

Unannounced Care Inspection Report 16 August 2016



Cranley Lodge

Type of service: Residential care home
Address: 5 Cranley Avenue, Bangor, BT19 7BY
Tel No: 02891471122
Inspector: Bronagh Duggan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Cranley Lodge took place on 16 August 2016 from 10.00 to 18.50.

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

Is care safe?

Two requirements and one recommendation were made in this domain. The requirements related to the provision of supervision and appraisal for staff and also that competency and capability assessments should be completed for staff left in charge of the home in the absence of the manager. One recommendation was made regarding the review and updating of the homes safeguarding policy and procedures to reflect current regional guidance.

Is care effective?

Three recommendations were made in regards to auditing care plans, the frequency of staff meetings and the completion of residents meetings.

Is care compassionate?

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

Is the service well led?

One recommendation was made in relation to a systematically reviewing policies and procedures on a three yearly basis or more frequently as changes occurred. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and maintaining 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	2	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Catherine Busby, acting manager pending registration 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 inspection on 16/02/16.

2.0 Service details

Registered organisation/registered person: Mr Brian Adam	Registered manager: Mrs Catherine Busby (acting manager pending registration)
Person in charge of the home at the time of inspection: Catherine Busby	Date manager registered: Registration pending as of August 2016
Categories of care: DE – Dementia	Number of registered places: 60

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the returned Quality Improvement Plan, the previous inspection report.

During the inspection the inspector met with 21 residents, five care staff, two resident's visitors/representatives the acting manager and the registered provider.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff training schedule/records
- Three staff recruitment files
- Four resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care reviews and accidents and incidents (including falls)
- Annual Quality Review report
- Evaluation report from annual service user quality assurance survey
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

- Individual written agreement
- 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. Six questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14/03/2016

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 estates inspector at the next estates inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 16/02/16

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 13 .(1).(a)</p> <p>Stated: Second time</p> <p>To be completed by: 18 February 2016</p>	<p>The registered manager must ensure that medical advice be sought when a resident sustains a knock to the head following a fall.</p> <p>Action taken as confirmed during the inspection: The acting manager confirmed medical advice would be sought when a resident sustains a knock to the head following a fall. This is in keeping with the homes procedure.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: 18 February 2016</p>	<p>The registered manager must ensure all notifiable events are reported to RQIA in keeping with legislation and relevant guidance.</p> <p>Action taken as confirmed during the inspection: Records of notifiable events were not viewed during the inspection. These shall be reviewed during the next care inspection.</p> <p>This requirement has been carried forward for review at the next care inspection.</p>	
<p>Requirement 3</p> <p>Ref: Regulation 13. (1)(a)</p> <p>Stated: First time</p> <p>To be completed by: 16 March 2016</p>	<p>The registered manager must ensure that the identified residents care plan is updated to clearly stipulate in sufficient detail the guidance provided by the Speech and Language Therapist relating to eating and swallowing.</p> <p>Action taken as confirmed during the inspection: The identified care plan was updated to reflect the use of guidance from the Speech and Language Therapist.</p>	Met

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 1.6 Stated: First time To be completed by: 16 May 2016	The registered manager should ensure that residents are provided with the opportunity to share their views formally about the quality of services and facilities provided by the home if they so wish.	Met
	Action taken as confirmed during the inspection: Information available in the home showed that residents views were formally gathered about the quality of services and facilities provided by the home if they so wish.	
Recommendation 2 Ref: Standard 1.7 Stated: First time To be completed by: 16 May 2016	The registered manager should ensure that copies of the completed quality review report should be made available for residents and their representatives.	Met
	Action taken as confirmed during the inspection: Copies of the completed quality review report were made available to residents and their representatives.	
Recommendation 3 Ref: Standard 6.3 Stated: First time To be completed by: 16 May 2016	The registered manager should ensure that all care plans are signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign this should be recorded.	Partially Met
	Action taken as confirmed during the inspection: From inspection of four care plans it was noted two were not signed appropriately. This recommendation has been stated for a second time in the Quality Improvement Plan appended to this report.	
Recommendation 4 Ref: Standard 6.6 Stated: First time To be completed by: 16 March 2016	The registered manager should ensure that any changes or updates made within care plans should be clearly and accurately dated.	Met
	Action taken as confirmed during the inspection: Four care plans reviewed were dated appropriately when any changes were made.	

Last care inspection recommendations		Validation of compliance
Recommendation 5 Ref: Standard 22 Stated: First time To be completed by: 16 March 2016	The registered manager should ensure a robust training record is maintained which can easily highlight/track staff members training status.	Met
	Action taken as confirmed during the inspection: Inspection of training records maintained in the home showed a training matrix had been introduced to track staff members training status.	

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 :

Acting manager x1
 Senior care assistant x2
 Care assistant x4
 Care assistant on induction x1
 Activities therapist x1
 Cook x 1
 Kitchen assistant x1
 Laundry assistant x1
 Domestic assistant x1

For the night duty shift the allocated staff consisted of senior care assistant x2, care assistant x3.

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. On the day of the inspection one care assistant was completing their induction the acting manager confirmed staff have the opportunity to shadow an experienced staff member during this period.

