

Unannounced Care Inspection Report

21 July 2016



Tullywest Manor

Type of service: Residential Care Home
Address: 12 Tullywest Road, Saintfield, BT24 7LX
Tel No: 028 9751 1234
Inspector: Alice McTavish

1.0 Summary

An unannounced inspection of Tullywest Manor Residential Home took place on 21 July 2016 from 10.05 to 17.35.

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

Is care safe?

One requirement was made in relation to the completion of competency and capability assessments for any person who is given the responsibility of being in charge of the home for any period in of time in his absence of the manager. Six recommendations were made. These related to the following areas:

- Mandatory training of staff
- Staff supervision
- Annual staff appraisal
- Review and implementation of policies and procedures for adult safeguarding, for infection prevention and control and for systematic three year review of all of the home's policies and procedures
- Development of a policy on assessing risks to residents and management of risks; the development of a policy on consent to examination, treatment and care
- Audit of all freestanding furniture and any identified areas of risk to be addressed

There were examples of good practice found throughout the inspection in relation to staff induction, recruitment practice and the home's environment.

Is care effective?

No requirements or recommendations were made in relation to this domain. There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

Is care compassionate?

No requirements or recommendations were made in relation to this domain. 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 to taking into account the views of residents.

Is the service well led?

No requirements or recommendations were made in relation to this domain. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

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

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 1 | 6 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Philip McCleery, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent care inspection on 26 January 2016.

2.0 Service details

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| Registered organisation/registered person: Tullywest Manor/Mrs Anne McCleery | Registered manager: Mr Philip James McCleery (acting) |
| Person in charge of the home at the time of inspection: Mr Philip James McCleery | Date manager registered: Acting manager since 2 February 2016 |
| Categories of care: I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years | Number of registered places: 26 |

3.0 Methods/processes

Prior to inspection the following records were analysed: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with eight residents, the acting manager, the assistant manager, one care assistant, the domestic, the cook, two visiting professionals and one resident's representative.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Staff recruitment files
- Four residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Equipment maintenance records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities
- Policies and procedures manual

A total of 28 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Twelve questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 January 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 26 January 2016

| Last care inspection recommendations | | Validation of compliance |
|---|--|--------------------------|
| Recommendation 1 Ref: Standard 29.1 Stated: First time To be completed by: 02 February 2016 | The registered manager should ensure that a Personal Emergency Evacuation Plan is completed for a resident who was recently admitted to the home. | Met |
| | Action taken as confirmed during the inspection: Discussion with the acting manager and inspection of Personal Emergency Evacuation Plans confirmed that these were completed for all residents who were accommodated in the home. | |

4.3 Is care safe?

The acting manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty:

- 1 x acting manager
- 1 x assistant manager
- 2 x senior care assistants
- 2 x care assistants
- 1 x domestic assistant
- 1 x laundry assistant
- 1 x cook

One senior care assistant and two care assistants were due to be on duty later in the day. One senior care assistant and one care assistant were scheduled to be on overnight duty.

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

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was provided. Inspection of mandatory training records identified that some training was not up to date and that the home's system for ensuring that such training is kept up to date was not accurately maintained. A recommendation was made in this regard.

A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection. It was found, however, that both staff supervision and annual appraisals had not recently been provided on a regular basis. This had already been identified by management within the home and there were plans to address this issue. A recommendation was made that staff should have supervision no less than every six months. A recommendation was made that staff should have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.

The acting manager advised that competency and capability assessments were not 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. The acting manager provided a verbal undertaking that this area would be given priority. A requirement was made that such assessments must be completed.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the acting manager and review of 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. The acting manager confirmed that enhanced AccessNI disclosures were viewed by the acting manager for all staff prior to the commencement of employment. The acting manager confirmed that arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The home's adult safeguarding policies and procedures were not consistent with the current regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). A recommendation was made, as part of a number of recommendations regarding policies and procedures, that this policy should be reviewed and implemented. The home's existing policy and procedure included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. 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 acting 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 would be retained.

The acting manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls) were reviewed and updated on a regular basis or as changes occurred.

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

A number of recommendations were made throughout the inspection in regard to various aspects of policies and procedures. A recommendation was made that a policy should be developed on assessing risks to residents and management of risks, also that a policy should be developed on consent to examination, treatment and care. Discussion with the acting 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 acting manager confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced. Observation of equipment and inspection of maintenance records confirmed this.

