

Unannounced Care Inspection Report 12 September 2018



Dunlarg Care Home

Type of Service: Residential Care Home
**Address: Residential Unit, 224 Keady Road, Armagh,
BT60 3EW**
Tel No: 028 3753 0858
Inspector: Alice McTavish

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 with eight beds that provides care for older people and for older people who have mental ill health.

3.0 Service details

Organisation/Registered Provider: Four Seasons (Bamford) Ltd Responsible Individual: Dr Maureen Claire Royston	Registered Manager: Patricia Graham
Person in charge at the time of inspection: Patricia Graham	Date manager registered: 12 February 2018
Categories of care: Residential Care (RC) I – Old age not falling within any other category MP(E) - Mental disorder excluding learning disability or dementia - over 65 years	Number of registered places: 8

4.0 Inspection summary

An unannounced care inspection took place on 12 September 2018 from 10.00 to 17.45.

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 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 in relation to staff training, supervision and appraisal, adult safeguarding, risk management, care records, audits and reviews, listening to and valuing residents, governance arrangements and maintaining good working relationships.

One area requiring improvement was identified in relation to the records of fire drills.

Residents said that they liked living in the home and that staff treated them with great kindness and respect. The lay assessor observed warm and supportive interactions between residents and staff and commented positively on the homely atmosphere, the attention given to residents and to the time taken by staff to engage with residents.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Patricia Graham, 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: the previous inspection report, the returned QIP, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, two care assistants, one member of domestic staff, one activities co-ordinator and the cook. A lay assessor was present during the inspection to speak with residents regarding their experiences of living in the home. The lay assessor spoke with five residents and comments received are included within this report. No visiting professionals and no residents' visitors/representatives were present.

A total of ten 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. No questionnaires were returned by residents, residents' representatives or staff 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
- Two residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews, accidents and incidents (including falls, outbreaks), complaints, environment
- Equipment maintenance /cleaning records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings and representatives' meetings
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met partially 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 15 January 2018

The most recent inspection of the home was a pre-registration inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the pre-registration inspection dated 15 January 2018

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 6 (a) Stated: First time	The registered person shall ensure that the home’s Statement of purpose and Residents Guide are reviewed to describe and include any restrictions used in the home. Ref: 6.1	Met
	Action taken as confirmed during the inspection: A review of the home’s Statement of Purpose confirmed that this was reviewed to describe and include any restrictions used in the home. The registered manager outlined how the Residents Guide was to be amended to include a brief outline of restrictions used in the home.	

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.

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

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

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 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

A review of the recruitment and selection policy and procedure at the pre-registration inspection confirmed that it complied with current legislation and best practice. The registered manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

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

The registered manager described the arrangements to monitor the registration status of staff with their professional body (where applicable); monthly checks were completed of all care staff in the residential care home.

The adult safeguarding policy was reviewed during the pre-registration inspection and was found to be 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.

The registered manager advised that no adult safeguarding issues had arisen since the pre-registration inspection of the home; all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager advised 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 manager advised that a small number of restrictive practices may be employed within the home. Wheelchair lap belts may be used for those residents who needed assistance to mobilise over longer distances; pressure alarm mats may be used for a number of residents to alert staff that they had left their beds and night checks may be arranged for some residents. In the care records examined any restrictions used were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

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.

The registered manager described how new IPC compliance audits had been recently introduced which would incorporate action plans to address any deficits noted. This area will be examined further at the next care inspection.

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

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no

obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

It was noted that the flooring in a shower room was damaged. The registered manager advised that there were plans in place to replace the washable flooring in bathrooms and carpets in bedrooms and in the reception area of the home. Some small marks were noted on the underside of two toilet tissue dispensers in bathrooms and a grab rail in one bathroom. Some small areas on the handle of a bathroom door were found to be stained and a small amount of dust was found behind some handrails. These were brought to the attention of the registered manager who agreed to review the cleaning schedule immediately to address these areas. The hours worked by the domestic staff for the home was discussed with the manager who also agreed to review allocated hours and duties of the domestic staff.

