with any instructions/advice she gave in regard to care. The district nurse stated that she “had no worries about the care of anyone I attend in this home I would have no concern if one of my community patients was moving into this home”

Seven questionnaires were returned from staff within the timescale. Six confirmed that they were satisfied with the level of health and safety provided for residents and with staff support, levels and training. One questionnaire contained issues in regard to staffing levels and deployment in the home. The issue was shared with the deputy manager by telephone to resolve and report the outcome to RQIA under separate cover.

Two relatives who spoke with the inspector spoke positively in regard to the care provided to their family member. Comments included:-

“X (resident) has been here for a few years and I think the care he/she gets is really good”  
 “The staff are very friendly”

Comments contained on questionnaires from residents and their families included:-

“A good home and clean to an excellent standard”  
 “Staff go the extra mile in this home”

### Areas for improvement

One area for improvement was identified in relation to the recruitment of staff not being in accordance with legislation.

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

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

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. The care records also reflected the multi-professional input into the residents' health and social care needs. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process. There was evidence that work has commenced to share care plans with residents and/or their representatives and obtain their signatures. Progress will be reviewed at the next inspection.

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

The acting manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals.

The acting 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 acting 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 and their representatives. Minutes of residents' meetings were available for 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.

Staff/residents/residents representatives spoken with during the inspection made the following comments:

"We always try our best for the residents" (staff)

"There have been some new staff around recently but they seem to have got to know my (resident) quickly and they are very friendly" (relative)

#### 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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#### 4.5 Is care compassionate?

The acting manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. There was evidence that menus are being changed and residents had been asked for their suggestions and preferences for additions or changes.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. The acting manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The home works in partnership with the local county council who provide a programme of community activities for elderly people who live within the council boundaries. For example five residents have recently attended a play in a Belfast theatre. Residents attend local teas and social events. The home arranges regular musical evenings, most recently on the evening before the inspection. Residents and staff confirmed that these events were much enjoyed. On the day of the inspection a hairdresser was providing a service in the home. Arrangements were in place for residents to maintain links with their friends, families and wider community. Families are invited to the musical evenings and the home operates an open visiting policy.

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. Satisfaction questionnaires' had been devised and distributed to residents and their families. The comments in the returned questionnaires were to form the annual quality review report.

Residents spoken with during the inspection made the following comments:

"The girls (staff) couldn't be better"

"I'm looking forward to going home but they have been that good to me in here"(resident)

"I'm happy in here"

Comments on the questionnaire completed by relatives included:-

"Staff bend over backwards to provide excellent care"

#### Areas for improvement

There were no areas identified for improvement.

<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 acting manager and deputy manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

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 with RQIA.

A range of policies and procedures were 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 process in place, as a result of the previous inspection, to review and update the home's policies. Several policies examined at this inspection in relation to consent/infection control/safeguarding/ complaints/accidents/recruitment of staff were found to be up to date. The deputy manager confirmed that she is undertaking a review of all the home's policies. This work is still on going. Progress will be examined at the next inspection when the work should be completed.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSPPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and leaflets.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents. There had been one complaint recorded since the last inspection. Records of the complaint included details of any investigation undertaken, all communication with the complainant the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The acting manager confirmed that they were aware of the Falls Prevention Toolkit and were using this guidance to improve post falls management within the home. The home employs a retired physiotherapist who organises weekly exercise sessions. The programme is based on a recognised falls prevention programme.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. Monthly management audits in infection prevention control, falls, kitchen and catering and medicine management. The deputy manager stated that she has introduced a system for senior care staff to audit care records on a monthly basis. Satisfaction questionnaire have been distributed to residents, their families, local G P's and other healthcare professionals. The date for return is 4 November 2016. The results will be collated into the annual quality review report. The deputy manager confirmed that she will forward a copy of the report to RQIA.

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 provider has been acting as manager for some time. The post of registered manager has been advertised on three occasions. There has been no one appointed to the post. The registered provider stated that she has applied to undertake the KSF level 5 in management as has two of her senior staff with the view that one of them will be appropriately qualified to apply to be registered manager. Written confirmation of registration to complete this course, from the organisation providing the training, should be forwarded to RQIA

The acting manager confirmed that the home operated 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 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 acting 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 acting manager confirmed that staff could also access line management to raise concerns and to offer support to staff.

The deputy manager confirmed that a programme of staff appraisal had been introduced. Templates had been given to staff with instructions to complete before 1 November 2016. Each staff member had been allocated a date in November for their appraisal meeting.

The acting manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff.

### Areas for improvement

One area for improvement was identified in relation to the appointment of a registered manager.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sarah Reid acting manager and 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 the 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 RQIA web portal for assessment by the inspector.

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

## Quality Improvement Plan

### Statutory requirements

<p><b>Requirement 1</b></p> <p>Ref: Regulation 21 Schedule 2</p> <p><b>Stated: First time</b></p> <p><b>To be completed by: 1 November 2016</b></p>	<p>The registered provider must ensure that at all times new staff are recruited in line with regulations</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> New staff are now recruited in line with regulations.</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 8</p> <p><b>Stated: First time</b></p> <p><b>To be completed by: 30 November 2016</b></p>	<p>The registered provider must provide validation that she and/or staff members have enrolled on the KSF level 5 course with a view to the appointment of a registered manager</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Mrs Reid has registered with Rultedge Rucruitment Agency for Level 5 course.</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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