

Unannounced Care Inspection Report

6 May 2016



Barnvale Cottage

Address: 82b Mill Hill, Castlewellan, BT31 9NB

Tel No: 02843771378

Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Barnvale Court took place on 6 May 2016 from 10:00 to 16:30.

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

Is care safe?

Six areas of improvement were identified within this domain. These included five requirements and one recommendation. Three requirements made related to the completion of appraisals, supervision, and competency and capability assessments for staff working in the home. A requirement was made to ensure risk assessments for residents are reviewed if there is any change in circumstances and in any case not less than annually. A requirement was also made to ensure there was a current fire safety risk assessment in place. One recommendation was made that a system be introduced to monitor the frequency of care reviews for residents.

Is care effective?

Four areas of improvement were identified within this domain as a result four recommendations were made. The recommendations related to increasing the frequency of staff meetings, ensuring/supporting staff to adhere to the standards set out in their relevant codes of practice, to maintain a written record of daily shift handovers and also to set an agenda for residents meetings therefore giving residents greater opportunities to have their say regarding issues which are important to them.

Is care compassionate?

Discussion with residents, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. There were systems in place to ensure that the views and opinions of residents, and their representatives, were sought and taken into account in matters affecting them. No areas for improvement were identified during the inspection.

Is the service well led?

One additional area of improvement was identified in addition to those already stated relating to the safety and effectiveness of care in the home. It was of note that four recommendations from the previous Quality Improvement Plan (QIP) have had to be stated for a second time. A recommendation was made regarding the effectiveness of delivering services on a day to day basis in accordance with relevant legislation, standards and professional bodies.

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	5	10

Details of the QIP within this report were discussed with Mrs Barbara Foster, registered 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 estates inspection on 20/10/2015

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Mrs Margaret Foster Mrs Barbara Frances Foster	Registered manager: Mrs Barbara Frances Foster
Person in charge of the home at the time of inspection: Paula Fitzsimmons upon arrival, the registered manager Barbara Foster arrived a short time later.	Date manager registered: 18/06/2013
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 6
Weekly tariffs at time of inspection: £494 per week	Number of residents accommodated at the time of inspection: 6

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous report and returned Quality Improvement Plan, and complaints returns submitted to RQIA. No notifications of accidents or incidents were received since the last inspection.

During the inspection the inspector met with five residents, one senior care staff, and the registered manager.

The following records were examined during the inspection:

- Three care records
- Accident and incident reports
- Complaints
- Staff duty rota
- Relevant policies and procedures
- Fire Safety Risk Assessment
- Three staff personnel files
- Minutes of residents meetings
- Minutes of staff meetings
- Monthly monitoring reports

Eight completed satisfaction questionnaires were returned to RQIA. Four questionnaires had been completed by residents, two completed by staff and two were completed by residents' representatives. All completed questionnaires reflected satisfaction with the care delivered.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 20/10/2015

The most recent inspection of Barnvale Cottage was an announced estates inspection. The completed QIP was returned and approved by the estates inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 11/08/2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 15.(2) (a) Stated: First time	The registered manager must ensure that the identified resident has an assessment/review regarding their swallowing issues completed by an appropriately trained professional.	Met
	Action taken as confirmed during the inspection: An up to date swallowing assessment was completed by a Speech and Language Therapist.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21 Stated: First time	The registered manager should ensure that the homes policy relating to care of the dying is developed further to reflect current best practice.	Met
	Action taken as confirmed during the inspection: This policy had been updated accordingly.	
Recommendation 2 Ref: Standard 14.5 Stated: First time	The registered manager should ensure that the personal wishes or any specific arrangements for residents at the time of their death are obtained. This information should then be included in the residents care plans.	Partially Met
	Action taken as confirmed during the inspection: The information had been gathered, however was not added to the residents care plans. This recommendation was partially met, and has been stated for a second time in the QIP appended to this report.	
Recommendation 3 Ref: Standard 6.2 Stated: First time	The registered manager should ensure care plans are factual and specific thus avoiding subjective statements from the writer.	Not Met
	Action taken as confirmed during the inspection: This issue had not been addressed. The recommendation has been stated for a second time in the QIP appended to this report.	

Recommendation 4 Ref: Standard 6.3 Stated: First time	The registered manager should ensure that care plans are signed by the resident or their representative, member of staff drawing it up and the registered manager. If a resident or their representative is unable to sign or chooses not to sign, this should be recorded.	Not Met
	Action taken as confirmed during the inspection: This issue has not been addressed. The recommendation has been stated for a second time in the QIP appended to this report.	
Recommendation 5 Ref: Standard 11.3 Stated: First time	The registered manager should ensure that written review reports are prepared by staff in consultation with the resident and are provided for review meetings. Copies of these should be maintained in the resident's records.	Partially Met
	Action taken as confirmed during the inspection: Only one written review report record was completed and available for inspection. The benefit of completing a specific template was discussed with the registered manager. The recommendation has been stated for a second time in the QIP appended to this report.	

