



Unannounced Care Inspection Report 17 December 2019



Glendun Residential Home

Type of Service: Residential Care Home

Address: 67 Knocknacarry Road, Cushendun, Antrim BT44 0NS

Tel no: 02821761222

Inspector: Priscilla Clayton

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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

1.0 What we look for



2.0 Profile of service

This home is a registered residential care home which provides care for up to 16 residents which are within the categories of care shown below in section 3.0 of this report.

3.0 Service details

<p>Organisation/Registered Provider: Glendun Nursing Home Ltd</p> <p>Responsible Individual: David Leo Morgan</p>	<p>Registered Manager and date registered: Katrina Mary O'Hara 21 December 2018</p>
<p>Person in charge at the time of inspection: Katrina Mary O'Hara</p>	<p>Number of registered places: 16 comprising: RC-I, RC-PH, RC-LD (1) RC-DE (2) RC-PH(E)</p> <p>There shall be a maximum of 2 identified residents in category RC-DE and a maximum of 1 identified resident in category RC-LD.</p>
<p>Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia LD - Learning Disability PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years</p>	<p>Total number of residents in the residential care home on the day of this inspection: 14</p>

4.0 Inspection summary

An unannounced inspection took place on 17 December 2019 from 10.00 hours to 16.00 hours.

This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

One identified area for improvement in respect of previous pharmacy inspection has also been reviewed and validated as required.

Evidence of good practice was found in relation to how staff treat residents with dignity and respect and fully involved them or when necessary their representative in decisions affecting their treatment, care and support. There were also examples of good governance in regard to recruitment, selection, induction and training of staff.

Areas identified which require improvement included; recording of full fall risk interventions within care plans, providing regular quarterly staff meetings, clear identification of residential complaints records, provision of the resident guide to all residents or their representatives; provision of individual staff supervision meetings based on best practice guidelines and

ensuring relevant records required to be held by the residential care home are maintained separately and in accordance with Regulation 19 (2) Schedule 4 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff and others.

Comments received from staff, residents and people who visit them and staff during the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	4

Details of the Quality Improvement Plan (QIP) were discussed with Katrina Mary O'Hara, manager. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 14 March 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 14 March 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, notifications and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- staff duty rotas from 9 December 2019 to 17 December 2019
- staff training schedule
- one staff recruitment and induction record
- staff registrations with Northern Ireland Social Care Council (NISCC)
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- monthly monitoring reports dated October 2019 and November 2019
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20.10 Stated: First time To be completed by: 30 August 2018	The registered person shall ensure that records clearly designate that they refer to the residential care home.	Met
	Action taken as confirmed during the inspection: This improvement related to the residential care home's staff duty roster. The manager advised that the roster was separated from the nursing roster. Review of the roster evidenced that this reflected named residential care staff, designation and shifts worked each day.	

<p>Area for improvement 2</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2018</p>	<p>The registered person shall review the information on view in regard to residents is in compliance with GDPR.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager and inspection of the home evidenced that no information regarding named residents was displayed.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standards 5 and 6</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2018</p>	<p>The registered person shall introduce a social care model of assessment and care planning.</p> <hr/> <p>Action taken as confirmed during the inspection: Three care records examined evidenced improvement and related to residential care.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 25.8 and 1.2</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2018</p>	<p>The registered person shall ensure that minutes of resident and staff meetings clearly designate the issues in relation to the residential care home.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of the minutes evidenced that issues relating to the residential home were recorded separately within combined minutes.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20 and 11</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2018</p>	<p>The registered person shall ensure that the monthly monitoring report clearly references the issues in relation to the residential care home.</p> <hr/> <p>Action taken as confirmed during the inspection: The reports reviewed contained general combined information of the nursing and residential settings. The registered person explained that the information recorded pertained to both settings and that if issues arose regarding the residential setting this would be referenced within the report.</p>	<p>Met</p>

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: 14 April 2019	The registered person shall closely monitor the completion of medicine administration records to ensure these are fully and accurately maintained.	Met
	Action taken as confirmed during the inspection: The manager explained that close monitoring of records was ongoing. Review of monitoring documents on various dates evidenced accurate recordings were made.	

