

Unannounced Care Inspection Report 6 and 7 March 2018



Camphill Community Glencraig

Type of Service: Residential Care Home
Address: 4 Seahill Road, Craigavad, Holywood, BT18 0DE
Tel No: 028 9042 3396
Inspector: Kylie Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a residential care home, comprising of twelve registered houses, with a total of forty eight places that provides care and support for adults with a learning disability. The home is also registered for thirteen day service places for adults with a learning disability.

3.0 Service details

Organisation/Registered Provider: Camphill Community – Glencraig Responsible Individual: Vincent Reynolds	Registered Manager: See below
Person in charge at the time of inspection: Deborah Rice, Manager	Date manager registered: Deborah Rice-Acting-No Application Required
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 48 residential places 13 day service places

4.0 Inspection summary

An unannounced care inspection took place on 6 March 2018 from 10.45 to 18.00 and on 7 March from 09.50 to 14.30. The previous manager, Tyrone Best had been on extended leave and in his absence, Deborah Rice was acting as manager until his return. Following the inspection, it was confirmed that Tyrone Best would assume the role as manager from 1 April 2018.

During the commencement of the inspection, Bill Osborne introduced himself as interim Chief Executive. Following discussions during the inspection and communication following the inspection Bill Osborne confirmed that he would be coming forward as interim responsible individual, pending arrangements to fill the position on a permanent basis.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, adult safeguarding, listening to and valuing residents, activities, governance arrangements, management of incidents and maintaining good working relationships.

Areas requiring improvement were identified in regard to wedging of doors, annual appraisal of staff and completion of competency and capability assessments.

The inspector advised that the NISCC staff record is printed out on a monthly basis, reviewed for accuracy, signed and dated.

Residents said that they enjoyed their lifestyle in the home, the range of activities and that they had good relations with staff.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	0

Details of the Quality Improvement Plan (QIP) were discussed with Deborah Rice, 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 July 2017.

5.0 How we inspect

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

During the inspection the inspector met with the manager, a consultant, the social care co-ordinator, the Chief Executive, an administrator, four residents and six care staff. For the purposes of this report 'staff' refers to any person working in the home in a paid or voluntary capacity.

Questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Two questionnaires were returned within the requested timescale. A poster was provided providing staff and/or professionals details on how to complete an electronic survey. Two questionnaires were completed within the requested timescale.

The following records were examined during the inspection:

- Induction programme for new staff
- Supervision records for three staff
- Two staff recruitment records
- Care records for seven residents
- The home's Statement of Purpose
- Minutes of a recent house meeting
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), environment and medication

- Accident/incident/notifiable events register
- Monthly monitoring reports
- Fire safety risk assessment for one house
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 July 2017

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

6.2 Review of areas for improvement from the last care inspection dated 25 July 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20.6 Stated: First time	The registered person shall review the Statement of Purpose (SOP) in accordance with RQIA guidance on developing a SOP and information specified within this inspection report.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of the SOP confirmed compliance.	

Area for improvement 2 Ref: Standard 6.2 Stated: First time	The registered person shall develop care plans according to identified need for the management of diabetes and the identification and management of pain.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of an identified care record confirmed compliance.	
Area for improvement 3 Ref: Standard 20.12 Stated: First time	The registered person shall complete an annual quality review report pertaining to the residential care home.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and a consultant confirmed that this report for 2017/18 was currently being completed. Assurances were given that the report would be sent to RQIA by the end of April 2018.	

6.3 Inspection findings

6.4 Is care safe?

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

The manager reported the range of staffing levels for the individual houses and that these were subject to regular review to ensure the assessed needs of the residents were met. The manager advised of recruitment that was taking place and of recruitment intentions. Whilst no concerns were raised regarding staffing levels during discussion with residents and staff, staff did acknowledge that more staff were required but that they were aware of the current recruitment process that was taking place.

A review of the duty roster in one house confirmed that it accurately reflected the staff working.

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

Discussion with the manager, staff and review of supervision records confirmed that training and supervision of staff was regularly provided but that annual appraisals had not been undertaken in the last year. The manager reported that the annual appraisal process was under

review. One area for improvement was identified in regard to completion of staff appraisals to comply with the regulations.

