



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	Camphill Community Glencraig
Establishment ID No	1608
Date of Inspection:	8 December 2014
Inspector's Name:	Kylie Connor
Inspection No:	IN016677

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General information

Name of Home:	Camphill Community Glenraig
Address:	4 Seahill Road Craigavad Holywood BT18 0DB
Telephone Number:	(028) 9042 3396
E mail Address:	kate.price@glenraig.org.uk
Registered Organisation/ Registered Provider:	Mr Vincent Reynolds (Acting)
Registered Manager:	Mrs Catherine Price
Person in Charge of the home at the time of Inspection:	Mrs Catherine Price
Categories of Care:	RC-LD ,RC-LD(E) The maximum number of residents to be accommodated within individual houses is as follows: Bethany (7), Brendan (3), Comgal (3), Dell O'Grace (4), Emmaus House (7), Hermitage (3), Kintyre (7), Novalis (6), Parsifal (2), Pestalozzi (1), Samaria (4)
Number of Registered Places:	47
Number of Residents Accommodated on Day of Inspection:	36
Scale of Charges (per week):	£684.11 - £916.25
Date and type of previous inspection:	12 & 26 February 2014 Primary Announced
Date and time of inspection:	8 December 2014 11.05 am to 3.00 pm
Name of Inspector:	Kylie Connor

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary unannounced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the inspection

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Inspection of one house
- Evaluation and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard/s:

STANDARD 9 - Health and social care

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Camphill Community Glenraig was founded in 1954 in order to live and work with children and adults in need of special care. The community is located in a beautiful estate of 100 acres, sloping down to the shores of Belfast Lough. The home is located within The South Eastern Health and Social Care Trust geographical area. Catherine Price is the manager and has been the registered manager from 2013 is the registered provider and Vincent Reynolds has been the responsible person from 2014 in an acting capacity.

The Camphill Community is a registered residential care home for adults with a learning disability and associated physical disabilities. There are eleven houses registered for adults with learning disabilities and together these are registered as a residential home. A number of community facilities exist within the Camphill Community Glenraig site including a farm, workshops, gardens and laundry facilities. The Camphill Community Trust own the communal areas while a housing association is responsible for the houses.

The Authority acknowledges that Camphill Community, Glenraig is an Intentional Community and given the day-to-day nature and way of life of such services, some aspects of the Standards would not always be relevant to these care situations.

Bethany

Bethany is registered for seven residents. The accommodation consists of ground and lower ground floor serviced by a lift and stairway. The kitchen, small dining area and a separate dining area, conservatory and lounge. Residents and co-workers bedrooms and bathrooms are situated on both floors. The family rooms are located on the ground floor. The lower ground floor has a laundry room, hallway and two bathrooms.

Brendan House

Brendan House opened in 1964 and is registered to accommodate three residents. The accommodation consists of a communal lounge and dining room with a separate kitchen, three resident's bedrooms, two bathrooms ground and first floor, a separate shower room with a WC and laundry area. House co-ordinators and co-workers also live in the home.

There are at present no adults with learning disabilities living in this house and it is undergoing refurbishment. The estates and care inspectors undertook a brief tour of this house in January 2014 and must be notified when the refurbishment has been completed and before the house becomes occupied.

Comgall

Comgall is registered for three residents. The accommodation consists of a communal lounge, kitchen/dining room, three bedrooms, three bathrooms, two co-worker bedrooms and another for the house co-ordinators. Bathroom facilities are located close to residents' bedroom accommodation. The corridor looks onto a courtyard. The house leads via a door and stairway to a massage room and hydrotherapy room. The house co-ordinator's room leads off this corridor. A doorway leads to the Therapy and Medical Building and Comgall Hall which are not included in the residential homes registration.

Dell O Grace

Dell O Grace is registered for four residents. The accommodation consists of a hallway, laundry room, residents and co-workers bedrooms and two bathrooms on the ground floor. A communal kitchen, dining room, lounge, resident's and co-workers bedrooms and a bathroom are located on the first floor.

A follow-up estates inspection took place in September 2014 and the house is now re-opened following refurbishment.

Emmaus

The accommodation is registered for seven residents over two floors. The ground floor consists of an open plan kitchen, dining room and communal lounge. Residents and co-workers bedrooms and bathrooms are on both floors.