6.2 Inspection findings

6.3 Is care safe?

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

On arrival at the home we undertook an accompanied tour of the residential care home with the responsible person and were introduced to several residents and staff. All residents were observed to appropriately dressed with obvious care and attention afforded to their personal care needs.

Most residents were seated within the lounge while others moved freely around the home. The home was comfortably heated and attractively decorated for Christmas. A children's choir from the local community school came to the home during the morning to sing carols which residents stated they really enjoyed the visits which take place at various times. The atmosphere within the home was pleasant and friendly with staff, residents and children all having fun, laughing and pleasantly conversing with each other.

The staffing arrangements for the residential home were discussed with the manager who explained that the duty roster had been separated from the nursing roster and that the current staffing levels and skill mix were satisfactory in meeting the needs of residents accommodated. A review of the staff duty roster dated 9 to 17 December 2019 evidenced the planned staff on duty each day, designation and hours worked as discussed with the manager. Observation of the delivery of care evidenced that residents' needs were being met by the levels and skill mix of staff on duty and that staff attended to residents needs in a timely caring manner.

Staff told us that they felt staffing levels were satisfactory. There were no issues or concerns in raised or indicated in this regard. A small group of residents seated in the lounges agreed that staffing was satisfactory; comments included, "Staff are always there for us, you wouldn't get better anywhere." We also spoke with two visiting family members who said they were very satisfied that the care provided was safe and staff were always around seeing to people and they could leave the home knowing their relative was in good hands.

During the inspection we frequently observed staff responding promptly and attending to residents following their requests/calls for assistance in a dignified respectful manner.

Review of one staff recruitment file evidenced compliance with Regulation 21, Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 with all necessary documents and records enclosed. The manager confirmed that Access NI enhanced disclosures were always sought received and reviewed prior to staff commencing employment.

A review of the staff induction programme and discussion with the manager and staff evidenced that newly appointed staff completed a structured induction programme and were supervised until they can demonstrate the required acceptable levels of competence to carry out their role and responsibilities.

Arrangements were in place for the monitoring of staff registrations with the Northern Ireland Social Care Council (NISCC) on a monthly basis. This registration means that staff are required to meet NISCC Standards for their Code of Conduct and that they are suitably trained in their practice and accountable for the standard of care they provide. Staff who spoke with us confirmed they were registered with NISCC.

A discussion and review of the electronic staff training data evidenced mandatory training and other professional development training was ongoing. Training included all required subjects including adult safeguarding and infection, prevention and control. The manager advised that a staff training person had been appointed and that training had reverted to in-house, moving away from e-learning. Staff said they preferred in house training as this provided opportunity to discuss, share experiences and raise questions if necessary. Staff told us they were provided with a wide range of training which enabled them to keep up to date and ensure residents receive good care in accordance with their person centred care plans. Staff who spoke with us evidenced they had good understanding of the principles of adult safe guarding and were knowledgeable of the procedure to follow should an incident arise or an allegation made.

The manager confirmed that she was the adult safeguarding champion for the residential home and that no adult safeguarding issues had occurred since the previous inspection. The manager's position statement on adult safeguarding for 2019 is to be established as discussed.

There was evidence of appropriate infection and prevention resources available to staff to ensure their practice was safe. The environment was observed to be clean throughout all areas inspected. Staff were observed to wash their hands following assistance with care and wore protective aprons when assisting with individual care and during the serving of the lunch. Appropriate arrangements were in place for safe management and disposal of waste.

The manager explained the general measures in place to minimise the risk of resident falls. These included the undertaking of fall risk assessments which complemented needs assessments and the provision of equipment to aid mobility as required. When necessary, referral was made to the trust occupational therapist/falls clinic if required.

Observation of the residential care home's environment evidenced that residents' bedrooms were appropriately furnished and decorated with photographs and personal memorabilia displayed. Rooms were comfortably heated, clean and fresh smelling. Arrangements were in place to have the ceiling in one unoccupied bedroom painted. Wash rooms including toilets, baths/shower and wash hand basins were being kept clean by domestic staff as they undertook their morning duties.