Discussion with the manager and a consultant confirmed that competency and capability assessments had not been undertaken. Whilst plans were in place for these to be 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, an area for improvement was identified to comply with the regulations.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the manager and review of two staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Discussion with the manager and human resources (HR) assistant confirmed that enhanced AccessNI disclosure records were viewed for all staff prior to the commencement of employment. The manager reported that the HR manager confirms by email that all recruitment records have been received. Two staff personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body. The HR assistant stated that these records had been monitored via the NISCC employer's portal. The inspector advised the manager that this record is printed out on a monthly basis, reviewed for accuracy, signed and dated.

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

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

Discussion with the manager, review of accident and incidents notifications, care records and complaints records confirmed that 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 were retained.

The manager reported there were risk management procedures in place relating to the safety of individual residents. Discussion with the 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 confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The manager advised that there were restrictive practices employed within the home, including, locked doors, keypad entry systems, lap belts, individual resident supervision levels, pressure alarm mats and audio monitor. Discussion with the manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. It was good to note that a restrictive practice audit for each house had been completed in recent months. The manager stated that this is kept under review.

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 manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons/bodies were informed.

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

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was 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.

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 manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The two houses visited were 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. In one house visited, a number of fire doors were observed to be wedged open or a door wedge was observed on the

floor beside a fire door; an area for improvement was identified to comply with the regulations. Following the inspection, the manager gave assurances that all staff had been informed that door wedges were not to be used and that any observed would be removed. There were no other 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 manager reported that the home had an up to date fire risk assessment carried out for each house during January 2018; all reports had not been received by the home. The manager gave assurances that these would be obtained without delay. A report for one house was reviewed and discussions with the manager confirmed that a recommendation had been addressed.

The manager reported that fire drills were completed in each house; records were retained of staff who participated and any learning outcomes. Fire safety records for February 2018 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.

A consultant spoken with during the inspection made the following comment:

- “Staff are very, very proactive at getting the involvement of social worker, speech and language therapist, psychologist, it’s a good multi-disciplinary approach.”

Staff commented:

- “We had moving and handling (training) just a few weeks ago.”

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, adult safeguarding and infection prevention and control.

Areas for improvement

Areas identified for improvement in regard to wedging of doors, appraisal of staff and completion of competency and capability assessments.

	Regulations	Standards
Total number of areas for improvement	3	0

6.5 Is care effective?

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

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

A review of seven care records confirmed that these were largely maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. Following discussion of a number of areas, the manager gave assurances that records would be improved, for example, fully describing how a behaviour presents.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. Staff, for example spoke of how they facilitated individual residents to engage in activities that were important to them.

The manager reported that an individual agreement setting out the terms of residency was in place and reviewed annually. Records were stored safely and securely in line with data protection.

The 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. A range of audits was available for inspection. Further evidence of audit was contained within recent monthly monitoring visits reports.

The 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, house meetings, staff topic specific meetings and staff shift handovers. The 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.

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.

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

Staff commented:

- “We have very good communication.”
- “We get on with everybody.”
- “You have that support (from mentors).”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

The manager reported 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 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. Staff, for example spoke about the range of methods employed with residents to ensure effective communication and promote their involvement in making choices. There was evidence that care and support was person-centred, for example, an adjustment had been made for a residents day activities in response to observations of change in their health and well-being.

The manager advised 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.

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

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. These systems included, for example, house meetings, annual reviews and an annual satisfaction survey.

Discussion with the manager and consultant confirmed that at the time of the inspection, an evaluation, about the quality of care and environment was being completed. The manager stated that the findings from the consultation would be collated into a summary report and action plan which would be made available for residents and other interested parties to read.

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. A resident had learned to ride a uni-cycle and had participated at a number of performance events. Arrangements were in place for residents to maintain links with their friends, families and wider community. The 'men's shed' were visiting the home on 7 March 2018.

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

Staff commented:

- "We like to live here and work here."
- "We enjoy the festivals."

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The 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 variation had been submitted to register a house for three persons. Assurances were provided from the chief executive that work would be completed within the agreed timescale.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Discussion with the manager and consultant confirmed that a review of policies and procedures was being developed to systematically review these every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and information on display. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. 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.

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 reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the 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. The manager, for example, and a number of other staff were completing courses in areas of Health and Safety. The manager reported her intention to commence the QCF Level 5 course.

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 evidence of managerial staff being provided with additional training in governance and leadership. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose. Discussion with the Chief Executive during and following the inspection identified that a change would be necessary in regard to the position of responsible individual; this process is underway. The manager stated that the registered provider was kept informed regarding the day to day running of the home.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responds to regulatory matters in a timely manner.