4.3 Is care safe?

The registered 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, and one member of staff.

On the day of inspection the following staff were on duty – One senior care worker, the registered manager was also present during the inspection.

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

Discussion with the registered manager, staff and a review of returned staff views questionnaires confirmed that mandatory training was regularly provided. The registered manager confirmed that she would speak with staff on a regular basis however there were no formal records or schedules for supervision and appraisal of staff in the home. A requirement was made that staff working in the home should receive an appraisal. Following on from this appraisal should be provided for staff on an annual basis. A requirement was also made that staff working in the home should be appropriately supervised. Following on from this

supervision should be provided to staff no less than six monthly and more frequent if required. Records should be maintained in the home of supervision and appraisal sessions with staff.

We requested to view a sample of completed competency and capability assessments, for persons given the responsibility of being in charge of the home for any period in the absence of the registered manager. The registered manager confirmed that these had not been completed to date. A requirement was made that competency and capability assessments are completed for all staff who are in charge of the home at any given time.

Discussion with the registered manager and review of three 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. From the three staff personnel files reviewed it was noted reasons for gaps in employment were not always explored, this issue was discussed with the registered manager who was advised to explore this at interview stage if the information was not included on the job application form.

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

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

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff an update was due in June 2016. The registered manager confirmed that this would be completed within the required timeframe.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. It was noted however from the three care records reviewed that risk assessments were not being reviewed on a regular basis. For example moving and handling risk assessments had not been reviewed since 2013. The need to ensure that residents' needs are assessed if there is any change in circumstances and in any case not less than annually was discussed with the registered manager.

A requirement was made that assessments should be updated if there is any change in circumstances and in any case not less than annually. Records available showed that at least one resident was overdue an annual care review. We discussed with the registered manager the benefits of introducing a system to monitor the frequency of care reviews for residents. A recommendation was made.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly. Information available in the home showed that the registered manager completed infection prevention and control audits on a monthly basis.

Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with one staff member established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges and bathrooms. The residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated.

A review of the home's fire safety risk assessment showed that it had been completed on 20 February 2015. The need to ensure a current fire safety risk assessment was in place was discussed with the registered manager. A requirement was made. Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire safety training was provided for staff on 10 April 2016. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

Areas for improvement

Six areas of improvement were identified within this domain. These included five requirements and one recommendation. The requirements made included the completion of appraisals, supervision, and competency and capability assessments for staff working in the home. A requirement was made to ensure risk assessments for residents are reviewed if there is any change in circumstances and in any case not less than annually. A requirement was also made to ensure there was a current fire safety risk assessment in place. One recommendation was made that a system be introduced to monitor the frequency of care reviews for residents.

Number of requirements:	5	Number of recommendations:	1
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4.4 Is care effective?

Discussion with the registered manager established that the staff responded appropriately to and meet the assessed needs of the residents.

A review of three care records showed that risk assessments were not being reviewed on a regular basis. As already stated in the report a requirement was made. Also two recommendations made during the previous care inspection on 11 August 2015 regarding the content of care plans have been stated for a second time as no progress had been made to address the identified issues. The care records however did reflect multi-professional input into the residents' health and social care needs.

The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered 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. Records available in the home showed infection control and care plan audits were completed on a monthly basis. The effectiveness of the current care plan audits was discussed with the registered manager; recommendations from the previous inspection had not been followed through. The need to ensure that any actions identified from the audits are followed up on was discussed with the registered manager. Monthly monitoring visits were completed on a regular basis, reports were available for inspection.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews and residents meetings.

Review of minutes of staff meetings showed that these were being held on an annual basis. The registered manager was reminded that staff meetings should take place on a regular basis, at least quarterly, to enable staff and management to discuss issues around the day to day running of the home. A recommendation was made that staff meetings should be held at least quarterly and more often if required. Further to this discussion with the registered manager and review of records maintained in the home showed that there had been some issues identified regarding the professionalism of staff. We discussed with the registered manager the importance of supporting staff to ensure they adhere to the standards set out in their relevant codes of practice. A recommendation was made in this regard.