Fire doors were closed and fire exits unobstructed. Fire safety training records reflected that training was provided on three dates during 2019; 31 January 2019, 9 October 2019 and 20 November 2019. Staff attendance was recorded. Fire drill was provided on 6 January 2019, 1 April 2019' 19 March 2019. Fire safety equipment checks were also undertaken with records retained.

Comments made by staff and residents during the inspection included:

- "I really enjoy working here as we have all the resources to provide good safe care." (staff)
- "Good staff, always about, make us feel welcome and keep us informed." (relative)
- "I like living here, staff very attentive, wouldn't want to move." (resident)

Areas of good practice

There were examples of good practice found in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

No areas for improvement were identified within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

Three care records provided for review were discussed with the manager. Records included pre-admission assessments which contained information on life histories completed by the resident and/or their representative. Needs assessments were complemented with a range risk assessments including; fall, moving and handling, pain and nutrition. Care plans alongside daily progress notes were also in place. One area of improvement identified and discussed with the manager related to ensuring that staff fully reflect the interventions necessary to minimise the risk of falls within relevant care plans.

Throughout the inspection we observed several residents move independently around the home with the aid of various walking frames which were observed to be in good state of repair.

Care records reviewed reflected multi-professional staff input into residents' health and social care needs and were updated regularly to reflect the changing needs of individual residents. The provision of care record dividers was suggested to provide staff with ease of access to information.

The manager advised that care management reviews were held annually. Records of review reports were retained.

Residents told us that the staff listen to them and always respond if they complained of any pain and if necessary would request the GP to visit.

Residents' weights were taken and recorded on a monthly basis. The manager advised that these were closely monitored and should any weight concerns arise the GP would be notified and appropriate interventions organised, such as the dietician or speech and language therapist (SALT) if necessary.

When we spoke with staff they had a good knowledge of residents' abilities and level of decision making; staff knew how and when to provide comfort to people because they knew residents needs well.

Residents and visitors spoken with confirmed that they were happy with the care provided and staffing levels in the home. They said that staff were friendly and always made them feel welcome. No issues or concerns were raised or indicated.

There were systems in place for monitoring the frequency of residents' health screening; dental, optometry, podiatry and other health or social care services. Appointments were made, if necessary, to the appropriate service and logged into the resident's notes and diary.

The manager advised that there were arrangement in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Combined nursing/residential audits of care records, falls and accidents/incidents were recorded although we were unable to clearly identify which audits related to the residential home. This was discussed with the manager as a separate audit record for residential care would accurately reflect the relevant outcomes and if necessary any improvements to be actioned within the residential home. The manager readily agreed to undertake a review of this.

Discussions with the manager and staff confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional care reviews, residents meetings, staff meetings, monthly monitoring meetings, staff hand over reports as well as daily informal discussions with residents and their representatives when they visit the home.

Staff described how they share information by way of the night staff hand over reports each morning and at other shift changes. This ensures that they are kept fully informed of any changes to residents' care as well as providing allocation of duties and the routine of care activity planned for the day. Staff told us that there was very good team work in the home and that the manager was very approachable and operated an open door to everyone.

Minutes of staff meetings dated April and October 2019 were reviewed. It was noted that minutes were combined with nursing with a separate section for the residential home. The manager explained that combined meetings worked well and the sharing of information regarding care practice was beneficial to all in attendance. The frequency of staff meetings was identified as an area for improvement as these should take place on a regular basis and at least quarterly in accordance with the Department of Health (DOH) Residential Care Homes Minimum Standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to effective communication between residents, staff and other key stakeholders

Areas for improvement

Two areas were identified for improvement in relation to care plans fall risk interventions and the frequency of staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care compassionate?

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

During the inspection we spoke with five residents individually and with others in small group format, and with two residents' visitors to discuss their experience of the home. Comments received were positive and complementary of the staff and manager, care and life in the home. No issues or concerns were raised or indicated.

The manager advised that staff promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. This was confirmed by staff and reflected within care records reviewed. Visitors told us that staff were always very respectful to them and residents any time they visited.

The manager, residents and staff advised that resident and/or their representative's consent was always sought in relation to care and treatment. Discussion and observation of care practice and interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights; independence, dignity and confidentiality were protected, for example, choice at mealtimes, participation in the development of their care plans, choice of activities and what time they wish to get up each morning and go to bed at night.