Review of the infection prevention and control (IPC) policy and procedure identified that this was not in line with the most up to date regional guidelines. A recommendation was made that the policy should be reviewed and updated. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home. The acting manager reported that there had been no outbreaks of infection within the last two years. 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 home was fresh smelling, clean and appropriately heated. Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. It was identified, however, that a freestanding wardrobe in the bedroom of one resident was not adequately secured to the wall and a risk of injury to the resident may be present. A recommendation was made that an audit of all freestanding furniture should be undertaken and any identified areas of risk addressed.

The home had an up to date fire risk assessment in place dated 29 September 2016. The acting manager confirmed that there were plans in place to ensure that all recommendations were appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every six months. Records were retained of staff who participated and any learning outcomes. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Twelve completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described the "is care safe" domain as excellent or good.

A resident's representative commented:

- "Tullywest is one of the few local establishments where hygiene and care is a high priority."

Areas for improvement

Seven areas of improvement were identified. One requirement was made in relation to the completion of competency and capability assessments for any person who is given the responsibility of being in charge of the home for any period in of time in his absence of the manager. Six recommendations were made. These related to the following areas:

- Mandatory training of staff
- Staff supervision
- Annual staff appraisal
- Review and implementation of policies and procedures for adult safeguarding, for infection prevention and control and for systematic three year review of all of the home's policies and procedures
- Development of a policy on assessing risks to residents and management of risks; the development of a policy on consent to examination, treatment and care
- Audit of all freestanding furniture and any identified areas of risk to be addressed

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 1 | Number of recommendations: | 6 |
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4.4 Is care effective?

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

A review of the care records of four residents 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 regular statement of health and well-being of the resident. The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that they were knowledgeable about person centred care and confirmed that a person centred approach underpinned practice. Records were stored safely and securely in line with data protection.

The acting manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), environment and catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. For example, residents were regularly asked for their views on the quality of meals. There was evidence that the particular preferences of individual residents were shared with the cook; discussion with the cook confirmed that she was knowledgeable about residents' preferences and that every effort was made to ensure that residents were provided with the foods of their choice.

The acting manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The acting manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were available for inspection.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The acting manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who required specialist supports.

The inspector met with two visiting professionals who provided the following comments:

- "I think the care here is second to none. There is a very high quality of care provided to the residents and there is great communication between staff and residents and the community teams. I have also witnessed lovely interactions between staff and residents."
- "This home had very good structures and processes regarding medications and I never find any problems. I think this is a good home."

Twelve completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described the "is care effective" domain as excellent or good.

A resident's representative commented:

- "My (relative) was seriously ill...staff were in regular contact with GPs and myself. Despite her difficulties she is now back up and around daily ...Philip (acting manager) kept in contact with us by email while (we were recently abroad) – appreciated!"

Areas for improvement

There were no areas identified for improvement.

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| Number of requirements: | 0 | Number of recommendations: | 0 |
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4.5 Is care compassionate?

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

There was a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff, residents and a representative confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The acting manager, staff and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to describe how residents' confidentiality was protected, for example, through ensuring that the personal information of residents was only shared with relevant parties and written records were properly stored.

Discussion with staff, residents and a representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The acting manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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. There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them, for example, residents were approached, either individually or in residents' meetings, to obtain their opinions about meals, activities and events.

Residents who spoke with the inspector provided the following comments:

- "I think the care is good. The staff are attentive to me and respectful. If I use my call bell, they come to me fairly quickly and they check on me during the night. I enjoy having the company of others who live here and I love it that the home has a cat. When I need anything fixed, the staff arrange it for me. I'm happy here."
- "You would go far to get a home as good as this one! I keep telling my family that they chose very well."
- "I am very pleased with the care here. The staff are lovely, very helpful and approachable. There is a lot for us to do during the day – the staff have quizzes or jigsaws for us to do and some residents love to knit. There are newspapers supplied for us and I like to read these. I like to go to bed early but if I wanted to have a cup of tea late at night or early in the morning, I would get it."
- "I'm getting on wonderfully. I love living here. The staff are magnificent!"

A resident's representative commented:

- "I am happy with the care provided to my (relative) and I find the staff very friendly and helpful. There is a good atmosphere in the home. Staff keep me informed if there are any concerns about my (relative). The food seems to be good and I am very relieved that my (relative) is getting good care."

Twelve completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described the "is care compassionate" domain as excellent or good.

A resident's representative commented:

- "I do make comments and suggestions to the management team and they are usually taken on board and always discussed."

Areas for improvement

There were no areas identified for improvement.

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| Number of requirements: | 0 | Number of recommendations: | 0 |
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4.6 Is the service well led?

The acting manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The acting manager also confirmed that the health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were not, however, systematically reviewed every three years or more frequently as changes occurred. This issue was included in a recommendation made in section 4.3 of the report relating to review of policies and procedures.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide. 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 and the outcome of the complaint. Arrangements were in place to share information about complaints and compliments with staff. The home had received no complaints for a considerable amount of time. The acting manager advised that, should complaints be regularly received, he would undertake an audit of complaints to identify trends and to enhance service provision.

