



Unannounced Care Inspection Report 19 October 2020



River House

Type of Service: Residential Care Home (RCH)

Address: 114 Milltown Road, Belfast, BT8 7XP

Tel No: 028 9064 8314

Inspector: Laura O'Hanlon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to eight residents.

3.0 Service details

Organisation/Registered Provider: Amore (Watton) Limited Responsible Individual: Nicola Cooper	Registered Manager and date registered: Lee Bratchley-Clark – acting manager - no application required
Person in charge at the time of inspection: Lee Bratchley-Clark	Number of registered places: 8
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential home on the day of this inspection: 8

4.0 Inspection summary

An unannounced inspection took place on 19 October 2020 from 10.15 to 18.20 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. This inspection was undertaken in order to determine if the areas identified at the last care inspection on 25 August 2020 had been implemented and sustained. These areas for improvement were in relation to: governance and oversight arrangements; care records; staffing arrangements; risk management and fire safety.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) practices
- care delivery
- care records
- environment including risk management and fire safety
- governance and management arrangements

An unannounced care inspection of River House was completed on 25 August 2020. This resulted in enforcement action being taken and the responsible individual was invited to attend a serious concerns meeting on 3 September 2020. During this meeting an action plan was presented to RQIA by the responsible individual's representative and it was agreed that the home would be given a period of time to implement the necessary improvements and embed them into practice and that a further inspection would be undertaken to validate sustained compliance.

It was observed during this inspection that the required improvements had not been made and/or sustained. Significant concerns were identified during this inspection with regards to the management, leadership and governance arrangements in this home. There was a lack of a robust system to regularly review the quality of care and other services provided by the home; this included but is not limited to: oversight and management of the home's environment;

management of risk to residents; care records to direct residents' care; staffing arrangements including the provision of ancillary staff; staff induction; maintenance of duty rotas and competency and capability assessments for any person in charge in the absence of the manager. There was also a lack of oversight in relation to staff training and registration with the appropriate professional bodies. As a result of this inspection enforcement action was taken and two Failure to Comply notices were issued.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*6	0

*The total number of areas for improvement includes four which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lee Bratchley-Clark, manager, Rosemary Clarke, Quality Improvement Lead and Tracey Henry, Interim Operations Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. As a consequence, a meeting was held on 27 October 2020 in RQIA with the intention of serving four Failure to Comply notices under The Residential Care Homes Regulations (Northern Ireland) 2005 in relation to:

- Regulation 10 (1) relating to governance and oversight arrangements
- Regulation 13 (1)(a)(b) relating to care delivery to residents
- Regulation 20 (1)(a)(c)(i) (3) relating to staffing arrangements
- Regulation 27 (2)(d)(l)(m) relating to the environment

The intention meeting was held via video teleconference and was attended by the responsible individual and the Operations Manager. At the meeting the senior management team provided an action plan and advised of the completed or planned actions to secure the necessary improvements and address the concerns identified during the inspection.

However, RQIA were not sufficiently assured in relation to all of the areas requiring improvement. It was therefore decided that two of the four Failure to Comply notices would be served under Regulation 10(1) and Regulation 20(1)(a)(c)(i) (3). Compliance with these notices must be achieved by 4 January 2021. A further inspection will be completed to ensure that compliance is achieved and sustained.

The enforcement policies and procedures are available on the RQIA website at [https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with eight residents and eight staff. Questionnaires were sent retrospectively to the home to obtain feedback from residents and residents' representatives. A poster was also posted to the home following the inspection for staff inviting them to provide feedback to RQIA on-line. No questionnaires were received within the required timeframe.

