

Unannounced Care Inspection Report 14 September 2018



Rosevale Lodge

Type of Service: Residential Care Home
Address: 173 Moira Road, Lisburn, BT28 1RW
Tel No: 028 9260 4433
Inspector: Kylie Connor

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 36 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Claire Royston	Registered Manager: Mayvelyn Talag
Person in charge at the time of inspection: Mayvelyn Talag	Date manager registered: 31 May 2018
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia RC – A	Number of registered places: Total number 36 comprising: 01 – RC – DE 01 – RC - I 12 – RC - DE

4.0 Inspection summary

An unannounced care inspection took place on 14 September 2018 from 10.15 to 18.30.

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 since pre-registration inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found including, communication between residents, staff and other interested parties, activity provision, meals, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in regard to care plans and obtaining written consents.

Residents and their representatives said that they were satisfied with the standard of care and support, with staff attitudes and with the food. The lay assessor observed that staff spoke to residents 'nicely' and that residents 'were not hurried during courses.' The lay assessor commented, 'there is a nice atmosphere in this home.'

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	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Mayvelyn Talag, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

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, and written and verbal communication received since the registration of the home.

During the inspection the inspector met with the registered manager, three residents, two care staff, the chef, one domestic staff and four residents' visitors/representatives.

A lay assessor was present during the inspection to speak with residents regarding their experiences of living in the home. The lay assessor observed the lunch-time meal and spoke with four residents; comments received are included within this report.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Two questionnaires were returned by residents' representatives within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- One staff file
- Three residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- A range of audits
- Accident, incident, notifiable event records
- Evaluation from annual quality surveys
- Reports of visits by the registered provider
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures

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 5 March 2018

The most recent inspection of the home was a pre-registration inspection; no areas of improvement were identified.

6.2 Review of areas for improvement from the last care inspection 5 March 2018

The most recent inspection of the home was a pre-registration inspection; no areas of improvement were identified.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were used in the home. The registered manager stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

Discussion with the registered manager confirmed that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the registered manager and review of a sample of records confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.

Discussion with the registered manager and review of one staff file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. 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.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that any 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 with written records retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The registered manager advised there were restrictive practices within the home, notably the use of locked doors, keypad entry systems, lap belts, pressure alarm mats and management of smoking materials. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken and action plans developed to address any deficits noted. The registered manager reported that every month a different area is audited.

The registered manager reported that there had been no outbreaks of infection since the home was registered. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The registered manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a regular basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were largely found to be individualised with photographs, memorabilia and personal items; arrangements were in place to support residents to access the garden.

Dirty marks were observed on one fitted sheet and duvet cover on a resident's bed and a seam had a one inch tear; one pillow did not have a pillow case. This was brought to the registered manager's attention and the bed was remade with fresh bed-linen. The registered manager reported that she orders new bed linen frequently.

The home was fresh- smelling, clean and appropriately heated. Discussion with staff evidenced that some bedrooms did not have a bin to prevent a range of undesirable behaviours; staff acknowledged that in some circumstances, a bin could be placed in the cupboard of the bedroom vanity. One resident, who was sitting beside an open bedroom window commented to the lay inspector that she did not like draughts; her bedroom window was closed and staff were informed.

Inspection of the internal environment identified that the home was 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. There were no malodours identified.

Repairs undertaken in the laundry were reviewed and found to be satisfactory. The kitchen was observed to be clean and the chef reported that all equipment was in working order. In one communal facility, the toilet seat was damaged underneath and needed to be replaced; the feet of one shower chair and an area underneath the seat were discoloured and there was no soap in one soap dispenser. These were brought to the attention of the registered manager who confirmed following the inspection that all areas had been addressed.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety, hot surfaces and smoking etc.

It was established that a number of residents smoked. A review of one care record of a resident who smoked identified that a risk assessment and corresponding care plan had been completed in relation to smoking.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated 30 August 2018 and the registered manager reported that all recommendations were being reviewed by her prior to being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the 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 and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents, staff and residents' visitors/representatives spoken with during the inspection made the following comments:

- "I just renewed mine (registration with NISCC) in June." (staff)
- "The bed is always fresh and clean.....They decorated her room not long ago." (representative)
- "On the whole it is very clean and tidy." (resident)
- "I feel safe here and chose to come here." (resident)
- "I was lonely at home." (resident)
- "It is all very good here." (resident)

Two completed questionnaires were returned to RQIA from residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment and training.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

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

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with General Data Protection Regulation (GDPR). A review of three care records confirmed that these were largely maintained in line with the legislation and standards. They 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. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. A care plan for diabetes was in place but it did not fully reflect the management of the condition in line with best practice guidance; a care plan for the management of behaviours that challenge did not detail how staff should respond. An area for improvement was identified to improve the detail within these care plans to guide and support staff response. It was good to note that care plans were in place in regard to arrangements for residents' access to the garden.

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 individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, staff spoke of how activity provision and meals were varied in response to residents' needs, choices and preferences.