Review of records and discussion with the 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 manager reported 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.

Discussion with the 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.

Staff commented:

- "We can go at any time (to talk to the manager)."
- "(Tyrone) is very organised...he has a personal touch with the residents."

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Deborah Rice, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

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

Area for improvement 1 Ref: Regulation 27 (4) (b) Stated: First time	The registered person shall ensure that no fire doors are wedged open and review the need for a suitable hold open device to be fitted. Ref: 6.4
To be completed by: 30 April 2018	Response by registered person detailing the actions taken: <ul style="list-style-type: none"> • Glenraig's community Safety Officer has acted on this at present in carrying weekly spot checks in all areas of Adult Services Glenraig in ensuring and educating staff in the use of door wedges on Fire Doors is not permitted • Glenraig's community Safety Officer has issued a Memo week beginning 2nd April 2018 to all Adult Houses re door wedges not permitted to be used on fire doors • Registered Manager has arranged a meeting week beginning 11th April 2018 with Glenraig's community Safety Officer and facilities manager in devising a zero tolerance re the use of door wedges on Fire Doors with the view to identify where fire doors may require approved holding devices • There has been a Health and Safety Trainer appointed in February 2018 who delivering all health and safety training in house for new staff and refreshing training for existing staff. This is part of mandatory training • As part of the unannounced monthly monitoring officers role in all regulated Adult Services they will expected to carry out spot checks to ensure door wedges are not used on fire doors • The topic of door wedges within fire doors will be discussed at team/house meetings in all the regulated adult houses, Glenraig • There has been a formal recorded in-house Health and Safety forum for senior staff set up in Glenraig which meets monthly - the concern of doors wedges on Fire Doors will now be a topic on the agenda for at this meeting including progress updates • There has been several identified senior staff in Adult Services has completed in February 2018 certified NEBOSH training • By September 2018 all house coordinators/group leaders with Adult Services will have completed certified IOSH training

	<ul style="list-style-type: none"> • Fire risk assessments reviewed annually and recorded by an external service provider • Fire alarm tests are done weekly and recorded by the internal staff • Fire alarm systems are checked quarterly by an external contractor • There is a recorded Fire Safety Drill carried out in all Adult Services, Glenraig on a six monthly basis internally in line with Health and Safety legislation • There is bespoke Fire Warden training and identified staff in all areas of Adult Services, Glenraig who will also be aware to ensure door wedges are not being used on Fire doors
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p>	<p>The registered person shall ensure that all staff receive an annual appraisal.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> • The registered manager has arranged a formal meeting with HR manager, Glenraig week beginning 11th April 2018 to devise an Appropriate Annual Appraisal Proforma in line with professional development plans for all social care staff in line with SMART objectives • There will staff appraisal training for line managers appraising social care staff commencing in May 2018 • A copy of staffs' completed Annual Appraisals will be provided to the HR department, Glenraig to assist them to govern the Annual Appraisal process for social care staffs practice development • Previous year Annual Appraisal will be reviewed by Appraise and Appraiser to ensure the agreed goals have been achieved • The organisation will ensure that the required professional development and training will be provided to all social care staff in Adult Services, Glenraig whether this is sourced internally or externally if needed

<p>Area for improvement 3</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2018</p>	<p>The registered manager shall ensure that a competency and capability assessment is carried out for any person who is given the responsibility of being in charge of the home for any period of time in the manager's absence.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> • The registered manager has arranged a formal meeting with HR manager, Glenraig week beginning 18th April 2018 to devise an appropriate competency and Capability Assessment tools • Such tools devised will be in conjunction with NISCC Code of Conduct and Practice 2018 and this will be prioritised for any person who is given the responsibility of being in charge of an adult house for any period of time in the manager's absence • Such tools will be used as part of the supervision process for all social care staff in Adult Services, Glenraig • There will be staff competency and capability assessment training for line managers line managing social care staff commencing in May 2018 • There will an audit done for all new and existing staff in the completion of such assessment tools by line managers which will be reviewed by registered manager and HR department • The above tools will be used as part of the organisation assurance register and quality/compliance • These tools will assist to ensure all social care staff have a completed competency and capability assessment tools when commencing in post, reviewed as and when required i.e. practice concerns or in professional development planning
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****Please ensure this document is completed in full and returned via Web Portal****



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)