

# Unannounced Care Inspection Report 13 and 14 February 2018



## Glenabbey Manor

**Type of Service: Residential Care Home**

**Address: 93 – 97 Church Road, Glengormley, Newtownabbey,  
BT36 6HG**

**Tel No: 028 9084 3601**

**Inspectors: Alice McTavish and Lyn Buckley**

[www.rqia.org.uk](http://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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 57 beds that provides care for older people and people living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual:</b> Gavin O'Hare-Connolly	<b>Registered Manager:</b> Rosemary Dilworth
<b>Person in charge at the time of inspection:</b> Rosemary Dilworth	<b>Date manager registered:</b> Rosemary Dilworth - application not yet submitted
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia	<b>Number of registered places:</b> 57

### 4.0 Inspection summary

An unannounced care inspection took place on 13 February 2018 from 10.50 to 17.00. The inspection continued on 14 February 2018 from 10.20 to 13.50.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

RQIA received information from the Northern Health and Social Care Trust in relation to adult safeguarding concerns in the home. RQIA also received whistleblowing information from an anonymous source in relation to a range of issues. These included:

- Moving and handling techniques used by staff
- Falls management
- Infection prevention and control (IPC) practices
- Staff interactions with residents
- Inappropriate storage of thickening agents for fluids
- Insufficient provision and storage of food
- Staff induction
- Care records

The whistleblowing information also raised concerns regarding medication issues; a medicines management inspection was undertaken on 14 February 2018 which is reported on under separate cover.

It is not the remit of RQIA to investigate whistleblowing and adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- Staff training in relation to moving and handling techniques
- Falls prevention and post falls management
- Infection prevention and control (IPC) practices
- Staff interactions with residents
- Provision of food and fluids, including storage of thickening agents
- Staff induction
- Care records
- Staff recruitment and deployment
- Visits and reports made by registered provider
- Competency and capability assessments for staff

Following the inspection the registered persons were required to attend a meeting in RQIA with the intention of issuing four Failure to Comply Notices in relation to:

- Failure to notify RQIA of notifiable events under regulation 30
- Competency and capability assessments for staff left in charge of the home in the absence of the manager
- Visits by registered provider
- Residents' care records

The registered persons were required to attend a separate meeting in RQIA with the intention of issuing a Notice of Proposal to apply a condition to the registration of the home to cease admissions until compliance with the specific actions stated in the Failure to Comply Notices were fully met. These meetings were subsequently held on 23 February 2018.

Three Failure to Comply Notices and a Notice of Proposal were issued on 27 February 2018:

**FTC Ref: FTC/RCH/020215/2017-18/01**  
**FTC/RCH/020215/2017-18/02**  
**FTC/RCH/020215/2017-18/03**

**NOP Ref: NOP/020215/2017-18/01**

Further inspection will be undertaken to validate that compliance has been achieved.

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

#### 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	1

Details of the Quality Improvement Plan (QIP) were discussed with Rosemary Dilworth, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action, as discussed above, resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[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>.

#### 4.2 Action/enforcement taken following the most recent medicines management inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent medicine management inspection on 13 December 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events and intelligence received since the previous care inspection.

Over the course of the inspection the inspectors met with four residents, eight staff, two visiting professionals, one resident's representative and one hairdresser who provided a regular service to residents in the home.

A total of ten questionnaires were provided for distribution to residents and/or their representatives for completion and return to RQIA. The manager was provided with details of how staff could complete and return electronic questionnaires to RQIA. Four questionnaires from residents and residents' representatives were returned within the requested timescale. No electronic questionnaires were returned by staff.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- A sample of competency and capability assessments

- Staff training records
- Staff recruitment files
- Care records of four residents
- Accident/incident/notifiable events register
- Monthly monitoring reports of visits by registered provider

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

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 13 December 2017

The most recent inspection of the home was an announced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