The following records were examined during the inspection:

- staff duty rotas
- three residents' care records
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the Regulation 29 monthly monitoring reports
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 25 August 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: First time	The registered person shall ensure that all areas of the home are clean and free from clutter.	Not met
	Action taken as confirmed during the inspection: An inspection of the environment confirmed that areas of the home remained cluttered and unclean. This area for improvement was not met and is stated for a second time.	
Area for improvement 2 Ref: Regulation 16 (1) (2) Stated: First time	The registered person shall ensure that care plans and risk assessments are fully reflective of the needs of the residents and should direct and inform the care required.	Not met
	Action taken as confirmed during the inspection: A review of three residents' care records confirmed that care plans and risk assessments were not consistently reflective of the needs of the residents. This area for improvement was not met and is stated for a second time.	
Area for improvement 3 Ref: Regulation 27 (4) (a) Stated: First time	The registered person shall ensure that the fire risk assessor is informed in relation to the fire door being left open at night. Advice should be sought and appropriate action taken in this regard.	Met
	Action taken as confirmed during the inspection: Discussion with the manager confirmed that the fire risk assessor was informed in relation to the identified fire door. A new system has been implemented for staff in this regard.	

<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that walkways are kept clear and free from obstruction.</p> <hr/> <p>Action taken as confirmed during the inspection: An inspection of the environment confirmed that walkways were clear and free from obstruction.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all chemicals are appropriately and securely stored in keeping with Control of Substances Hazardous to Health (COSHH) regulations.</p> <hr/> <p>Action taken as confirmed during the inspection: An inspection of the environment confirmed that this was not met. This is discussed further in section 6.2.5.</p> <p>This area for improvement was not met and is stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that action is taken to address any potential ligature risks. This refers specifically to decorative lighting cabling in an identified bathroom and corridor area.</p> <hr/> <p>Action taken as confirmed during the inspection: An inspection of the environment confirmed that this matter was addressed and potential ligature risks were appropriately managed.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 29 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the visit by the registered provider's representative is undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports of these visits should provide sufficient detail to ensure adequate oversight and assurances in relation to the conduct of the home.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of governance records confirmed that Regulation 29 reports had been completed. However, the reports did not provide sufficient detail to ensure adequate oversight and assurances in relation to the conduct of the</p>	<p>Not met</p>

	home. This area for improvement was not met and is stated for a second time.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 7.4 Stated: Third time	The registered person shall ensure that completed written consent forms, where used, are maintained within individual case records. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.	Met
	Action taken as confirmed during the inspection: A review of care records confirmed that consent forms were in place.	
Area for improvement 2 Ref: Standard 25.6 Stated: Second time	An accurate and up to date record is kept of staff working over a 24-hour period and the capacity in which they worked. This should include agency staff and clearly mark the person in charge of the home in the absence of the manager.	Met
	Action taken as confirmed during the inspection: A review of the staff duty rota confirmed that it accurately reflected the staff on duty and the capacity in which they worked. The person in charge of the home in the absence of the manager was identified on the rota.	

6.2 Inspection findings

6.2.1 Staffing

We reviewed the staff duty rota. We were able to identify the person in charge in the absence of the manager and the manager's working hours were recorded on the rota. We could see that the duty rota detailed the full names and grades of staff.

Review of the staff duty rota and discussion with staff highlighted that the home continues to frequently require the use of agency staff in an effort to meet required staffing levels due to staff vacancies. It was noted within the duty rota that staffing levels were not effectively and consistently maintained. These shortfalls were particularly concerning given the complex care needs of residents within the home and the frequent changes to managerial arrangements. Such inconsistency with regard to staffing arrangements can diminish the ability of staff to deliver care to residents in a consistent manner.

We spoke with staff during the inspection and of which the majority told us that they felt unsupported in their roles; staff morale was notably low and there had been no improvements in regard to the staffing arrangements. Staff stated that they remained anxious about further changes in management and reported that communication from the senior management team was poor. Staff comments included:

- “There is no extra staff on duty. Staffing has not improved; nothing has changed. Staffing is challenging and we are getting phoned at home all the time.”
- “Staffing is maybe worse; always use a lot of agency. Residents always have adequate staff. Communication across the staff team is good; not so good from a higher level.”
- “The staffing is ok in this team; it’s always covered for those who need it.”
- “The staffing is a bit tight but they are recruiting.”

On arrival to the home we were informed that there was no dedicated cook on duty as a result of an unforeseen staff absence. While efforts were made to provide a replacement cook on the day of inspection, we observed care staff having to leave their designated duties to prepare and serve lunch to residents. RQIA were particularly concerned that this involved care staff who were responsible for providing enhanced levels of supervision to some residents. Such inconsistent supervision of residents increases the risk to residents.