Discussion with residents 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, and nutrition, where appropriate.

Discussion with staff and residents confirmed that residents' needs were recognised and responded to in a prompt and courteous manner; residents' felt 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. For example; residents were encouraged and supported to actively participate in the annual reviews of their care.

The manager explained that a resident satisfaction survey was undertaken during April 2019 which provided positive responses from respondents. The findings from the consultation were collated into a combined nursing and residential report. This was discussed with the manager as separation of nursing and residential findings would provide respondents with the outcome of the residential care home's performance.

We observed the dining experience at lunch time when meals were served in the large dining room. Staff wore protective aprons and were observed assisting and supervising residents in a respectful unhurried manner. Meals served were observed to be nicely presented with adequate amounts of food served. Residents were offered choice of meals and should they change their mind on the day an alternative meal was offered. Special diets were provided as prescribed and as reflected within care records reviewed. The home had received the high rating of five from environment health on their assessment of food hygiene. Kitchen staff are to be commended in this regard.

Discussion with staff, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities provided by the activity therapist. Activities provided included for example; bingo, reminiscence programmes passive exercises, music therapy and arts/crafts. Arrangements were in place for residents to maintain links with their friends, families and wider community.

On the day of inspection a school choir visited and sang Christmas carols for residents. This was greatly enjoyed by residents. During the afternoon several residents choose to watch a television or ball type passive exercise.

Residents and staff spoken with during the inspection made the following comments:

- "Yes, staff are very kind and caring." (resident)
- "Staff are always smiling, happy, so we are happy." (resident)
- "The food is really good here, plenty of home- made food." (resident)
- "It's great to see the children come and sing to us." (resident)

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 their views and preferences.

Areas for improvement

No areas for improvement were identified within the compassionate domain of care.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 residential care home's certificate of registration with RQIA was displayed in a prominent position within the home.

The manager, who was on duty throughout the inspection, is supported in her role at operational level by a mixed skill team of care staff, supporting ancillary and administrative assistant. The manager explained that very good senior management support was provided by the responsible person and directors of the organisation. The responsible person visits the home on a regular daily basis to oversee the general running of the home, meeting and speaking with residents, visitors and staff.

The manager and staff who spoke with us confirmed that the manager operated an open door policy to everyone. Discussion with staff, residents and visitors confirmed that the manager was approachable and they could always speak with her if there were any issues or concerns.

The registered provider, who was in the home for most of the inspection, and manager, explained the management arrangements and governance systems in place for the safe, effective running of the home.

Discussion and review of the residential care home's statement of purpose took place. Some minor amendment relating to the removal of nursing staff from the document is required. An updated copy was submitted to RQIA following the inspection.

The registered provider explained that each resident or their representative was provided an individual written agreement on admission to the residential home. These were observed to reflect the terms of residency regarding the service and facilities to be provided. Documents were signed by both parties.

Discussion with the manager and review of the complaints record took place. The identification of complaints pertaining to the residential home was unclear as all complaints received from nursing home and residential home were recorded within the same book. The manager explained that one complaint had been received in the residential home since the previous inspection and identified the record made within the joint complaints record book. Review of the record evidenced this had been appropriately managed and resolved to the satisfaction of the complainant. An improvement was made in regard to ensuring that complaints pertaining to the residential home are separated from the nursing home records.

We reviewed the monthly monitoring visit reports dated October 2019 and November 2019 which were undertaken by the registered provider. These were combined reports reflecting both residential and nursing. The registered provider explained that while the report reflected both sectors issues in respect of residential would be stated. Reports were observed to reference consultation with residents, staff and visitors. An improvement plan was recorded relating to the person who would undertake the task alongside a time scale.

In regards to maintenance of residential care records the registered person should ensure that all relevant records required to be held by the residential care home are maintained separately from the nursing home records. This is identified as an area for improvement in accordance with Regulation 19 (2) Schedule 4 of The residential Care Homes Regulations (Northern Ireland) 2005. The manager advised that the division of residential policies/procedures from the nursing home was a work in progress and that the staff duty roster had been separated.