Review of records available in the home showed that supervision and appraisals had not been completed with staff, the acting manager confirmed that she had become aware of this from commencing the post. A requirement was made that supervision and appraisals should be carried out with staff on a regular basis.

A review of staff information showed that competency and capability assessments had not been completed for any staff member who is given the responsibility of being in charge of the home for any period in the absence of the manager. A requirement was made.

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

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

Adult safeguarding policy and procedures were in place, a recommendation was made that these should be reviewed and updated to reflect the current regional guidance 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 whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The acting manager 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 confirmed the ongoing review and assessment of residents needs to ensure 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, nutrition, falls) were reviewed and updated on a regular basis or as changes occurred.

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.

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 in both written and pictorial formats.

The acting manager reported that any outbreak would be managed in accordance with home 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 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.

The home had an up to date fire risk assessment in place dated 7 January 2016 and all recommendations were noted to be appropriately addressed. Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 27 January 2016. 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.

Six completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Comments received from one residents completed questionnaire included :

- Couldn’t be better

Areas for improvement

Three areas for improvement were identified including two requirements and one recommendation. Requirements were made in relation to ensuring regular supervision and appraisal of staff and also to ensure competency and capability assessments are completed. One recommendation was made with regard to the review and updating of the homes safeguarding policies and procedures.

Number of requirements:	2	Number of recommendations:	1
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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 four care records confirmed that these included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. 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. A recommendation to ensure all care plans are signed by the resident or their representative has been stated for a second time in the QIP. Information included within the care plans showed that they were to be reviewed by staff on a monthly basis however it was noted that this was not being done. The frequency of the care plans review was discussed with the acting manager who stated this would be reviewed to ensure a system is introduced whereby staff could meet the identified time scales. A recommendation was made that care plans are audited on a regular basis to ensure all relevant information is completed and updated as required. Discussion with staff confirmed that a person centred approach underpinned practice. For example residents decide what time they get up at in the morning and if someone wants to have a lie on their wishes are respected.

An individual agreement setting out the terms of residency was in place and appropriately signed. 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 care review, accidents and incidents (including falls), were available for inspection. The acting manager confirmed her intention to focus on the introduction of additional quality improvement initiatives. Further evidence of audit was contained within the annual quality report.

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, staff meetings and staff shift handovers. A review of minutes from staff meetings showed the most recent had been in November 2015. The need to ensure staff meetings are held on at least a quarterly basis was discussed with the acting manager. A recommendation was made. The acting manager and staff confirmed that management operated an open door policy in regard to communication within the home. The registered provider would frequently visit the home and be available for staff and management.

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. A recommendation was made that residents meetings should be held on a regular basis to gather their views and input into the day to day running of the home.

A review of care records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Staff and one resident's representative spoken with during the inspection made the following comments:

- It is just perfect here. I love my job helping people. We work as a good team.
- The staff are kind and friendly. He/she always looks well, appears to be happy. I am kept informed of any changes.

Six completed questionnaires were returned to RQIA from residents, resident's representatives and staff. These reflected satisfaction with the care given.

Areas for improvement

Three areas for improvement were identified in relation to regular audits of care plans, the frequency of staff meetings and the completion of resident meetings.

Number of requirements:	0	Number of recommendations:	3
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4.5 Is care compassionate?

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

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs were met within the home.

The acting manager, residents and their representatives 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 demonstrate how residents' confidentiality was protected. For example discussing changes with residents care needs in the office.

Discussion with staff, residents, and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example the home employs a full time activities therapist who helps enable residents to attend local community events. Residents are also encouraged to look after the garden including the management of flower beds. Residents participate in arts and crafts activities, on the day of the inspection information displayed throughout the home was advertising an art exhibition coming up of residents work. Arrangements were also 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.

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 satisfaction questionnaires, a suggestion box is also situated in the reception area of the home for visitors and representatives to share their views. As stated earlier in the report a recommendation has been made that residents meetings should be held on a regular basis.

Residents and/ or representatives are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. The registered provider confirmed the issues identified by respondents in relation to the outside of the building would be addressed.

Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Residents and residents representatives spoken with during the inspection made the following comments:

- "I love it here. I was out gardening earlier, it keeps me busy."
- "Everyone is very good".

- “I like it, the food is nice, everyone is very nice”
- “I can’t complain about anything, the food is good, room is good, staff helpful”.
- “I love it here, can’t complain I have whatever I need”.
- “I have been happy with the care provided any issues I have ever had have been addressed. The staff keep me well informed”.
- “The food could be better, meats aren’t very good. They try it’s not all bad. Staff do their best, if there is any change I am always told”.

Six completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. These reflected satisfaction with the care given.

Areas for improvement

There were no areas identified for improvement in this domain.

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 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 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 from a review of the policies and procedures manual that a number were due to be reviewed and updated. A recommendation was made that all policies and procedures should be systematically reviewed every three years or more frequently as changes occurred.

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 Residents 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, the outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. Records of accidents/incidents and notifiable events were not viewed during this inspection but shall be fully examined during the next care inspection. A regular audit of accidents and incidents was undertaken on a monthly basis and was available for inspection.