Hermitage

Hermitage is registered for three residents and consists of two floors. On the ground floor there is an entrance hallway, lounge, kitchen, dining area, bathroom, an office, laundry area and back hallway. The residents' bedrooms are located on the ground floor. The first floor is reserved for the house co-ordinator and their family.

Kintyre

The home was built in the mid 1990's and is registered to accommodate seven residents. Kintyre is built on two levels, lower ground floor and ground floor. A lift is in place. The home consists of a dining room, an open plan communal lounge and dining kitchen. Two resident's bedrooms and rooms for the house co-ordinator's family, two bathrooms and a separate WC are on the ground floor with a sauna, a shower, third and fourth bathroom, residents' and co-workers bedrooms and a laundry room on the lower ground floor. An office is available on the ground floor.

Novalis

Novalis is registered to accommodate six residents. The accommodation consists of an entrance hallway, lounge, separate dining room and kitchen, six residents' bedrooms, two co-workers' bedrooms, two bathrooms with baths, showers and WCs in addition to two separate toilets, laundry area and boot room. The first floor is reserved for house co-ordinators accommodation and co-workers accommodation is located on the ground floor. A lift is available.

Parsifal Flat

Parsifal Flat is registered to accommodate two residents. The accommodation consists of an open plan lounge, dining and kitchen area. There is a laundry room, store room, shower room, WC and residents' bedrooms.

Pestalozzi

The accommodation is registered for one resident and comprises a spacious resident bedroom, a communal lounge and dining kitchen, hallway, shower room with a toilet and a laundry located on the ground floor. The first floor accommodation is used for co-worker.

Samaria

Samaria is registered to accommodate four residents. The accommodation consists of four bedrooms for residents, two bathrooms, an open plan communal lounge and dining room with an adjoining conservatory to the rear of the home. A co-worker lives on the ground floor adjoining the resident's bedroom accommodation. The house co-ordinators live on the first floor.

7.0 Summary of inspection

This secondary unannounced care inspection of Camphill Community Glenraig was undertaken by Kylie Connor on 8 December 2014 between the hours of 11.05 am and 3.00 pm. Kate Price, registered manager was available during most of the inspection and for verbal feedback before the inspection was fully concluded.

The requirement and recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed the majority of areas as required within the timescales specified. Two recommendations have been stated for the second time times within the areas of care plans and registered provider reports. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard 9 - health and social care. There were processes in place to ensure the effective management of the standard inspected. The home was found to be compliant with this standard and one recommendation is made in regard to care plans.

During the inspection the inspector met with residents, staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

In the main, the areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be clean but in need of re-decoration and improvement. A number of bedrooms and a bathroom had patches of damp and a bedroom door was observed to be wedged open. Two requirements have been made.

A number of additional areas were also examined these included comments from residents and staff, activities and events and responding to residents behaviour. Further details can be found in section 10.0 of the main body of the report.

Two requirements and four recommendations were made as a result of the secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, registered manager, and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on previous issues from inspection dated 12 and 26 February 2014

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	20.11	The registered provider report template/guidance should be reviewed to take into account the amended RQIA guidance document and to prompt recording of the specific residents and staff spoken to by initials or other means.	The October and November 2014 reports were discussed with the registered manager. Some improvements have been made to the template and identified improvements need to be implemented in a consistent manner by all persons carrying out the unannounced visits. Following the inspection, the inspector emailed a link to the registered manager to the revised template available on the RQIA website. This is not addressed.	Moving towards compliance
2	11.1 11.4	The registered manager should confirm that all outstanding care reviews have taken place/been arranged and that all care review minutes have been received.	The registered manager verified that this is addressed for all residents with a care Manager in Northern Ireland. The registered manager verified confirmed that the host trust is making progress with relevant persons in the Republic of Ireland.	Compliant
3	11.3 11.5	The registered manager should confirm that the new pre-review report template is improved as detailed in the report.	A care record reviewed demonstrated that this is addressed.	Compliant

4	11.6	The registered manager should ensure that care plans are improved in regard to the detail of residents behaviour, stating how staff should respond and refer to completed assessments including risk assessments which should also be improved.	One record reviewed demonstrated that risk assessments were completed detailing behaviours and how staff should respond. However the care and support plan did not reference this risk assessment to direct staff/a reader to it. This is not fully addressed.	Substantially compliant
5	11.6	Ensure that transport risk assessments are completed with identified residents.	The registered manager confirmed that this is addressed.	Compliant
6	16.7	The registered manager should review the system of ensuring a decision is received and recorded for all referrals made under protection of vulnerable adults and retrospectively ensure records are updated.	The registered manager confirmed that this is addressed.	Compliant
7	19.2 19.4	Confirm that the recruitment action plan made following the internal audit for employed staff has been completed.	The registered manager confirmed that this is addressed.	Compliant
8	19.6	The home should review ways that residents, or where appropriate their representatives, are involved in the recruitment process where possible.	The registered manager confirmed that this is addressed.	Compliant

