



The Regulation and  
Quality Improvement  
Authority

# Unannounced Care Inspection Report 17 and 25 January 2019



## 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](http://www.rqia.org.uk)

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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 with 51 places that provides care and accommodation for residents living with a learning disability.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Camphill Community – Glencraig</p> <p><b>Responsible Individual:</b> Elizabeth Mitchell – application made</p>	<p><b>Registered Manager:</b> See box below</p>
<p><b>Person in charge at the time of inspection:</b> Dave Bermingham on 17 January 2019 Tyrone Best on 25 January 2019</p>	<p><b>Date manager registered:</b> Tyrone Best – Acting- No application required</p>
<p><b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years</p>	<p><b>Number of registered places:</b> 51</p> <p>The maximum number of residents to be accommodated within individual houses is as follows: Bethany (7), Craigowen (6), Comgall (3), Dell O'Grace (4), Emmaus House (7), Hermitage (3), Kintyre (7), Novalis (6), Parsifal (2), Pestalozzi (1), Samaria (4), Ceridwen (1 - Notify RQIA before any change in occupancy).</p> <p>The home is also approved to provide care on a day basis only to 13 persons</p>

### 4.0 Inspection summary

An unannounced care inspection took place on 17 January 2019 from 09.45 to 17.00 and an announced second date took place on 26 January 2019 from 13.30 to 17.30 to conclude the inspection.

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

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 induction, care reviews and communication between residents, staff and other interested parties and management of incidents.

Areas requiring improvement were identified in regard to the management of residents' weight and completion of mandatory training.

Residents said that they liked their lifestyle in the home, that they enjoyed the food, activities and that they had good relations with each other and with staff.

The lay assessor commented, 'Overall, my impression is of a calm, person centred organisation with very content residents.'

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
<b>Total number of areas for improvement</b>	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Tyrone Best, 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 12 October 2018.

#### 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 person in charge on 17 January 2019, the manager, the social care governance co-ordinator, three residents, three care staff, the human resource manager, the human resource assistant, the facilities manager and two administrative staff. The inspector was briefly introduced to the new chief executive.

Questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Several 'Have we missed you?' cards were left on display in the administration building, inviting feedback from visitors and relatives. Fourteen questionnaires were returned by seven residents and seven residents' representatives within the agreed timescale.

A lay assessor was present during part of the inspection on 17 January 2019. He spoke with approximately 15 residents regarding their experiences of living in the home. Comments received and the lay assessor's observations are included within this report.

During the inspection a sample of records was examined which included:

- Induction programme for new staff
- Annual appraisal records
- Staff competency and capability assessments
- Training programme for December 2018 and January 2019
- Staff training matrix
- One staff personnel file
- Two residents' care records
- The home's Statement of Purpose
- Minutes of staff meetings and house meetings
- Audits of care plans, accidents and incidents (including falls, outbreaks), restrictive practice, action plan following registered provider visits and staff registration with NISCC
- Accident, incident, notifiable event records
- Annual Quality Review report dated April 2018
- Reports of visits by the registered provider
- Matrix for the management of health and safety issues i.e. fire risk assessments and checks

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 20 November 2018**

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 12 October 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 20 (1) (c) (i) <b>Stated:</b> Second time	The registered person shall ensure that all staff receive an annual appraisal.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following a review of a sample of appraisal records and discussion with staff.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 20 (3) <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following a review of a sample of two staff competency and capability assessments and discussion with the manager and staff.	

## 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 advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. The manager reported that agency staff had been used less frequently in the home due to a successful recruitment process. The manager reported that from the end of January 2019 there will be no vacant posts. The manager stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. A concern raised by a relative in a returned questionnaire was shared with the manager for follow-up as required.

A review of induction record template and discussion with the human resource manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The human resource manager advised that induction had been updated to ensure compliance with the Northern Ireland Social Care (NISCC) Induction programme. This is commended.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. A matrix of mandatory training had been improved but was incomplete at the time of the inspection and therefore it was not possible to confirm that all staff were up to date with mandatory training; an area for improvement was identified under regulation. A sample of staff appraisals were reviewed during the inspection.

Discussion with the 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.

Discussion with the human resource manager and review of a staff file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment and was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

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. While full compliance could not be confirmed, a review of a training matrix and discussion with staff confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager, review of accident and incidents notifications, care records confirmed that while there had been a brief delay on one occasion 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. Discussion with staff confirmed that there had been learning from the delay and systems had been put in place to prevent a reoccurrence. Discussion with staff confirmed that appropriate protection plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns.

The manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist

behaviour management teams from the trust and in discussion with the manager and review of accident and incident notifications, it was confirmed that these were updated and reviewed as necessary. The manager and social care governance co-ordinator reported that there were very close working relations with the trust in regard to these matters. The manager was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

Discussion with staff established that they were knowledgeable and had understanding of infection prevention and control (IPC) policies and procedures.

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.

The inspector discussed with the manager the benefit of using the "Falls Prevention Toolkit" to improve post falls management. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of one house was undertaken by the inspector and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Discussion with staff confirmed that arrangements had been made for a number of houses to have a thorough clean. The lay assessor visited a second house and reported no concerns or issues with the environment. Discussion with the facilities manager confirmed that progress was being made with the landlord to put in place a long term solution in respect of the heating system in some of the houses.

Discussion with the facilities manager and review of a matrix confirmed that legionella risk assessments and fire safety risk assessments were in place and all recommendations had been actioned or were being addressed. Discussion with the facilities manager confirmed that all safety maintenance records were up to date.

Review of a training matrix and discussion with staff confirmed that fire safety training was delivered to ensure staff completed it twice annually. The inspector advised that both training dates should be included on the matrix to support robust governance. The manager gave assurances that this would be completed without delay. Discussion with staff confirmed that fire drills were completed on a regular basis. Discussion with the facilities manager and review of a matrix confirmed that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

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

- "We have regular induction every month and it's vastly improved.
- "We aim (to undertake staff supervision) for every six to eight weeks."

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



A resident made the following comment:

- 'I feel safe.'

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, supervision and appraisal.

### Areas for improvement

One area for improvement was made under regulation in regard to mandatory training.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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.

Records were stored safely and securely in line with General Data Protection Regulation (GDPR). The human resource manager described how the home had prepared for this change.

A review of two 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. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, time is scheduled to support residents engage in individualised activities, especially during the weekend.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Residents confirmed that they enjoyed the food and ate together with both residents and staff in the house they lived in. Arrangements were in place for some residents to visit and eat a meal in another house to support friendships and the camphill community ethos. Systems were in need of improvement to regularly record residents' weight and an area for improvement was made under standards. Discussion with staff and review of care records confirmed and any significant changes in health and well-being were responded to

appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Discussion with staff confirmed that guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on residents skin. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls, outbreaks) and NISCC registration were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit, including audit of care records was contained within the reports of the visits by the registered provider.

The manager advised 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 meetings, social care governance meetings and staff shift handovers. Staff advised that a handover checklist was being piloted. Minutes of a range of meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. For example, a staff member was observed communicating in a skilled and compassionate manner with a resident who had become over stimulated. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, reports of visits by registered provider and latest RQIA inspection reports and annual quality review report were on display or available on request for residents, their representatives any other interested parties to read.

A review of care records, along with accident and incident reports and discussion with staff confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Staff spoken with during the inspection made the following comments:

- "Communication is improving and a range of mediums are used including technology and meetings."
- "In December (2018) we were provided with report writing and record keeping training and staff found it inspiring. We want our records up to date and noting achievement and issues."
- "It's (communication) pretty good. We have a weekly co-worker meeting and a weekly house meeting."
- "I have never eaten as good food in my life as here. The variety is excellent."

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

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to care reviews and communication between residents, staff and other interested parties.

## Areas for improvement

One area for improvement was identified in regard to the management of residents' weight.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 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 advised 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.

The manager, residents and/or their representatives advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and how residents' confidentiality was protected.

Discussion with the manager and staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. 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.

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. Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, one staff member spoke of how important it was to a resident to go for a daily walk around the grounds of Camphill Community Glenraig and that staff made sure that the resident was offered the support and choice to go out every day. In discussion with this resident he reiterated this and said that he was happy with the care and support he received.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into the annual Quality Review Report, 2018.

Discussion with staff, residents, observation of practice and a review of returned questionnaires confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents spoke of their excitement of an evening of square dancing on 17 January 2019 and of a planned singing event on Saturday to encourage a good crop of apples in 2019.

Arrangements were in place for residents to maintain links with their friends, families and wider community. Staff spoke about supporting residents to go swimming and undertake travel training skills.

Staff spoken with during the inspection made the following comments:

- “That (compassionate care) is very important to me personally and I teach it to everyone and it’s important as we know the people so well and are able to be their advocates.”
- “Any activity that is requested we try to facilitate that and look for new opportunities. We are creating a herb garden now and there is an energy about as we progress.”