The registered manager and staff member on duty confirmed there was a daily verbal handover between staff to outline the care delivered to residents and any issues or changes within the home during the period of the shift. The benefits of maintaining a written record of handovers between shifts including information being readily available if staff have been off for a period of time was discussed with the registered manager. A recommendation was made.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents. A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident meetings were available for inspection. These showed meetings were held on a monthly basis and outlined the activities / outings residents had participated in during the previous month. A recommendation was made that an agenda should be set for the meetings therefore giving residents greater opportunities to have their say regarding issues which are important to them.

Areas for improvement

Four areas of improvement were identified within this domain, as a result four recommendations were made. The recommendations related to increasing the frequency of staff meetings, ensuring/supporting staff to adhere to the standards set out in their relevant codes of practice, to maintain a written record of daily shift handovers and also to set an agenda for residents meetings therefore giving residents greater opportunities to have their say regarding issues which are important to them.

Discussions were also held with the registered manager regarding the need to ensure audits are completed in such a way as to ensure their effectiveness. Recommendations made during the previous inspection were also discussed as progress had not been made in addressing the changes needed.

Number of requirements:	0	Number of recommendations:	4
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, choice and consent of residents.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with one staff member and five residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. In keeping with their level of understanding all residents spoken with indicated or confirmed that they were happy with their life in the home, their relationship with staff and the care delivered. Some comments included:

- "I love it here. It took me a while to get used to it, I really like the staff"
- "I like it. I like to get my nails done"
- "I'm happy, I like it alright"

Residents, staff and observation of interactions demonstrated that residents were treated with dignity and respect. The staff member confirmed their awareness of promoting residents' independence and of maintaining dignity.

Discussion with staff, residents, 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 registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with residents, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. There were systems in place to ensure that the views and opinions of residents, and their representatives, were sought and taken into account in matters affecting them.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements had been identified.

Residents confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

Areas for improvement

No areas for improvement were identified during the inspection.

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

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.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently should changes occur.

The home had a complaints policy and procedure in place. The registered manager confirmed residents and their representatives were made aware of the process of how to make a complaint. Complaints records were not viewed on this occasion as the registered manager was unable to locate these. The registered manager confirmed there had been no recent complaints made. Complaints records shall be reviewed during the next inspection.

A review of accidents/incidents confirmed that these were effectively documented. No accidents/incidents or notifiable events had been reported to RQIA since the previous care inspection.

There was evidence of quality assurance systems in place which included regular audits and satisfaction questionnaires. As already stated the effectiveness of the care plan audits was discussed with the registered manager as previously identified issues had not been addressed. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

There was a clear organisational structure and staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

One staff member spoken with confirmed that they were familiar with the organisational and management structure and with their line of professional accountability. The staff member was aware of their individual responsibility in relation to raising concerns.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with the staff member established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with one staff member confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Two completed staff questionnaires were returned to RQIA these included positive feedback in relation to the assessed domains.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager confirmed that the home strived to operate in accordance with the regulatory framework and that there were management and governance systems in place to meet the needs of residents.

Inspection of the premises confirmed that the home's certificate of registration was displayed appropriately. However, it was of note that four recommendations from the previous Quality Improvement Plan (QIP) have had to be stated for a second time. Two of these recommendations have been partially met, there was no evidence to show that the two recommendations regarding care plans had been addressed. The need to ensure all requirements and recommendations are followed up in a timely manner was discussed with the registered manager. Further to this the findings from the inspection highlighted in sections 4.3 and 4.4 of this report identified a number of areas for improvement which need to be addressed by the registered manager.

A recommendation was made that the registered manager ensures the home delivers services effectively on a day to day basis in accordance with legislative requirements, DHSSPS Minimum Standards and other standards set by professional bodies and standard setting organisations.

Areas for improvement

One additional area of improvement has been identified in addition to those already stated in section 4.3 and 4.4 of this report. A recommendation was made regarding the effectiveness of delivering services on a day to day basis in accordance with relevant legislation, standards and professional bodies.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Barbara Foster, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s 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 person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 20.-(1) (c)</p> <p>Stated: First time</p> <p>To be completed by: 6 September 2016</p>	<p>The registered person must ensure that staff working in the home receive an appraisal.</p> <p>Response by registered person detailing the actions taken: Staff appraisals are being carried out in July/August 2016.</p>
<p>Requirement 2</p> <p>Ref: Regulation 20.(2)</p> <p>Stated: First time</p> <p>To be completed by: 6 August 2016</p>	<p>The registered person must ensure that staff working in the home be appropriately supervised.</p> <p>Response by registered person detailing the actions taken: Staff supervision is being carried out along with appraisals during July/August 2016.</p>
<p>Requirement 3</p> <p>Ref: Regulation 20.(3)</p> <p>Stated: First time</p> <p>To be completed by: 6 August 2016</p>	<p>The registered person must ensure that competency and capability assessments are completed for staff who are in charge of the home at any given time.</p> <p>Response by registered person detailing the actions taken: Competencies and capabilities are being carried out during July/August 2016.</p>
<p>Requirement 4</p> <p>Ref: Regulation 15.(2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 6 July 2016</p>	<p>The registered person must ensure assessments are updated if there is any change in circumstances and in any case not less than annually.</p> <p>Response by registered person detailing the actions taken: Assessments will be updated annually unless a change of circumstances requires it to be completed before hand.</p>

