

# Unannounced Care Inspection Report

## 30 June 2016



## Victoria House

Type of Service: Residential

Address: 22 Moneyleck Road, Rasharkin, BT44 8QB

Tel No: 0282957 1423

Inspector: Bronagh Duggan

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Victoria House took place on 30 June 2016 from 10:20 to 18:20.

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. Two requirements and four recommendations were made. The requirements included ensuring an accurate duty rota is maintained in the home and also to ensure supervision is completed with staff members no less than every six months.

Recommendations made included the development and introduction of a schedule for annual staff appraisals and staff supervision, to ensure all relevant recruitment information is sought before making an offer of employment, the adult safeguarding policy and procedure should be reviewed and updated to reflect current regional guidance, and also to ensure clear signage be used to identify different areas of the home.

### **Is care effective?**

Two areas of improvement were identified. Two recommendations were made these related to gathering more comprehensive pre admission information and to ensure regular statements of residents health and wellbeing were being recorded avoiding long gaps between entries. Some examples of good practice included care records reflected multi-professional input , regular residents meetings, arrangements in place to support and advocate for residents who had issues with mental capacity.

### **Is care compassionate?**

Some examples of good practice included residents being enabled and supported to engage and participate in meaningful activities, arrangements in place for residents to maintain links with their friends, families and wider community. Residents are encouraged to maintain personal hobbies and interests.

### **Is the service well led?**

Two areas of improvement were identified. Two recommendations were made these related to all policies and procedures in the home being systematically reviewed and updated every three years and more often if required, and the reporting of notifiable events.

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
<b>Total number of requirements and recommendations made at this inspection</b>	2	8

Details of the Quality Improvement Plan (QIP) within this report were discussed with Rhonda Henry, Assistant 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 type e.g. care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Mr Samuel Derek Robinson Wallace	<b>Registered manager:</b> Mr Samuel Derek Robinson Wallace
<b>Person in charge of the home at the time of inspection:</b> Mr Wallace was present until 13.00, Assistant Manager Rhonda Henry became the person in charge from 13.30 until the end of the inspection.	<b>Date manager registered:</b> 01/04/2005
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia LD - Learning Disability	<b>Number of registered places:</b> 11

### 3.0 Methods/processes

Prior to inspection we analysed the following records: the returned quality improvement plan, the report from the previous inspection, and complaints returns.

During the inspection the inspector met with nine residents, two care staff, the assistant manager and the registered manager.

The following records were examined during the inspection:

- Three care records
- Staff duty rota
- Competency and capability assessments
- Two staff recruitment files
- Minutes of residents meetings
- Minutes of staff meetings
- Fire safety risk assessment
- Fire drill and safety check records
- Staff training records
- Activities and events programme
- Policy and procedure manual
- Accident and incident records
- Complaints
- Risk assessments for the home

Fifteen RQIA satisfaction questionnaires were distributed for residents, representatives and staff to complete. Five questionnaires were distributed to each group. Four completed questionnaires were returned to RQIA these showed satisfaction in relation to the care delivered.

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 18/04/2016

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the specialist inspector at their next inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 01/03/2016

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 14.(2) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered manager must ensure that a thorough risk assessment is completed for the identified resident taking into consideration the immediate risks and identify the actions to reduce the risks to the resident.</p> <p><b>Action taken as confirmed during the inspection:</b> A risk assessment had been completed for the identified resident. This outlined the identified risks and actions to be taken.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 27. (2) (c )</p> <p><b>Stated:</b> First time</p>	<p>The registered manager must ensure that any equipment provided at the home for use by residents or staff should be maintained and/or replaced as appropriate.</p> <p><b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that equipment provided in the home was being maintained and replaced as appropriate. The registered manager shared a recent example of the use of equipment and follow up regarding maintenance of same.</p>	
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 16.(1)</p> <p><b>Stated:</b> Second time</p>	<p>The registered manager must ensure that care plans clearly reflect how resident's needs in respect of their health, care and welfare are to be met.</p> <p><b>Action taken as confirmed during the inspection:</b> Three care plans were reviewed these reflected accurately how resident's needs in respect of their health, care and welfare are to be met.</p>	<b>Met</b>

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 4</b> <b>Ref:</b> Regulation 27 (4) (d) (i) <b>Stated:</b> First time	The registered manager must ensure that an automatic self-closing device is installed on the identified bedroom to be used when the resident wishes to remain in their room with the door ajar.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> This has not been completed. The registered manager confirmed this would be completed within one month. This requirement has been stated for a second time in the Quality Improvement Plan appended to this report.	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 28.1 <b>Stated:</b> First time	The registered manager should ensure that hazardous cleaning products are maintained in a locked store when not in use.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the home found that hazardous cleaning products were maintained in a locked store when not in use.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 23.6 <b>Stated:</b> First time	The registered manager should ensure that the content of training programmes provided are maintained in the home and are available for inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The assistant manager confirmed that the home had invested in a new online training programme, training content was included with this and was available in the home.	