A varied and nutritious diet was provided which meets the individual and recorded dietary needs and preferences of the residents. Residents ate in one of two dining rooms and one resident ate at a table at his bedroom door, in full view of staff. Staff were observed wearing appropriate personal protective equipment (PPE) and were offering and providing assistance in a discreet and sensitive manner when necessary. The tables were appropriately set with cutlery and sachet condiments; a choice of drinks were available. Staff reported that residents don't use a lot of condiments taking only red or brown sauce on burgers and will ask for vinegar on their chips. The registered manager and chef reported that three different portion sizes are used to meet residents' portion preferences. Residents choose what they want for each meal the day before and staff ask residents again before each meal. Staff were observed scraping residents' plates on the sideboard; the registered manager reported that this should be done outside the dining room and gave assurances to address this with staff immediately.

Discussion took place in regard to the system in place for staff to obtain extra portions for residents; the registered manager reported that the chef asks residents if they want more food before returning to the kitchen; this will be discussed with care staff to ensure that they also always ask residents if they want more food. Staff spoken with reported that the chef had introduced some new meal options recently and that residents had enjoyed them. The chef reported that the menu was being reviewed for the autumn-winter season.

Systems are in place to regularly record residents' weights and any significant changes in weight are responded appropriately. There are arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT are reflected within the individual resident's care plans and associated risk assessments.

Discussion with the registered manager and staff confirmed that wound care is managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner. Resident's wound pain was found to be managed appropriately.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Discussion with the registered manager confirmed that audits of care records, accidents and incidents (including falls, outbreaks), the environment and catering were undertaken and that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The registered manager advised 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, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings were reviewed during the inspection. The registered manager reported that a resident meeting was scheduled to take place on 20 September 2018.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The registered manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

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

- "I don't know their (staff) names but could ask them anything." (resident)
- "I get to choose my own clothes and dress myself." (resident)
- "I like to be independent." (resident)
- "Care staff are very attentive." (domestic staff)
- "I feel we have a great, great team. We have good continuity...staff handovers are definitely thorough." (staff)

- “You can learn. If there is a problem it is sorted.” (staff)
- “Presentation and variety of food is great. We have a variety of soft diets and diabetic diets and they are all catered for separately.” (staff)
- “They ring up if anything happens...We did have one (care review) three weeks ago.” (representative)
- “Communication is very, very good.” (representative)

Two completed questionnaires were returned to RQIA from residents’ visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other interested parties.

Areas for improvement

One area for improvement was identified in regard to improving the detail in care plans for the management of diabetes and behaviours that challenge.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager, residents and their representatives advised that consent was sought in relation to care and treatment. Whilst the home had written consents for photography, they did not have written consents in place regarding night checks and access to residents’ records by trust professionals and RQIA inspectors; an area of improvement was identified. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents’ rights, independence, dignity and confidentiality.

Discussion with staff, residents and their representatives confirmed that residents’ spiritual and cultural needs were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, infection, nutrition, where appropriate.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Menus and the activity programme, for example, were written in a large format.

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. Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings and visits by the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read.

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. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents, staff and a resident's representative spoken with during the inspection made the following comments:

- "A minister comes in manys a time." (resident)
- "The food is alright for me....I'm always on the go." (resident)
- "Earlier on (in the year) they were out in the garden." (representative)
- "I feel well looked after, anything I want I call for it." (resident)
- "They love music in the activities lounge and enjoy to dance there. We do armchair aerobics too." (staff)

Two completed questionnaires were returned to RQIA from residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

One comment received:

- "We feel that (our relative) is very well cared for. The staff are very approachable and always happy to provide us with updates on how (our relative) is doing."

Areas of good practice

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.

Areas for improvement

One area for improvement was identified in regard to obtaining written consents for night checks and access to residents care records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the 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 was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Discussion with the registered manager and review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff. A selection of thank-you cards were on display in the staff office.

A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

There was evidence of managerial staff being provided with additional training in governance and leadership. The registered manager had recently completed training in recruitment and selection and in performance management. The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the registered 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.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager reported that this was outlined in the home's Statement of Purpose and Residents Guide. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home through telephone calls, emails and visits to the home.

The registered manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

The home did collect equality data on residents and the registered manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

Staff and a representative spoken with during the inspection made the following comments:

- “She (the registered manager) is full of fun with the residents. She’s the best manager I’ve come across.” (staff)
- “(The home) appears to be well run.” (representative)

Two completed questionnaires were returned to RQIA from residents’ visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mayvelyn Talag, Registered 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered person shall ensure that care plans for the management of diabetes and for management of behaviours that challenge provide sufficient detail to guide and support staff in responding to the needs of residents.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: The care plans for the management of diabetes and behaviours have been amended to provide sufficient detailed information on how to manage the problems/issues identified. This will also guide and support staff so that residents needs are appropriately responded whenever it arises.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p> <p>To be completed by: 30 January 2019</p>	<p>The registered person shall ensure that written consents are obtained regarding night checks and access to residents' records by trust professionals and RQIA inspectors.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: Consents are in place for photograph and any restrictive practice. The area around consent to records is currently being considered.</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
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care