Discussion with staff highlighted that there were inadequate arrangements in place to ensure the effective and ongoing delivery of domestic and catering services within the home. We were informed that care staff were required to prepare and serve residents’ meals (which are partially prepared by the cook in advance) each weekend or when the cook was not on duty. In addition, staff advised us that in the absence of domestic staff being employed within the home, domestic duties had to be undertaken either by the cook before commencing catering duties and/or by care staff while carrying out their substantive caring role. This lack of sufficient domestic and catering staff within the home reduces the ability of staff to deliver safe and effective care to residents in a consistent manner.

We spoke with a member of staff who had recently commenced work in the home. The staff member confirmed that as part of their induction process they had shadowed experienced staff and read care records for residents. We discussed mandatory training in relation to fire safety and adult safeguarding and we were informed this had not yet been completed. The induction record for this identified staff member was also unavailable during the inspection despite multiple requests from the inspector.

We requested competency and capability assessments for those staff that are given the responsibility of being in charge of the home for any period of time in the manager’s absence. These were also unavailable on the day of inspection.

It was disappointing to note that the staff training matrix was not available during the inspection. RQIA was therefore not assured that robust governance arrangements were in place with regard to staff training. We also identified shortfalls in relation to the monitoring of staff registration with appropriate professional bodies.

These shortfalls with regard to staffing arrangements were discussed during the inspection and at the subsequent enforcement meeting with the responsible individual on 27 October 2020. While the responsible individual acknowledged the deficits and outlined those actions which had been carried out/planned to address these shortfalls, RQIA decided to serve a Failure to

Comply notice under Regulation 20(1)(a)(c)(i) (3). The actions required to address these shortfalls are contained in the notice.

6.2.2 Infection prevention and control practices

Signage had been erected at the entrance to the home to reflect the current guidance in regard to infection prevention and control practices relating to COVID-19. Anyone entering the home was required to have a temperature and symptom check completed, use hand sanitiser and don the recommended Personal Protective Equipment (PPE) which was available. The manager confirmed that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary.

The staff had identified changing facilities where they could put on their uniform and the recommended PPE before entering the area they were working in. We observed that staff used PPE according to the current guidance. PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained in the home. We observed that staff carried out hand hygiene at appropriate times.

However, we noted a number of concerns in regard to the management of IPC within the environment. Examples of this included: rust was observed on radiator covers, meaning they were unable to be effectively cleaned. A number of areas in the home remained cluttered and unclean and in particular areas around light switches, staining was observed on flooring and in toilet areas. The linen cupboard continues to be disorganised. We identified duct tape which was secured a floor covering in a resident's bedroom which required replacement. There was excess storage in a communal bathroom which locked and inaccessible to residents.

During the inspection we asked for cleaning schedules which were completed by staff. We were advised these were not completed. There was a lack of oversight in relation to ensuring the cleanliness and fitness of the environment.

These shortfalls with regard to the environment, and infection prevention and control practices were discussed during the inspection and at the subsequent enforcement meeting with the responsible individual on 27 October 2020. While the responsible individual acknowledged the deficits and outlined those actions which had been carried out/planned to address these shortfalls, RQIA decided to serve a Failure to Comply notice under Regulation 10(1). The actions required to address these shortfalls are contained in the notice.

6.2.3 Care delivery

There was a pleasant and relaxed atmosphere in the home and staff were observed to have caring, cheerful and friendly interactions with the residents. When we spoke with staff it was obvious that staff knew the residents well. Staff spoke to the residents in a reassuring tone and were very attentive. Residents were appropriately dressed and staff confirmed that residents select their own clothing with support from staff. One resident commented on the meals:

- "I love the Sunday dinner; the roast potatoes are my favourite. I like all the food in River House."

We observed some residents engaged in activities, for example, a staff member was playing pool with one resident while another resident was supported by staff to enjoy a bus outing. After lunchtime we noted that the staff were playing music and singing with the residents. The

staff were encouraging the residents to become involved in this communal entertainment so far as possible.