#### 4.3 Is care safe?

Upon arrival at the home the senior care assistant stated she was the person in charge. A short time later the registered manager / provider arrived. The registered manager / provider stated he would be present until 13:00, when the assistant manager was then due to be in the home.

A review of the duty rota showed that this information was not reflected on the duty rota. A second care staff member on duty was also not listed on the duty rota. The need to ensure the duty rota accurately reflects the hours worked in the home was discussed with the registered manager and the assistant manager.

A requirement was made that an accurate duty rota should be maintained in the home. 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 staff.

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

- Registered manager arrived at 10:45 until 13.00
- Senior care assistant x1
- Care assistant x1
- Domestic assistant x1
- Cook x1

The assistant manager arrived on duty at 13:30.

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. The need to ensure all induction information was signed by the specified staff members was discussed with the assistant manager towards the end of the inspection.

Discussion with two staff confirmed that mandatory training was provided. Staff shared that although they felt supported with their day to day duties in the home they did not receive regular supervision. Records available in the home showed that staff appraisals had been completed in April and May 2016. A review of supervision records showed that in some cases supervision had not been completed for a number of years. A requirement was made to ensure supervision is completed with staff members no less than every six months. A recommendation was made that a schedule for annual staff appraisals and staff supervision should be developed and introduced to reflect arrangements around staff supervision and appraisal.

The registered 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 registered manager; records of competency and capability assessments were retained. A sample of two staff competency and capability assessments were reviewed. The need to insert an explicit statement regarding agreement of the staff member to take the responsibility of being in charge of the home in the registered manager's absence was discussed with the assistant manager.

Discussion with the assistant manager and review of two staff personnel files confirmed that Enhanced AccessNI disclosures were viewed by the registered manager for staff prior to the commencement of employment. Two written references and photographic ID were also included. It was noted that recruitment information did not include physical and mental health declarations; limited information was also sought in relation to employment history, reasons for leaving, employment gaps and evidence of qualifications. The need to ensure all relevant information is sought before making an offer of employment was discussed with the assistant manager. A recommendation was made in this regard.

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

An adult safeguarding policy and procedure was in place. A recommendation was made that the policy and procedure should be reviewed and updated to reflect current regional guidance

including Adult Safeguarding Prevention and Protection in Partnership, July 2015 and include the name of the safeguarding champion, 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 to whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

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

The assistant 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 an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments including for example manual handling, and falls, where appropriate were reviewed and updated on a regular basis or as changes occurred.

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 these were appropriately maintained and reviewed regularly e.g. fire safety.

Staff training records confirmed that staff training had commenced in May 2016 for Infection Prevention and Control (IPC). The assistant manager confirmed the remaining staff would complete training in IPC using the online learning system without delay. This shall be followed up during the next inspection. Discussion with two staff 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. 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 high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and in pictorial formats.

The assistant manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust procedures and would be reported to the Public Health Agency and to RQIA. Records would be retained.

A general inspection of the home was undertaken to examine residents' bedrooms, communal bathrooms, lounge area and the dining room. Residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. A recommendation was made that clear signage should be used to identify areas of the home as an identified resident was observed asking for directions.

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.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated 16 September 2015 identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 24 September 2015 records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly / monthly and were regularly maintained.

### Areas for improvement

Six areas of improvement were identified. Two requirements and four recommendations were made. The requirements included ensuring an accurate duty rota is maintained in the home and also to ensure supervision is completed with staff members no less than every six months.

Recommendations made included the development and introduction of a schedule for annual staff appraisals and staff supervision, to ensure all relevant recruitment information is sought before making an offer of employment, the adult safeguarding policy and procedure should be reviewed and updated to reflect current regional guidance, and also to ensure clear signage be used to identify different areas of the home.

<b>Number of requirements</b>	2	<b>Number of recommendations:</b>	4
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#### 4.4 Is care effective?