### 6.2 Review of areas for improvement from the care inspections dated 1 and 19 August 2017.

Areas for improvement from the last care inspection dated 1 August 2017		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 8. – (1) (a) (b)  <b>Stated:</b> First time	The registered person shall ensure that there are adequate management arrangements in place at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager established that recruitment of a new manager had been completed. Arrangements had been made for the current manager to step down from her role as regional manager until the new manager would take up post and receive a suitable and thorough induction. Senior staff were available on call, if required; if the manager was not in the home for a prolonged period, arrangements were in place for other senior staff in the organisation to provide cover and such staff would be based in the home. In addition, the organisation operated a buddy system to allow for short term cover.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 20. – (1) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that persons employed to work at the home receive induction relevant to their roles and responsibilities, including agency staff.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and individual staff members and inspection of documentation confirmed that persons employed to work at the home receive induction relevant to their roles and responsibilities, including agency staff.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 20. – (3)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a competency and capability assessment is carried out with any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The competency and capability records could not be produced for the Deputy Manager and for six other Care Team Managers (CTM) who may be given the responsibility of being in charge of the home in the absence of the manager.</p> <p>A review of the staff duty rota identified that one CTM was designated to be in charge of the home on two known occasions prior to an assessment of competency and capability having been completed.</p> <p>It was also established that a CTM had not completed training in the use of the electronic system of recording and another staff member did not have an individual Personal Identification Number (PIN) to enable them to access the electronic system. These members of staff could not be deemed competent and capable until such training had been provided.</p> <p><b>This area for improvement was subsumed into the Failure to Comply notice issued in 27 February 2018.</b></p>	<p><b>Not met</b></p>



<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 21. – (1) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all information outlined in Schedule 2 is available for staff before the commencement of employment.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and inspection of staff personnel records confirmed that all information outlined in Schedule 2 was available for staff before the commencement of employment.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 25.6</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the staff duty rota is accurately maintained.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and inspection of staff duty rotas confirmed that the staff duty rotas were accurately maintained.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 13.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that there is a suitable programme of activities and events for residents.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager, residents and staff confirmed that there was a suitable programme of activities and events for residents. The area of activities was of particular interest to the Occupational Therapist employed in the home who described in detail the range of therapeutic activities offered to residents.</p>	<p><b>Met</b></p>



Areas for improvement from the last care inspections dated 19 August 2017		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19. – (2) (b)  <b>Stated:</b> First time	The registered person shall ensure that suitable arrangements are put in place to make all records available for inspection in the home by RQIA.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager established that a key to the manager's office was held in the home; the person in charge was made aware of the system in place to make all records available for inspection in the home by RQIA.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 30. – (1) (d)  <b>Stated:</b> First time	The registered person shall ensure that RQIA is notified of all accidents, incidents or events which adversely affects the care, health, welfare or safety of any resident.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of documentation established that RQIA was not notified of all accidents, incidents or events which adversely affects the care, health, welfare or safety of any resident.  <b>This area for improvement was subsumed into the Failure to Comply notice issued in 27 February 2018.</b>	

### 6.3 Inspection findings

#### Staff recruitment and deployment

A sample of staff personnel records was examined and confirmed that all information outlined in Schedule 2 of the regulations was available for staff before commencement of employment.

The inspectors spoke with care staff and observed the care provided to residents in the home. It was noted that there was sufficient staff on duty to meet the assessed needs of residents. There was one care team manager (CTM) or a deputy manager and two care staff on each of the two occupied floors of the home. There was also domestic, kitchen and laundry staff. The manager on duty was supported by a senior colleague and administration staff. There was an Occupational Therapist who was tasked with promoting the mobility of residents and good practice in falls prevention and post falls management in the home.

In discussion with staff and observation of residents it was established that no resident accommodated in the home required a high level of assistance or one to one supervision. Inspectors noted that care was being delivered to residents in accordance with the home's registered categories of care. Residents requiring additional support, for example, if they had become unexpectedly and acutely unwell, were appropriately referred to the relevant healthcare professionals.

It was observed that the needs of residents were met in a timely and appropriate manner by the staff on duty. In discussion with staff they were able to describe in detail the care needs of residents and how the individual choices and preferences of residents were met. A member of care staff reported that they had time to care for residents as there was good team work and good training provided.

Residents who spoke with inspectors said that they enjoyed living in the home, they received good care and staff treated them well. A resident's representative said that the staff demonstrated a very caring and attentive approach and expressed a high level of satisfaction with the care provided in the home.

Two visiting professionals reported to inspectors that the care provided in the home was good. One trust key worker stated that staff in the home kept her well informed about the resident's health and care needs; the resident was happy with the care provided and the resident's family was satisfied with the quality of the care in the home. The trust key worker advised that staff generally followed her recommendations for the care of the resident well and was confident that the latest recommendations discussed would be carried out. A hairdresser who provided a regular service to residents in the home commented, "The care is excellent, the staff are great and treat the residents very well."