Requirement 5 Ref: Regulation 27.(4)(a) Stated: First time To be completed by: 6 June 2016	<p>The registered person must ensure a current fire safety risk assessment is in place.</p> <hr/> <p>Response by registered person detailing the actions taken: Fire risk assessment has been updated on 23rd June 2016.</p>
Recommendations	
Recommendation 1 Ref: Standard 9.5 Stated: First time To be completed by: 6 August 2016	<p>The registered person should ensure a system to monitor the frequency of care reviews for residents is introduced.</p> <hr/> <p>Response by registered person detailing the actions taken: A system is now in place to monitor the frequency of care reviews and reminder letters sent to social workers where a review is overdue.</p>
Recommendation 2 Ref: Standard 25.8 Stated: First time To be completed by: 6 July 2016	<p>The registered person should ensure that staff meetings are held at least quarterly and more often if required.</p> <hr/> <p>Response by registered person detailing the actions taken: Staff meetings will be held quarterly or more often if management feel it necessary.</p>
Recommendation 3 Ref: Standard 20.3 Stated: First time To be completed by: 6 August 2016	<p>The registered person should support staff to ensure they adhere to the standards set out in their relevant codes of practice.</p> <hr/> <p>Response by registered person detailing the actions taken: Staff have been given a copy of current NISCC codes of conduct.</p>
Recommendation 4 Ref: Standard 9.3 Stated: First time To be completed by: 6 August 2016	<p>The registered person should ensure a written record of handovers between shifts is maintained.</p> <hr/> <p>Response by registered person detailing the actions taken: A written handover book has been introduced for quick reference - to include antibiotics started, MDT visits etc.</p>

Recommendation 5 Ref: Standard Stated: First time To be completed by: 6 July 2016	<p>The registered person should ensure that an agenda is set for residents meetings therefore giving residents greater opportunities to have their say regarding issues which are important to them.</p> <p>Response by registered person detailing the actions taken: Although residents are listened day on a daily basis a formal meeting will be held with residents to discuss any issues they may have.</p>
Recommendation 6 Ref: Standard 20.2 Stated: First time To be completed by: 6 August 2016	<p>The registered person should ensure the home delivers services effectively on a day to day basis in accordance with legislative requirements, DHSSPS Minimum Standards and other standards set by professional bodies and standard setting organisations</p> <p>Response by registered person detailing the actions taken: The registered person will ensure the home delivers services effectively on a day to day basis. This is monitored through the registered provider visits.</p>
Recommendation 7 Ref: Standard Stated: Second time To be completed by: 6 August 2016	<p>The registered manager should ensure that the personal wishes or any specific arrangements for residents at the time of their death are obtained. This information should then be included in the residents care plans.</p> <p>Response by registered person detailing the actions taken: The information on personal wishes is available seperately but will now be available within their care plan files.</p>
Recommendation 8 Ref: Standard 6.2 Stated: Second time To be completed by: 6 July 2016	<p>The registered manager should ensure care plans are factual and specific thus avoiding subjective statements from the writer.</p> <p>Response by registered person detailing the actions taken: Care plans are all being updated.</p>
Recommendation 9 Ref: Standard Stated: Second time To be completed by: 6 August 2016	<p>The registered manager should ensure that care plans are signed by the resident or their representative, member of staff drawing it up and the registered manager. If a resident or their representative is unable to sign or chooses not to sign, this should be recorded.</p> <p>Response by registered person detailing the actions taken: Care plans will be discussed and signed by the resident or their representative once they have all been updated.</p>

Recommendation 10 Ref: Standard 11.3 Stated: Second time To be completed by: 6 August 2016	<p>The registered manager should ensure that written review reports are prepared by staff in consultation with the resident and are provided for review meetings. Copies of these should be maintained in the resident's records.</p> <hr/> <p>Response by registered person detailing the actions taken: Written reports prior to reviews will now be filed within the residents individual files and not kept separate.</p>
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The Regulation and
Quality Improvement
Authority

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

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk



@RQIANews