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

A review of three care records confirmed that these included up to date assessment of needs, life history, risk assessments, care plans. The need to ensure sufficient information was gathered during the pre-admission period was discussed with the assistant manager as it was noted from the records inspected that they contained limited information. A recommendation was made. The need to ensure daily or regular statements of residents health and wellbeing were recorded was discussed with the assistant manager, as long periods between entries were noted.

The assistant manager was advised when no recordable events occur, there should be an entry at least weekly for each resident to confirm that this is the case. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. For example residents are encouraged to make choices on a daily basis regarding meals, activities, clothes etc.

The care records reflected multi-professional input into the service users' health and social care needs. The assistant manager confirmed that records were stored safely and securely in line with data protection.

The assistant manager confirmed that there were arrangements in place to monitor and review the effectiveness and quality of care delivered to residents at appropriate intervals. Care plans were reviewed three monthly, or more frequently should changes occur, residents views were sought regularly in relation to the environment, catering, and activities. The assistant manager confirmed that monthly monitoring visits were undertaken by the registered provider and that reports are written up following the visits. The assistant manager confirmed she could not access the reports; these shall be viewed during the next care inspection. Further evidence of audits was contained within the annual quality report

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

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders.

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.

The assistant manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who had issues with mental capacity or who required specialist supports.

### Areas for improvement

Two areas of improvement were identified. These related to gathering more comprehensive pre admission information and to ensure regular statements of residents health and wellbeing were being recorded avoiding long gaps between entries.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	2
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### 4.5 Is care compassionate?

The assistant manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. Information relating to a Charter of Rights for Older People in Residential Homes was on display in the home.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, were met within the home.

The deputy manager and residents confirmed that consent was sought in relation to care and treatment. Residents, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected. For example staff were aware of the need speak with professionals in private when reviewing resident's needs.

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. Residents are encouraged to maintain personal hobbies and interests. Two residents were observed knitting during the inspection whilst others were reading the daily newspapers. One resident displayed a number of items that they had created in the home. The commitment to providing meaningful activities is commended.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. 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. Two residents raised the issue of the shower with the inspector. Both residents expressed their dissatisfaction with regard to getting in and out of same as it is raised above ground level. This information was shared with the registered manager / provider who confirmed he would take these comments into consideration. Some comments received from residents included:

- "I like it here, they are all very good. The only thing is the shower, I don't like it".
- "Everything is good no complaints from me. It's not home but it's a good place. Staff are kind. "
- "I'm very happy here, this is probably the best home about. They are all very good. It's comfortable".
- "I am here 11 years, I like it, I like my room, the food is good, the staff are good to us".
- "No complaints from me, the staff help you".
- "The girls are all very good, I can't complain about anything".

The registered manager confirmed that 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 views are gathered during residents meetings, the home would hold also hold regular social events where representatives are invited to attend. Suggestions are welcomed; a suggestion box was placed in the front hallway of the home asking for the views of residents, representatives and visitors to the home.

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.

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 of improvement were identified.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	0
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#### 4.6 Is the service well led?

The assistant manager confirmed that there were management and governance systems in place to meet the needs of residents and that health and social care needs of residents were met in accordance with 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. It was noted that a number of policies and procedures were last updated in 2009. A recommendation was made that all policies and procedures in the home should be systematically reviewed and updated every three years and more often if required.

The home had a complaints policy and procedure in place. Residents and their representatives were made aware of the process of how to make a complaint by way of the posters and information available throughout the home. Information relating to the Patient Client Council was also on prominent display in the reception area of the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

A review of accidents/incidents/notifiable events showed that on one occasion information was not shared with RQIA as it should have been. All other relevant bodies had been informed. A recommendation was made. The assistant manager was advised to access RQIA's updated guidance regarding the reporting of notifiable events.

The Falls Prevention Toolkit was discussed with the assistant manager and advice given on how to implement this.

There was evidence of quality assurance systems in place to drive quality improvement which included satisfaction questionnaires, and the annual quality review report. Audits and associated action plans shall be reviewed during the next inspection.

Discussion with the assistant manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

There was evidence of managerial staff being provided with additional training in governance and leadership. The assistant manager has completed QCF level 5 management qualification. The assistant manager confirmed that learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

Staff spoken with were aware of their roles, responsibility and accountability within the overall structure. Discussion with the registered provider identified that he had understanding of his role and responsibilities under the legislation. The assistant manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employer's liability insurance certificate were displayed.