9.0 Inspection Findings

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	COMPLIANCE LEVEL
Inspection Findings:	
A reviewed of care records for three residents revealed that the name and contact details of each resident's General Practitioner was present. The location of the dental practice, but not the name of residents dentist was stated. Staff confirmed this detail would be inserted. Discussions with staff and the registered manager confirmed that arrangements are in place for all residents to have appropriate health care related check-ups.	Compliant
Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	COMPLIANCE LEVEL
Inspection Findings:	
Discussions with staff members in relation to specific residents' needs indicated that they were knowledgeable of the residents' care needs. Staff demonstrated knowledge of actions to be taken in the event of a health care emergency. The registered manager confirmed that staff members are provided with mandatory training and that they regularly avail of refresher training. Staff confirmed that there is good communication within the home and that this includes any changes in a resident's condition and care plans are updated to reflect these.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings:	
The care records examined contained evidence that a needs care assessment had been undertaken which informed care plans, risk assessments the information is reviewed. There was evidence of liaison with a range of primary health and social care services and all contacts were recorded. Staff were knowledgeable regarding referral systems should a resident require the services of health care professionals.	Compliant
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings:	
Review of the care records and discussion with staff members confirmed that in the main staff accompany residents to health and social care appointments. It was confirmed that where they do not, residents' representatives are provided with information and that this is recorded in the resident's care records.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings:	
Discussion with the registered manager confirmed that relevant policies were in place. Discussion with staff and an examination of two care records confirmed there are arrangements in place to monitor the frequency of residents' health screening and appointments.	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings:	
Discussions with staff confirmed that residents' spectacles, dentures, personal equipment and appliances are maintained by residents with assistance from staff. Care plans reviewed did not fully detail the support needed and a recommendation has been made. Staff confirmed that dentists send out annual check-up appointments.	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

10.0 Additional areas examined

10.1 Resident's consultation

The inspector visited novalis house and spoke to three residents individually and observed a fourth resident. One resident was visiting from another house. Residents were observed playing the piano, relaxing and chatting with staff. In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- “Good people in Glenraig. I do washing and drying and water the plants. I have piano lessons on Tuesdays.”

10.2 Relatives/representative consultation

There were no relatives spoken to during the inspection.

10.3 Staff consultation

The inspector spoke with one staff and one student nurse on placement in addition to the registered manager. Discussion with staff identified that they felt well supported in their respective roles, had been provided with training and are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of individual residents and informed values were evident. The inspector established, through discussion with staff members that there was unrestricted access to fresh bed linen and to continence products.

Comments received included:

- “(This home) is a good alternative for people (to live).”
- “We are very well supported here.”
- “Most of the rooms need painting and the bathrooms need looked at.”

10.4 Visiting professionals' consultation

No professionals were spoken to during this inspection.

10.5 Environment

The inspector viewed the home accompanied by the person in charge of novalis house and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised but a number had evidence of black coloured damp at the top of the wall which had spread onto an area of the ceiling. There was confirmation that this had been reported more than six months ago and internal superficial treatment carried out a number of times.

One bedroom door was observed to be wedged open. It was confirmed that a free swing mechanism has been requested for this bedroom and for a bathroom door. Following discussion there was confirmation that the practice of wedging doors open would cease immediately.

The protective glaze on internal frames of a number of double glazed hardwood windows in bedrooms were observed to have been damaged by condensation. There was evidence of black mould in a communal bathroom and water stains and mould around a bath. Three mattresses were propped up outside the laundry. It was confirmed that these were to be removed from the house. A number of requirements have been made.

Décor was found to be in need of improvement. Furnishings were observed to be clean. A number of curtains were not fitted with adequate number of curtain rings and were therefore not hanging to an acceptable standard.

10.6 Resident Dependency

There was confirmation that staff can meet the needs of residents.