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

Evidence of quality assurance systems in place to drive quality improvement included regular audits and satisfaction surveys. The acting manager confirmed these systems would be developed further. On the day of the inspection the acting manager was in the process of arranging 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 mandatory training and additional training opportunities relevant to any specific needs of the residents including falls prevention and management.

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 Residents Guide. Discussion with the registered provider identified that he had understanding of his role and responsibilities under the legislation. The acting manager confirmed that the registered provider was kept informed regarding the day to day running of the home as he would be present in the home on a regular basis

The acting manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

Review of the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s 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 would be managed appropriately and reflective learning should take 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.

The acting 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.

Six completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Comments received from one staff member were as follows:
"The staff are very motivated, morale is good".

Areas for improvement

One area for improvement was identified, a recommendation was made that all policies and procedures should be systematically reviewed every three years or more frequently as changes occur.

Number of requirements:	0	Number of recommendations:	1
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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 Catherine Busby, 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.(1) (c) (i) Stated: First time To be completed by: 16 October 2016	<p>The registered provider must ensure that supervision and appraisals are carried out with staff on a regular basis.</p> <p>Response by registered provider detailing the actions taken: Supervisions commenced in August 2016 and all completed by September 2016. As per policy this will be completed 3 monthly. The Senior Care Assistants' will be trained in Supervision, Appraisal and Management of Performance on 1st November 2016. Appraisals will commence in the new year 2017.</p>
Requirement 2 Ref: Regulation 20.(3) Stated: First time To be completed by: 16 October 2016	<p>The registered provider must ensure competency and capability assessments are completed for any staff member who is given the responsibility of being in charge of the home for any period in the absence of the manager.</p> <p>Response by registered provider detailing the actions taken: This commenced 06/09/16. Audit form has been designed and completed with Senior Care Assistant and Bank Senior Care Assistant. This will be completed by 16th October 2016.</p>
Requirement 3 Ref: Regulation 30 Stated: Carried forward To be completed by: 18 February 2016	<p>The registered provider must ensure all notifiable events are reported to RQIA in keeping with legislation and relevant guidance.</p> <p>Response by registered provider detailing the actions taken: A new review of monthly incidents is currently in place. A new proforma for accidents and incidents, along with a new incident and accident policy issued 01/09/16.</p>
Recommendations	
Recommendation 1 Ref: Standard 16.1 Stated: First time To be completed by: 16 November 2016	<p>The registered provider should ensure the homes Adult safeguarding policy and procedures is reviewed and updated to reflect the current regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015.</p> <p>Response by registered provider detailing the actions taken: Adult Safeguarding Policy reviewed and re-issued 01/09/16. New guidance, including easy read is displayed and available to staff in both Nightingale and Alexandra Suite.</p>

Recommendations	
Recommendation 2 Ref: Standard 20.10 Stated: First time To be completed by: 16 November 2016	<p>The registered provider should ensure care plans are audited on a regular basis to ensure all relevant information is completed and updated as required.</p> <p>Response by registered provider detailing the actions taken: Matrix designed to show which residents file will be audited and audit form designed. Audit commenced 8/9/16, six residents files will be audited monthly.</p>
Recommendation 3 Ref: Standard 25.8 Stated: First time To be completed by: 16 2016	<p>The registered provider should ensure staff meetings are held on at least a quarterly basis.</p> <p>Response by registered provider detailing the actions taken: Care Assistant staff meeting had 31/08/16 Night Duty staff meeting had 14/09/16 Senior Care Assistant staff meeting had 23/09/16 Domestic staff meeting to be scheduled for October when full staff team available.</p>
Recommendation 4 Ref: Standard 1.2 Stated: First time To be completed by: 16 November 2016	<p>The registered provider should ensure that residents meetings are held on a regular basis.</p> <p>Response by registered provider detailing the actions taken: Resident meetings took place 07/09/16 which involved them making decisions on what food they would like to see on the new Winter menu. A resident meeting book is available on both floors and this will take place quarterly.</p>
Recommendation 5 Ref: Standard 21.5 Stated: First time To be completed by: 16 December 2016	<p>The registered provider should ensure policies and procedures are systematically reviewed every three years or more frequently as changes occur.</p> <p>Response by registered provider detailing the actions taken: Code of Conduct policy has been implemented 24/08/16 Adult Safeguarding policy has been reviewed and reissued 01/09/16 Incident and Accident policy has been implemented 01/09/16 Infection Control policy has been reviewed and reissued 21/09/16 Management and Administration of medication policy has been reviewed and reissued 14/09/16 The remaining policies and procedures will be reviewed by expected date of 16/12/16</p>
Recommendation 6 Ref: Standard 6.3 Stated: Second time To be completed by: 16 November 2016	<p>The registered provider should ensure that all care plans are signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign this should be recorded.</p> <p>Response by registered provider detailing the actions taken: This has been discussed in Senior Care Assistant meeting 23/09/16 and is part of the monthly audit of care plans by Registered Manager and</p>

	Senior Care Assistants.
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****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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