One requirement from the previous inspection has been stated for a second time relating to the instillation of an automatic self-closing device on an identified bedroom door. Review of records and discussion with the assistant manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The assistant 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 assistant 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.

### Areas for improvement

Two areas of improvement were identified. Two recommendations were made relating to the systematic updating of policies and procedures and the reporting of notifiable events to RQIA.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	2
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Rhonda Henry, Assistant 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, 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 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 stated. The registered provider should confirm that these actions have been completed and return completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for review 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

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4, 7.</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 July 2016</p>	<p>The registered provider must ensure the duty rota accurately reflects the hours worked by staff in the home.</p> <p><b>Response by registered provider detailing the actions taken:</b> This is currently being done.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 20. (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 August 2016</p>	<p>The registered provider must ensure supervision is completed with staff members no less than every six months.</p> <p><b>Response by registered provider detailing the actions taken:</b> I have commenced on this.</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 27 (4) (d) (i)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 August 2016</p>	<p>The registered provider must ensure that an automatic self-closing device is installed on the identified bedroom to be used when the resident wishes to remain in their room with the door ajar.</p> <p><b>Response by registered provider detailing the actions taken:</b> The resident now is sitting up in the day-room at her request every day so this is no longer an issue.</p>
<h3>Recommendations</h3>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 24.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 August 2016</p>	<p>The registered provider should ensure a schedule for annual staff appraisals and staff supervision is developed and introduced to reflect arrangements around staff supervision and appraisal.</p> <p><b>Response by registered provider detailing the actions taken:</b> We have been doing staff appraisals, and are now currently doing staff supervision.</p>

<b>Recommendations</b>	
<b>Recommendation 2</b> <b>Ref:</b> Standard 19.2 <b>Stated:</b> First time <b>To be completed by:</b> 30 July 2016	The registered provider should ensure all relevant information is sought before making an offer of employment.
	<b>Response by registered provider detailing the actions taken:</b> We will keep this in mind for future employment.
<b>Recommendation 3</b> <b>Ref:</b> Standard 16.1 <b>Stated:</b> First time <b>To be completed by:</b> 30 September 2016	The registered provider must ensure the adult safeguarding policy and procedure is reviewed and updated to reflect current regional guidance including Adult Safeguarding Prevention and Protection in Partnership, July 2015 and include the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.
	<b>Response by registered provider detailing the actions taken:</b> This will be done.
<b>Recommendation 4</b> <b>Ref:</b> Standard 27.8 <b>Stated:</b> First time <b>To be completed by:</b> 30 August 2016	The registered provider should ensure that clear signage should be used to identify areas of the home.
	<b>Response by registered provider detailing the actions taken:</b> This is in place.
<b>Recommendation 5</b> <b>Ref:</b> Standard 3.4 <b>Stated:</b> First time <b>To be completed by:</b> 30 September 2016	The registered provider should ensure sufficient information is gathered during the pre-admission period for the pre admission assessment.
	<b>Response by registered provider detailing the actions taken:</b> This will be done in the future.
<b>Recommendation 6</b> <b>Ref:</b> Standard 8.2 <b>Stated:</b> First time <b>To be completed by:</b> 30 July 2016	The registered provider should ensure daily or regular statements of residents health and wellbeing are recorded when no recordable events occur, there should be an entry at least weekly for each resident to confirm that this is the case.
	<b>Response by registered provider detailing the actions taken:</b> This is currently being done.

<b>Recommendations</b>	
<b>Recommendation 7</b> <b>Ref:</b> Standard 21.5 <b>Stated:</b> First time <b>To be completed by:</b> 30 November 2016	<p>The registered provider should ensure all policies and procedures in the home are systematically reviewed and updated every three years and more often if required.</p> <p><b>Response by registered provider detailing the actions taken:</b>            I am currently working on this.</p>
<b>Recommendation 8</b> <b>Ref:</b> Standard 20.15 <b>Stated:</b> First time <b>To be completed by:</b> 30 July 2016	<p>The registered provider should ensure all notifiable events are reported to RQIA in accordance with relevant guidance.</p> <p><b>Response by registered provider detailing the actions taken:</b>            We always ensure that all notifiable events are reported in what we thought should be reported and we will continue to do this.</p>

*\*Please ensure this document is completed in full and returned to [Care.Team@rqia.org.uk](mailto:Care.Team@rqia.org.uk) from the authorised email address\**



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