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

There were quality assurance systems in place to drive 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 acting manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with additional training opportunities relevant to any specific needs of the residents. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was evidence of managerial staff being provided with additional training in governance and leadership. The acting manager was in the process of completing the QCF level 5 in leadership and management which would equip him to make application to RQIA to become the registered manager of the home.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Resident's Guide. The acting manager confirmed that the registered provider was present in the home several days weekly and was kept informed regarding the day to day running of the home.

The acting manager confirmed that the home was operated 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 notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered providers respond to regulatory matters in a timely manner.

Review of records and discussion with the acting manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The acting manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The acting manager confirmed that staff could also access line management to raise concerns and to offer support to staff.

Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were aware of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns. The acting manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff.

Twelve completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described the "is the service well led" domain as excellent or good.

Residents' representatives commented:

- "The quality of staff employees is second to none. Professional, caring, compassionate, gentle and patient with all residents no matter how difficult or demanding."
- "Tullywest is an excellent home. Staff are very friendly and caring. My (relatives) are so well looked after and are very happy and content which gives me peace of mind."
- "The (acting) manager and his team provide a wonderful standard of care, compassion and motivation to the residents. We are grateful!"

Areas for improvement

There were no areas identified for improvement.

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| Number of requirements: | 0 | Number of recommendations: | 0 |
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Philip McCleery, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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

| Quality Improvement Plan | |
|---|---|
| Statutory requirements | |
| Requirement 1 Ref: Regulation 20 (3) Stated: First time To be completed by: 24 November 2016 | <p>The registered provider must ensure that a competency and capability assessment is carried out with any person who is given the responsibility of being in charge of the home for any period in of time in his absence of the manager.</p> <p>Response by registered provider detailing the actions taken: A COMPETENCY ASSESSMENT TEMPLATE HAS BEEN CREATED & COMPLETED ON THE APPROPRIATE STAFF.</p> |
| Recommendations | |
| Recommendation 1 Ref: Standard 23.3 Stated: First time To be completed by: 24 November 2016 | <p>The registered provider should ensure that:</p> <ul style="list-style-type: none"> • all mandatory training is kept up to date • a robust system is developed and maintained for ensuring that mandatory training is kept up to date <p>Response by registered provider detailing the actions taken: STAFF TRAINING FILE HAS BEEN SIMPLIFIED & MANDATORY TRAINING ORGANISED.</p> |
| Recommendation 2 Ref: Standard 24.2 Stated: First time To be completed by: 24 November 2016 | <p>The registered provider should ensure that staff have supervision no less than every six months.</p> <p>Response by registered provider detailing the actions taken: NEW SUPERVISION TEMPLATE CREATED & SUPERVISION COMMENCED ON ALL STAFF.</p> |
| Recommendation 3 Ref: Standard 24.5 Stated: First time To be completed by: 24 November 2016 | <p>The registered provider should ensure that all staff have an annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.</p> <p>Response by registered provider detailing the actions taken: NEW APPRAISAL TEMPLATE CREATED & APPRAISALS TO BE COMMENCED.</p> |

| Recommendations | |
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| Recommendation 4 Ref: Standard 21.1 Stated: First time To be completed by: 24 November 2016 | The registered provider should ensure that: <ul style="list-style-type: none"> the home's adult safeguarding policy and procedures are updated to reflect the current regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and that the policy is implemented within the home the home's infection prevention and control (IPC) policy and procedures are updated to reflect the most up to date regional guidelines and that the policy is implemented within the home all policies and procedures are subject to a systematic three year review |
| | Response by registered provider detailing the actions taken: THE POLICIES HAVE BEEN UPDATED & AVAILABLE FOR INSPECTION |
| Recommendation 5 Ref: Standard 21.1 Stated: First time To be completed by: 24 November 2016 | The registered provider should ensure that policies and procedures are developed in regard to: <ul style="list-style-type: none"> assessing risks to residents and management of risks consent to examination, treatment and care |
| | Response by registered provider detailing the actions taken: NEW POLICIES DEVELOPED & AVAILABLE FOR INSPECTION |
| Recommendation 6 Ref: Standard 27.8 Stated: First time To be completed by: 24 November 2016 | The registered provider should ensure that an audit of all freestanding furniture is undertaken and any identified areas of risk addressed. |
| | Response by registered provider detailing the actions taken: A FREE STANDING FURNITURE AUDIT TEMPLATE HAS BEEN CREATED & CARRIED OUT. |

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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