6.2.4 Care records

We reviewed three residents' care records. Care records contained assessments of needs, care plans and associated risk assessments. However, concerns were identified regarding the management of record keeping to direct residents' care and the care records reviewed were not up to date or reflective of the needs of the residents.

For instance, in one care record reviewed we noted that care plans contained contradictory and/or inaccurate directions regarding the enhanced supervision needs of the resident when on outings. The resident's care plans also stated that they did not require continence products despite regular episodes of incontinence being recorded within daily entries. Also, the care plan for this resident in relation to assessed sleeping needs stated that the resident needed to be checked twice overnight by staff which contradicted another care plan directing staff to check the resident hourly overnight.

In a second resident's care record, a care plan was not updated to reflect an agreed change to the resident's need for enhanced supervision by staff. The care plan for the management of this resident's nutritional needs was also not reflective of the Speech and Language Therapist guidance. Also, a relevant care plan lacked any reference to a specialist epilepsy management plan which had been completed. In addition, a care plan in relation to this resident's environment was not updated to reflect changes which had been made.

It was also noted by the inspector that care records continue to require improved organisation and contained a lot of older information which was no longer relevant and should be archived. These identified shortfalls had not been identified and redressed through the home's audit process.

A number of these matters were identified during the last care inspection and little progress has been made to address this. The lack of accurate care records to direct staff in the delivery of care to residents is of particular concern given the complex nature of the residents' needs and the regular use of agency and/or new staff on induction in the home.

These shortfalls with regard to care records were discussed during the inspection and at the subsequent enforcement meeting with the responsible individual on 27 October 2020. While the responsible individual acknowledged the deficits and outlined those actions which had been carried out/planned to address these shortfalls, RQIA decided to serve a Failure to Comply notice under Regulation 10(1). The actions required to address these shortfalls are contained in the notice.

6.2.5 Environment including risk management and fire safety

We observed a number of residents' bedrooms, en-suites, bathrooms, lounge and dining areas and storage areas. Residents' bedrooms were found to be personalised with items of memorabilia and special interests displayed.

In addition to the environmental concerns identified in section 6.2.2, shortfalls were also identified in regard to the management of risks to residents in the home. Hazardous cleaning chemicals were observed unsecured and potentially accessible by residents. A boiler area was

also found to be unlocked and potentially accessible by residents. Despite these issues having been identified at the previous care inspection, no progress had been made to effectively address them.

These shortfalls with regard to environmental risks were discussed during the inspection and at the subsequent enforcement meeting with the responsible individual on 27 October 2020. While the responsible individual acknowledged the deficits and outlined those actions which had been carried out/planned to address these shortfalls, RQIA decided to serve a Failure to Comply notice under Regulation 10(1). The actions required to address these shortfalls are contained in the notice.

We observed a bedroom door which was not closing properly and an en suite bathroom door which was propped open with a chair. This was identified as a new area for improvement.

6.2.6 Governance and management arrangements

Discussion with the manager and staff confirmed that there is a management structure within the home. The manager, the quality improvement lead and the interim regional operations manager were available throughout the inspection process. Following the last inspection, a new acting manager has been appointed. Discussion with interim regional operations manager confirmed that the home is seeking to appoint a manager on a permanent basis so as to provide greater stability and consistency for the residents, relatives and staff.

We reviewed accidents and incident records and found that RQIA had not been notified in a consistent manner. This was identified as an area for improvement.

There was no system in place for the robust completion of governance audits. We reviewed some records of audits and they were either incomplete, did not identify deficits or did not focus on areas requiring improvement. For example, there was no audit of care records which were noted by the inspector to require improvements.

Audits undertaken in relation to the environment identified that there was a lack of oversight in relation to ensuring the cleanliness and fitness of the environment. In addition, these audits did not identify shortfalls in regard to the management of risks to residents in the home such as hazardous cleaning chemicals being left unsecured and potentially accessible to residents.

We reviewed the records of the visits to the home by the registered provider's representative as required under Regulation 29 of The Residential Homes Regulations (Northern Ireland) 2005. We reviewed the reports for August 2020 and September 2020 and were concerned that these had not been completed in a robust manner so as to identify deficits in service provision and care delivery and drive necessary improvements. This area for improvement was stated for a second time.