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 etc.

The registered manager advised that the home had an up to date Legionella risk assessment in place dated 23 January 2017 and all recommendations had been actioned or were being addressed.

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 10 August 2017 and all recommendations had been actioned. On the day of the inspection the fire risk assessor was in the home and was carrying out an up to date fire risk assessment.

A 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 of fire drills included the staff who participated and any learning outcomes. The records reflected that the fire drills were held for the whole building, including the adjacent nursing home and it was therefore difficult to clearly evidence that all staff who work in the residential care home attended a fire drill at least annually. Action was required to ensure compliance with the standards in relation to the separate records of fire drills being held in the residential home.

A review of fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were regularly checked and maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents spoken with during the inspection made the following comments:

- "The staff here are excellent, they are very courteous. The home is kept very clean. The staff always look clean and tidy. They are very good about hygiene and they make sure they use their aprons. I feel secure and supported here. The staff look after us well."
- "I think this is an excellent place and I love it here. The staff are so friendly and they look after all of my needs. They make sure I know where my call bell is and they come to me if I need help. There is a cleaner here every day and the place is nicely kept. The staff make

sure they wash their hands and use their aprons and gloves when they need to. There is always staff around to help when needed.”

- “The call bell is always near us so if any of us is sick or whatever, we ring the bell and staff come immediately. The staff are excellent and they keep the home very clean and comfortable.”
- “I love it here and the staff are great! I get help immediately by using my call bell, even at night and I get checked during the night too. They keep the home spotless.”

Staff spoken with during the inspection made the following comments:

- “I have kept up to date with my training, including infection prevention and control and I get regular supervision and an annual appraisal.”
- “I have come to work in Dunlarg after being in the private sector and I am impressed with the amount of resources and support from the catering team at Four Seasons. I have met with the manager and the catering staff to design a new seasonal menu for the residents.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding, risk management and the home’s environment.

Areas for improvement

One area for improvement was identified during the inspection. This related to maintenance and safety check records being held for the residential care home separate to those of the nursing home which forms part of the same building.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Records were stored safely and securely in line with General Data Protection Regulation (GDPR) and staff had received training in data protection. A review of the care records of two residents confirmed that these were 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 statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

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. Discussion with staff confirmed that they were familiar with person centred care and 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.

A varied and nutritious diet was provided which meets the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT was reflected within the individual resident care plans and associated risk assessments.

The lunch-time meal was observed. The dining room was attractively presented and a menu offering appropriate choices was present on each table. The food was nicely presented; there was a choice of cold drinks and additional portions were offered and provided if necessary. Staff were present to assist residents. All residents expressed a high degree of satisfaction with the quality and quantity of food and drinks available. Staff advised that most residents chose to take their lunch and evening meals in the dining room and many residents preferred to take their breakfast in their bedroom.

Discussion with the registered manager and staff established that no residents had damage to their skin and that staff were able to recognise and respond to pressure area damage. Referrals were made to the multi-professional team to address any areas of concerns in a timely manner. Staff confirmed that wound care was managed by community nursing services.

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. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints and the environment were available for inspection and evidenced 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 and resident meetings were reviewed during the inspection. Separate representative meetings also took place.

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.

The registered manager was provided with advice on how systems could be put in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, latest RQIA inspection reports, satisfaction survey reports, annual quality review reports could be put on display for residents, their representatives any other interested parties to read.

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 spoken with during the inspection made the following comments:

- “I find that the staff take time to come in and talk to me when they know I am worried about something and they do everything they can to help me. They try to keep me as independent as possible and they help me to keep my own routines. They helped me to get a rollator, and that has been great.”
- “The staff are very aware of our needs and they do their best to support us.”
- “We can chat to the staff any time and they enable me to stay as independent as I can be. “I am able to join in with what is going on in the home, or just choose to watch, it is my choice.”
- “The staff are very perceptive and they will always notice if I need something. I also tell them what I need and they don’t take away my dignity or independence.”
- “The objective of living here is to keep you as independent as you can and want to be. It enables you to be supported all the time and staff respond well to any help I need. I can choose what I wear and what I take to eat and where I spend my time. If I don’t like what is on the menu, I get something else and if I want some quiet time, I head back to my room.”