### **Competency and capability assessments**

Staff should be assessed as being competent and capable by the manager before being left in charge of the home in the absence of the manager. This will ensure that they have the required knowledge and skills to deal with any emerging issues and failure to do so may have the potential to place residents at risk.

Inspectors requested to examine the records and these could not be produced for the Deputy Manager and six other CTM's. A review of three weeks staff duty rota identified that one CTM was in charge of the home on two occasions prior to a competency and capability assessment being completed. This showed a failure of internal systems and processes along with a lack of managerial oversight.

This area for improvement was subject of the Failure to Comply notice issued in 27 February 2018 (see section 6.2).

## **Staff induction and training**

A review of a sample of records identified that staff had received an induction to working in the home.

The manager advised that Runwood Homes had developed an induction pack for staff to complete. A matrix was in place to ensure that all aspects of induction and training was tracked and that any outstanding areas were identified and addressed at an early stage.

Staff they advised that their induction had covered numerous areas which included moving and handling, fire safety, adult safeguarding and first aid. A staff member who spoke with inspectors advised that he had shadowed an experienced care assistant on three long days in preparation for working with the residents. Members of staff advised that training was provided to them via e-learning and practical teaching. A member of housekeeping staff advised that training in Control of Substances Hazardous to Health (COSHH) and IPC had been provided to staff. Staff reported that their colleagues were supportive, approachable and showed willingness to help each other for the benefit of residents.

Staff members who spoke with inspectors were able to describe clearly their knowledge regarding adult safeguarding procedures and their duty to report concerns to their line manager or via the whistleblowing procedures.

## **Access to care records**

Staff must be able to access the care records at any time to make a contemporaneous record of the care delivered to residents in order to comply with relevant professional standards and recognised best practice. In discussion with one CTM it was identified that they had not completed training in the use of the electronic records system and another staff member did not have an individual Personal Identification Number (PIN) to enable them to access this system. As some staff could not access the system they could not enter or read essential information relating to the residents in their care without the assistance of other members of staff. This could result in a delay in care being provided or recorded. This therefore posed a potential risk to the health and wellbeing of residents.

This area for improvement was subject of the Failure to Comply notice issued in 27 February 2018 (see section 6.2).

## **Infection prevention and control**

An inspection of the premises identified that the home was maintained to a very high level of cleanliness. Staff were observed to be correctly attired in clean and neat uniforms and wear only the minimum of jewellery with no nail polish or false nails.

Staff advised that they had received training in IPC. There were adequate supplies of Personal Protection Equipment (PPE), for example, gloves and aprons, available for staff. Staff were observed to use these appropriately.

There were hand sanitation dispensers throughout the building and these were appropriately filled. There were notices promoting good hand hygiene in communal areas. Appropriate arrangements were in place for the management of soiled laundry bags and the disposal of contaminated waste.

In one linen room, some duvets were stored on the floor. This is not in keeping with good IPC practice and action was required to ensure compliance with the standards.

### **Provision of food and fluids**

Inspectors observed lunch being served on the first day of the inspection. It was noted that the dining room provided an attractive environment in which to eat. Tables were laid with good quality crockery, cutlery and glassware. The food was supplied from the catering kitchen in a heated trolley; catering staff plated the choice of meal indicated by the resident and care staff served the meals. The meal portion sizes were appropriate for the residents and meals were attractively presented. Additional servings of food were both offered and provided. The lunch time service was conducted in a calm and organised manner by staff. Cold drinks, water and diluted juices were also available to residents in the communal lounges and in residents' bedrooms.

The dining experience was adapted by staff to meet the individual needs of residents. For example, one resident responded better to taking meals in a quieter area and this was accommodated.

Residents who spoke with inspectors advised that they had a choice and variety of meals and 'plenty' to eat and drink. One resident said "It's lovely here. The food is great!"

Staff who spoke with inspectors advised they could access food stores after the kitchen closed and residents could have as much or as little as they wished and at any time.

Staff advised that only one person required their fluids to be modified; the staff were aware of how to undertake this task. Thickening agents were stored appropriately.

A review of residents' care records established that personal food choices and preferences were obtained from residents on admission and these were provided by the home.