Residents and visitors who spoke with us were aware of whom to complain to if they had an issue and were confident this would be addressed. Staff also knew how to deal initially with complaints in accordance with their role.

The residential care home retained many complementary letters and cards received which commended the staff and the manager on the good care received.

We discussed and reviewed the residential care home's Resident Guide which was contained within a file held in the office. The responsible person advised that the file was readily available to residents and/or their representatives and could be seen if requested. An improvement was made in this regard as all residents or their representative should receive a copy of the resident's guide in accordance with Regulation 4 (3) of The Residential Care Regulations (Northern Ireland) 2005.

Records of accidents and incidents occurring within the residential home were available, discussed and cross-referenced with those submitted to RQIA. Records evidenced that these had been appropriately managed with action taken to minimise recurrence. Review and discussion also evidenced that there had been no suspected, alleged or actual incidents of abuse.

Records of the staff supervision schedule were discussed with the training officer and manager. Currently supervision provided takes the form of a practical observed competency based model, for example; administration of medication. The manager readily agreed to explore other models of individual supervision which would include meetings between individual staff members and nominated trained supervisors; who could be senior care staff, who would provide individual care staff with an opportunity to review their performance discuss practice / related issues, professional development and provide support in regard to matters arising. An improvement in this regard was made as the provision of supervision in this form is acknowledged as important in terms of professional development, good governance and driving quality improvement.

The manager and staff who met with us confirmed that annual staff appraisal was provided with records retained.

Throughout the inspection we observed staff interacting with residents and visitors in a respectful professional manner. We spoke with residents, staff and visitors, all of whom indicated they were very satisfied the care provided was safe, effective, compassionate and well managed. No issues or concerns were raised or indicated during the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the manager's accessibility and positive responses from residents, staff and visitors.

Areas for improvement

The following areas were identified for improvement in relation to ensuring residential complaints are clearly identified, provision of the resident guide to all residents or their representatives, provision of individual staff supervision meetings based on best practice guidelines and the separation of all relevant residential records from those held within nursing records.

	Regulations	Standards
Total number of areas for improvement	2	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Katrina Mary O'Hara, 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	
Area for improvement 1 Ref: Regulation 4 (3) Stated: First time To be completed by: 31 January 2020	<p>The registered person shall ensure that each resident or their representative receive a copy of the resident guide.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The residents guide has always been available in the home for residents or their representatives to view. Following this inspection we are liaising with printers with the aim to provide individual copies for the residents. This may take three-four weeks to produce but will be distributed to residents when available.</p>
Area for improvement 2 Ref: Regulation 19 (2) Schedule (4) Stated: First time To be completed by: 29 February 2020	<p>The registered person shall ensure that all relevant records required to be held by the residential care home are maintained separately from the nursing home records.</p> <p>Ref 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: A review of care records was undertaken and Residential Records are now maintained separately from Nursing Records.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6.2 Stated: First time To be completed by: 31 January 2020	<p>The registered person shall ensure that staff record the full intervention measures to minimise identified fall risk within care plans.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: A meeting was held with Senior Care Assistants and care plans was discussed and the need to record full intervention measures to minimise the identified fall risk within care plans.</p>
Area for improvement 2 Ref: Standard 25.8 Stated: First time To be completed by: 29 February 2020	<p>The registered person shall ensure that staff meetings take place on a regular basis at least quarterly.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: A staff meeting was held and dates identified for quarterly meetings throughout the year communicated to staff.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2020</p>	<p>The registered person shall ensure that complaints pertaining to the residential home are clearly identified.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: One complaints book was previously used to record any complaints within the home. Nursing Home and residential Home now have individual complaints record book.</p>
<p>Area for improvement 4</p> <p>Ref: Standard: Best Practice Guidelines</p> <p>Stated: First time</p> <p>To be completed by: 29 February 2020</p>	<p>The registered person shall undertake a review and implement individual staff supervision model which provides staff with the necessary support and guidance in accordance with current best practice.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: A review of supervision model was undertaken and a new format is being put in place which will reflect that staff have received the support and guidance in accordance with current best practice.</p>

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



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Quality Improvement
Authority

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