10.7 Responding to residents' behaviours which challenge

Accident and incidents records reviewed from 1 September 2014 to the date of the inspection demonstrated that they were being managed appropriately. The inspector has, on occasion communicated to the home, improvements to be made in regard to the details recorded on the notification form to RQIA. A review of recent behavioural notifications, in particular where MAPA has been used do not demonstrate that staff have been de-briefed and that the risk assessments and care plans were reviewed and updated. A recommendation has been made. Discussions with staff and a review of records demonstrate that staff seek to understand the reason for the behaviour and are knowledgeable in regard to residents' behaviours and agreed responses.

10.8 Activities

Discussions with staff, residents and a review of three residents' care records demonstrated that activities are individualised, enjoyable, age and culturally appropriate, accommodate spiritual needs, promote healthy living and facilitate social inclusion in community events. Positive outcomes for residents are achieved and one resident spoke of their happiness at being able to attend a community musical event upon discharge from hospital. There was evidence that residents are supported by staff, equipment and aids to engage in a wide range of activities and events.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Kate Price as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. 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.

Enquiries relating to this report should be addressed to:

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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Secondary Unannounced Care Inspection

Camphill Community Glencraig

8 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Kate Price, registered manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. 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.


Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 27.-(4)(c)(d)(i) (Section 10.5 of the report refers)	<p>The registered person should ensure that an automatic closing device, suitable for the needs of residents, should be fitted to the identified bedroom and bathroom door.</p> <p>If a closer control device, such as a magnetic hold back or a swing free closer, is fitted it should be installed and commissioned in accordance with BS7273.</p> <p>In the interim this door should be kept closed. No doors should be wedged open.</p> <p>This pertains to Novalis house but a review of other houses should be made.</p>	One	In progress. Completion expected week beginning 19/01/15.	1 February 2015

2	27 (2) (a) (b) (Section 10.5 of the report refers)	<p>The registered person shall, having regard to the number and needs of the residents, ensure that –the physical design and layout of the premises to be used as the home meets the needs of the residents; the premises to be used as the home are of sound construction and kept in a good state of repair externally and internally;</p> <ul style="list-style-type: none"> • The responsible person should ensure that improvement work is completed and the home is re-decorated. This includes: the identification and eradication of the cause of all damp and the effective treatment of all areas of damp and water-damage and made good; treatment of all internal wooden window frames damaged by condensation; <p>This pertains to Novalis house but a review of other houses should be made.</p>	One	House has been checked, no water damage, condensation only. Work commencing 14/01/15.	10 February 2015
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Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	20.11 (Section 8 of the report details)	<p>The registered provider report template/guidance should be reviewed to take into account the amended RQIA guidance document and to prompt recording of the specific residents and staff spoken to by initials or other means to ensure confidentiality.</p> <p>The responsible person should review the need to provide training to ensure that the registered provider visits strengthen quality assurance, governance and that the process is sufficiently robust.</p>	Two	<p>Registered Manager and Social Care Governance Co-ordinator are reviewing the recommended template.</p> <p>Training has been offered to monitoring officers, dates to be arranged from 27/01/15.</p>	From the date of the inspection and on-going
2	11.6	<p>The registered person should ensure that care plans are improved in regard to the detail of residents behaviour, stating how staff should respond and refer to completed assessments including risk assessments which should also be improved.</p> <ul style="list-style-type: none"> Care and support plans should reference all risk assessments or assessments / reports completed by the home or the multi-disciplinary team 	Two	Care Plans and Risk Assessments are being revised by Registered Manager and Social Care Governance Coordinator to reflect recommendations.	By return of QIP

3	9.6	<p>The registered person should ensure that there are systems for maintaining residents' spectacles; dentures, personal equipment and appliances so that they provide maximum benefit for each resident.</p> <ul style="list-style-type: none"> The care plans should be improved to include all aids and equipment in use by each resident, the care and support needed in regard to aspects of personal care including teeth, continence and the assistance required to maintain aids and equipment 	One	Care Plans being revised by Registered Manager and Adult Group.	From the date of the inspection and on-going
4	10.5 10.6 11 (Section 10.7 of the report refers)	<p>The registered person should ensure that: all staff are appropriately de-briefed following incidents of behaviours which challenge; risk assessments and care plans are reviewed and updated following each incident; timely reviews take place to determine the effectiveness of risk assessments, agreed responses made by staff to behaviours which challenge.</p>	One	De-briefing awareness raising to be taken to Adult Group. Paperwork / recording documentation will be amended accordingly.	1 February 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Vincent Reynolds

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	V. Connors	27/1/15
Further information requested from provider			