### **Care records**

Records were maintained in respect of each resident and were recorded, as previously stated, on an electronic system. A review of this system evidenced that the record keeping process was based on a nursing model. Discussion with management confirmed that they had already identified this matter and had scheduled a meeting with the system provider for 14 February 2018 to address how the electronic records could be amended to better reflect a social care model.

Care records were reviewed regarding the management of falls. There was evidence of the fall/s being recorded along with detail of action taken by staff. It was noted that such incidents were recorded in different areas of the electronic care records which made it difficult to consistently find essential information. Staff advised that this had already been identified and would be addressed through the review of the electronic recording system.

The review of the care records identified the following issues:

- staff did not routinely review associated risk assessments and care plans after falls had occurred or there was a delay in doing so
- the care needs assessment for one resident was completed 28 days after the date of admission of the resident to the home
- for another resident, the care plan was commenced over one week after the resident was admitted to the home
- in the records of one resident no entry for daily progress had been made for approximately 24 hours
- where residents presented with challenging behaviour, there was no description of what happened before, during and after the event

Action was required to ensure compliance with the regulations in relation to care records.

## **Environment**

The home was noted to be warm, comfortable, decorated to a high standard and clean. Fire exits were free from obstruction. Residents spoken with did not express any concerns regarding the environment. Residents were observed relaxing in the lounges or in their bedrooms, according to their preference.

An inspection of the premises established that one exit door on the first floor did not close tightly. This was discussed with the CTM who advised that this fault had been reported to the manager and the door was to be repaired that day.

In one resident's bedroom on the second floor a 'clothes horse' with clothing had been placed up to and against the radiator and this could represent a fire risk. This was brought to the attention of the deputy manager in charge of the floor who immediately removed the clothing. In another bedroom, a coloured plastic box was noted to contain a number of wound dressings. Staff were advised that whilst it may be necessary to store such items in the room for the use of the district nursing service, the box would be better placed out of sight to promote confidentiality.

## **Visits by registered provider**

Five reports of provider visits to the home were requested and were reviewed.

The reports were prefaced with a legislative background referring to The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes (2015). The home is registered as a residential care home. The report template had been recently revised; this legislative error, however, was still not identified or corrected by the registered provider.

A review of the reports identified that there was insufficient detail to provide assurances of sufficient managerial oversight and robust governance arrangements. There was no evidence of carry-over from one month to another, for example, e-learning records were not available at the December 2017 provider visit and there was no clear indication of how this would be followed up or addressed within the January 2018 report. In the January 2018 report there was no commentary on the outcome of audit of accidents and/or incidents, including the identification of any themes or patterns and any action taken or required. This represents a

missed opportunity for the provider to analyse relevant data and for this to be used to review and improve care practices in the home.

The November and December 2017 reports indicated a draft version on the front cover which was completed by a compliance team, yet the report was signed off by the person who undertook the visit on behalf of the registered provider. RQIA was therefore unsure whether the reports presented were the final version.

This area for improvement was subject to the Failure to Comply notice issued in 27 February 2018.

### **Falls prevention and post falls management**

In discussions with care staff they were able to clearly demonstrate their knowledge of approved moving and handling techniques and confirmed they had received both theory and practical training. Staff confirmed that a hoist and slings were available but were not used unless they were directed to use them by the senior care staff to assist a resident off the floor following a fall.

A review of the falls/incidents monthly analysis evidenced that information regarding falls was collated on a monthly basis. It was noted, however, that some falls which necessitated medical advice or attention had not been notified to RQIA as required by regulation 30, despite a review of the monthly analysis by the manager. Governance arrangements in the home formed part of a Failure to Comply notice issued in 27 February 2018 (see section 6.2).

In discussion with staff and review of the falls analysis it was noted that a variety of incidents was being recorded by staff as a fall, regardless of the circumstances of the incident. For example, at least one of the falls recorded was not a fall in that the resident was assisted to the floor by staff thus preventing a fall. There were other incidents recorded as 'falls' relating to specific behaviours associated with individual needs of one named resident. Management were advised to undertake a review of how incidents/accidents are recorded to ensure that these are appropriately classified and the data provides an accurate reflection of events.

The home's Occupational Therapist was also tasked to undertake a daily review of falls, to identify emerging patterns and trends and to make recommendations regarding falls prevention measures. The Occupational Therapist advised that there was liaison with the trust's falls team and physiotherapy services.