Staff spoken with during the inspection made the following comments:

- “I feel the staff know and look after the residents well.”
- “I have completed training in textured foods and special diets. For residents who might lose weight, we make high calorie foods and drinks and we make special shakes every day for those people, which seems to go down well.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 and residents advised that consent was sought in relation to care and treatment. 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 how confidentiality was protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

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 clearly written in a large print format.

Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents advised the lay assessor that they 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.

The residential home had not yet been registered for one year. The registered manager advised that residents would be consulted with, at least annually, about the quality of care and environment. The findings from the consultation would be collated into a summary report and action plan was made available for residents and other interested parties to read.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities and residents were able to describe the variety of activities on offer. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- "When I came here, the staff introduced themselves to me and I got to know them by name. The staff call me by my preferred name. They always treat me with courtesy and respect and they keep my dignity when they are helping me. The staff are always checking if I am all right and they are good about getting the doctor for me if I am not well. There is plenty going on and we listen to music, do knitting or baking and we can attend religious services every week. If I wasn't well, my family and friends would be able to stay with me for as long as I would want them to. My visitors are made to feel welcome and they are always offered

a cup of tea or coffee. The staff made sure they found out what I like and dislike when I came here and we get to discuss our hobbies and interests at the meetings.”

- “The staff are very respectful towards me.”
- “The staff are always here to help me, if I need help and they made sure that they gathered all the information about me when I came here so they would know what I needed and when I needed it.”
- “We had no problems settling in here as a couple and the staff are very courteous to everyone. They make sure they knock the door and ask to come in so we have our privacy. They are very concerned if they think we aren’t well. There’s a lovely atmosphere here and we are encouraged to be involved in planning our own care.”

Staff spoken with during the inspection made the following comments:

- “The staff here take the time to listen to the residents and to chat to them. The residents love to hear all about what is going on in the community and keep up to date with life outside the home.”
- “I feel the care here is absolutely brilliant! The staff look after the residents really well and they make sure the residents get everything they need. I can see the care the residents get and I have no worries at all.”

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 advised 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.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. 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.

The registered manager advised that there had been no complaints received by the home; there were arrangements in place to effectively manage complaints from residents, their representatives or any other interested party. Records included any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints would be used, where necessary, to identify trends, drive quality improvement and to enhance service provision.

The home retained compliments received, for example, thank you letters and cards and there were systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. No events had occurred since the pre-registration inspection which needed to be notified to RQIA.

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

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 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. 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 the line management structure of the organisation and through regular managers meetings, telephone calls, emails and provider visits to the home.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. 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.

Residents spoken with during the inspection made the following comments:

- “I think Dunlary is well managed and the staff are all very friendly. I know who the manager is and I feel the home is well organised. The staff let us know if there are any changes and the manager knows us all and asks us about how we feel about our life in the home.”
- “I got an information pack about the home before I came to live here which was useful and the staff took the time to explain life in the home. The manager is always around for us.”
- “We have resident meetings where we get information from the staff about any changes in the home.”

Staff spoken with during the inspection made the following comments:

- “The manager is very approachable. I know what to do if I saw anything I was not sure about or thought was out of order and I wouldn’t hesitate to report anything like that, but thankfully I have never seen anything to make me worry.”
- “I think Pat is a great manager and so are all of the senior staff.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements 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 Patricia Graham, 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 23.6</p> <p>Stated: First time</p> <p>To be completed by: 14 December 2018</p>	<p>The registered person shall ensure the records of fire drills are maintained for the residential care home separate to those of the adjoining nursing home.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Registered Manager has seperated out the fire drills records for the Residential Home.</p>



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)