The lay assessor commented:

- ‘For many (of the residents) their focus was on the work they did on the farm, the laundry or wherever. They took a pride in what they did and talked warmly of their ‘managers’. Some of the residents are going on holiday to Lanzarote next week and are very excited about that. They were actively participating in the preparations. The organisation gave a clear impression of being flexible and centred on the needs of residents.’

Fourteen completed questionnaires were returned to RQIA from residents and residents’ visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents were as follows:

- ‘I love dogs. I am happy to be in Glenraig. I love the co-workers and everybody.’
- ‘I am very happy with the care I get.’
- ‘Farm is amazing, Can’t complain about anybody. Love my music.’

Comments received from relatives were as follows:

- ‘As a parent I am very happy indeed with all aspects of my sons care. Everything is done by a proactive team of carers to make his life easier and fulfilled.’
- ‘(My son) lives in (a house) with wonderful house parents and their family which provides the ideal lifestyle for him. The individual approach and the provision of work opportunities has given him a fulfilling and meaningful life, enhanced by the cultural richness and celebrations of the months of the year through festivals etc.

### 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 activity provision.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 and stated that 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.

Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Arrangements were in place to share information about complaints with staff. The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of accident and incident records 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. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

There was evidence of managerial staff being provided with additional training in governance and leadership. The manager reported that all senior staff would complete level four adult safeguarding training within the next six months. The manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example, bespoke communication training is delivered for small groups of staff in regard to the needs of residents.

A visit by the registered provider 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, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

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. The manager stated that the registered provider was kept informed regarding the day to day running of the home through telephone calls, emails, board meetings and visits to the home.

The manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The human resources manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

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

**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.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 Tyrone Best, 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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2019</p>	<p>The registered person shall ensure that systems are in place to evidence that all staff receive mandatory training and training appropriate to the work that they are to perform.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered person will ensure that there are clear devised systems in place to evidence that all staff receive mandatory training and also the training is appropriate to the work that they are expected to perform. This will be done by 30<sup>th</sup> April 2019 through:-</p> <ul style="list-style-type: none"> <li>- A devised electronic training matrix so that all relevant line manager/supervisors have access to, including HR department.</li> <li>- A formal individual professional development plan/training needs analysis which will be in conjunction with NISCC Guidelines.</li> <li>- Regular staff supervisions, staff team meetings and staff annual appraisals will be completed and recorded with a copy included in all staff supervision files.</li> <li>- Regular internal training meetings to monitor, review and evaluate training needs assessment for the regulator service.</li> <li>- Bespoke staff training to be sourced as and when required to ensure we are meeting the needs of each resident in a person centred manner and good practice.</li> <li>- Monitoring processes are now in place to ensure the quality of the training, attendance at the training and reflective practice is in place following all training.</li> </ul> <p>The Organisation is also actively exploring digital learning resources to facilitate certain training requirements.</p>



<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 9.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 March 2019</p>	<p>The registered person shall ensure that the general health and welfare of residents is continually monitored and recorded in regard to the management of residents' weight.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered person shall ensure that the general health and welfare of residents is continually monitored and recorded in regard to the management of residents' weight. This will be achieved through:-</p> <ul style="list-style-type: none"> <li>- Each group leader/house coordinator/key workers will have a formal record of dates and measurements of each residents' weight on a monthly basis and if any resident refuses to participate that this is also recorded and discussed on a regular basis with the key professional staff at MDT and Care Management Reviews.</li> <li>- Close collaborative working with all medical and allied professionals will be ongoing for each resident regarding the monitoring of each residents' weight.</li> <li>- The continuation of health nurse facilitator from the SE Trust to carry out annual health assessment for each resident and records of this shared to key professional staff on a need to know basis.</li> <li>- Staff to have full awareness to ensure who are the key points of contact if there are any concerns regarding the monitoring of all residents' weight.</li> <li>- All daily food and menu plans are in place for all residents offering a varied, healthy dietary intake.</li> <li>- Health promotion will be educated, offered and encouraged to all residents in a person centred manner and in conjunction with each residents' individual plan of care.</li> </ul> <p><a href="https://www.nhs.uk/live-well/healthy-weight/managing-weight-with-a-learning-disability/">https://www.nhs.uk/live-well/healthy-weight/managing-weight-with-a-learning-disability/</a> •The Caroline Walker Trust has a leaflet called Eating Well: children and adults with learning disabilities (PDF, 2Mb)</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



The Regulation and  
Quality Improvement  
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