These shortfalls with regard to governance and oversight arrangements were discussed during the inspection and at the subsequent enforcement meeting with the responsible individual on 27 October 2020. While the responsible individual acknowledged the deficits and outlined those actions which had been carried out/planned to address these shortfalls, RQIA decided to serve a Failure to Comply notice under Regulation 10(1). The actions required to address these shortfalls are contained in the notice.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to team work and interactions between residents and staff.

Areas for improvement

Two new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	2	0

6.3 Conclusion

This inspection resulted in enforcement action due to significant shortfalls being identified in regards to management, leadership and governance arrangements, staffing arrangements, care records and the environment of the home.

As a consequence two Failure to Comply notices were served under Regulation 10 (1) and Regulation 20(1)(a)(c)(i) (3). Compliance with these notices must be achieved by 4 January 2021.

Throughout the inspection, residents within the home were attended to by staff in a respectful manner. We observed positive interactions between staff and the residents.

Two new areas for improvement were highlighted and are discussed within the body of the report and section 7.2.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lee Bratchley-Clark, manager, Rosemary Clarke, Quality Improvement Lead and Tracey Henry, Interim Operations Manager, as part of the inspection process. Inspection findings were also discussed with the responsible individual on 27 October 2020. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: Second time</p> <p>To be completed by: 20 October 2020</p>	<p>The registered person shall ensure that all areas of the home are clean and free from clutter.</p> <p>Ref: 6.1.</p> <p>Response by registered person detailing the actions taken: A review of the internal cleaning process and cleaning schedules has been carried out to ensure the home maintains a high level of cleanliness. All areas identified have been de-cluttered and a refurbishment programme is currently ongoing.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1) (2)</p> <p>Stated: Second time</p> <p>To be completed by: 31 October 2020</p>	<p>The registered person shall ensure that care plans and risk assessments are fully reflective of the needs of the residents and should direct and inform the care required.</p> <p>Ref: 6.1. & 6.2.4</p> <p>Response by registered person detailing the actions taken: The support plans and risk assessments identified on the day of the inspection have been reviewed and updated accordingly. A further review of the support plans has been undertaken to ensure consistency in format and that they reflect the needs of the residents. The monthly update and review will be quality assured by regular documentation quality walkrounds.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all chemicals are appropriately and securely stored in keeping with Control of Substances Hazardous to Health regulations.</p> <p>Ref: 6.1. & 6.2.5</p> <p>Response by registered person detailing the actions taken: All chemicals are stored securely as per the COSHH guidelines with a locked cupboard installed within the kitchenette area of one residents bedroom - following the inspection. This is monitored as part of the daily walkround and as part of the environmental audit.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 29 (1)</p> <p>Stated: Second time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that the visit by the registered provider's representative is undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports of these visits should provide sufficient detail to ensure adequate oversight and assurances in relation to the conduct of the home.</p>

31 October 2020	Ref: 6.1. & 6.2.6
	Response by registered person detailing the actions taken: The Regulation 29 visits are carried out in accordance with the care home regulations and detail the actions required to ensure adequate oversight of the home and ongoing improvement.

<p>Area for improvement 5</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that :</p> <ul style="list-style-type: none"> • all the fire doors in the home are fully closing • fire doors are not propped open <p>Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The fire doors have been reviewed by the contractor following the inspection and will continue to be reviewed internally by the maintenance staff to ensure compliance.</p> <p>Staff have been reminded not to "prop" open the internal doors due to fire safety and this will continue to be reviewed through the daily walkrounds and internal audit process.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 30 (1) (d)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that RQIA are informed of any event which adversely affects the care, health and welfare of any resident in the home.</p> <p>Ref: 6.2.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All untoward events and or incidents which adversely effect the care, health and welfare of the residents will be notified to the RQIA as per regulation.</p> <p>A monthly log of notifiable incidents has been set up to review for potential shared learning and or review of nature of incidents and subsequent follow up.</p>

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



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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care