The Occupational Therapist had devised a preventative programme of exercise and this was observed by an inspector on the second day of the inspection. Staff advised that the Occupational Therapist also delivered one to one training with staff and residents regarding walking techniques, the use of walking aids and techniques for safe transfers. Advice was provided to the Occupational Therapist regarding current best practice guidance (HSENI and PHA) in relation to falls prevention and post falls management.

## Resident/Relative Questionnaires

Four completed questionnaires were returned to RQIA from residents or resident's representatives. Respondents described their level of satisfaction with the care provided and comments received were as follows:

- "Staff very kind to (my relative) – nothing is too much for them. Management is always available. Beautiful home."
- "I'm very happy in the home. Staff friendly and kind."
- "I am very happy. My (relative) is very well cared for."
- "I am very happy with my (relative's) care in the home. Everyone is very helpful."

## Areas of good practice

Staff were observed to treat residents with warmth, dignity and respect. The home was maintained to a very high level of cleanliness and was well equipped with materials used to support good IPC practice. The quality and quantity of food and drinks provided to residents was good and there was a range of choices available.

The employment of an Occupational Therapist evidenced that the organisation was committed to developing practice around falls prevention and post falls management.

## Areas for improvement

Three Failure to Comply notices were issued in 27 February 2018. These related to the governance structures and managerial oversight within the home, notifiable events, competency and capability of staff and the visits by the registered provider.

One area for improvement was made under the regulations in relation to care records. Another area for improvement was made under the standards in relation to infection prevention and control practices.

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	1



## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rosemary Dilworth, manager, as part of the inspection process. 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 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.

## **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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 30. – (1) (d)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 27 March 2018</p>	<p>The registered person shall ensure that RQIA is notified of all accidents, incidents or events which adversely affects the care, health, welfare or safety of any resident.</p> <p>Ref: 6.2</p> <p><b>This area for improvement was subsumed into the Failure to Comply notice issued in 27 February 2018.</b></p> <p><b>Response by registered person detailing the actions taken:</b> A full review was undertaken and all incidents reviewed in line with Regulation 30. Additional prompts were introduced through the clinical recording system. A detailed tracker is maintained and reviewed daily by the Home Manager to ensure all areas of concerns are reported in a timely manner. Reinspected by RQIA on 26<sup>th</sup> March 2018 and deemed compliant.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20. – (3)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 27 March 2018</p>	<p>The registered person shall ensure that a competency and capability assessment is carried out with any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.</p> <p>Ref: 6.2</p> <p><b>This area for improvement was subsumed into the Failure to Comply notice issued in 27 February 2018.</b></p> <p><b>Response by registered person detailing the actions taken:</b> All competency and capability assessments were re-completed and held centrally. All staff in charge of the home have been deemed suitably trained and competent in their role. Reinspected on 26<sup>th</sup> March 2018 by RQIA and deemed compliant.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 29. – (4) (a) (b) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 March 2018</p>	<p>The registered person shall ensure that the reports of the monthly monitoring visits by the registered provider contain sufficient detail to provide assurances of sufficient managerial oversight and robust governance arrangements; this will give opportunity for the provider to analyse relevant data which may be used to review and improve care practices in the home.</p> <p>Ref: 6.3</p> <p><b>This area for improvement was subsumed into the Failure to Comply notice issued in 27 February 2018.</b></p>

	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All Regulation 29 visits now form part of a clinical escalation procedure which is highlighted to the Group Director of Operations. All Regulation 29 visits are viewed by the senior team in line with the QGS (Quality Governance System). The regulation 29 has been rewritten to reflect the variance in nursing and residential services and commences each new report with the RAG rated actions from the previous month. Reinspected by RQIA on 26<sup>th</sup> March 2018 and deemed compliant.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 19.- (1) (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2018</p>	<p>The registered person shall ensure that all areas stated in the body of the report relating to care records are satisfactorily addressed.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A full internal review was undertaken and a mapping of care records to the residential standards. The service has undertaken reassessment of residents in line with the new documentation and completed for same. We have moved from a care plan ethos to a support plan ethos in line with the social aspect of care delivery in Residential Care.</p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 March 2018</p>	<p>The registered person shall ensure all items in linen store are kept off the floor in line with IPC guidelines.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Supervision completed with staff and weekly checks of storerooms to ensure compliance. The Linen Store has had additional shelving in place to ensure full compliance.</p>

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



The Regulation and Quality Improvement Authority  
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