



Unannounced Care Inspection Report 4 and 11 March 2021



The Docks Residential Care Home

Type of Service: Residential Care Home

Address: 76 Upper Dromore Road, Warrenpoint BT34 3PN

Tel No: 028 4175 9200

Inspectors: Paul Nixon and Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 this inspection and do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

Information relating to our inspection framework, the guidance and legislation that informs the inspections, the four domains which we assess services against as well as information about the methods we use to gather opinions from people who have experienced a service can be found at <https://www.rqia.org.uk/guidance/legislation-and-standards/> and <https://www.rqia.org.uk/guidance/guidance-for-service-providers/>

1.0 Profile of service

This is a residential care home which is registered to provide care for up to 16 residents. The Docks Residential Care Home is situated in the same building as Carlingford Lodge Care Home which provides nursing care. The residential and the nursing homes have shared domestic, catering and laundry services.

2.0 Service details

Organisation/Registered Provider: Amore (Warrenpoint) Limited	Registered Manager and date registered: Mrs Sara Main, 5 March 2018
Responsible Individual: Mrs Nicola Cooper	
Person in charge at the time of inspection: Mrs Sara Main	Number of registered places: 16
Categories of care: Residential Care (RC) I - Old age not falling within any other category	Total number of residents in the residential care home on the day of this inspection: 15

3.0 Inspection summary

This inspection was undertaken by the pharmacist inspector on 4 March 2021 from 09.45 to 12.30 and the care inspector on 11 March from 10.20 to 19.10.

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 Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

Short notice of the medicines management element of this inspection was provided to the manager in order to ensure that arrangements could be made to safely facilitate the inspection in the home. This part of the inspection focused on medicines management and also sought to assess progress with issues relating to the management of medicines raised during the last inspection on 19 November 2020.

The manager was not given notice of the care element of this inspection which sought to assess progress with areas for improvement identified during the last care inspection and to establish if the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- medicines management
- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- care delivery
- governance and management arrangements.

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

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

During the inspection the inspectors met with seven residents, three care staff and a member of domestic staff. Ten questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. 'Tell Us' cards were provided for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision. No feedback was received by RQIA.

The following records were examined during the inspection:

- duty rotas
- recruitment record of a recently appointed staff member
- staff training
- staff supervision and appraisal
- competency and capability assessments
- staff registrations with professional body
- a selection of quality assurance audits
- complaints
- incidents and accidents
- personal medication records

- medicine administration records
- medicine receipt and disposal records
- controlled drug records
- care plans related to medicines management
- medicine storage temperatures

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	5	3*

*The total number of areas for improvement includes one against the Standards which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Sara Main, manager, and Tracey Henry, regional director, who was present during the latter part of the inspection on 11 March 2021. The timescales for completion commence from the date of inspection.

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

5.0 Review of areas for improvement from previous inspections

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 19 November 2020.

Areas for improvement from the last inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30 Stated: Second time	The registered person shall ensure that all accidents and incident in the home are notified to RQIA in accordance with regulations.	Met
	Action taken as confirmed during the inspection: Inspection of the records of accidents and incidents confirmed that these were notified to RQIA in accordance with regulations.	
Area for improvement 2 Ref: Regulation 13(4) Stated: First time	The registered person shall develop and implement robust medicine stock control systems to ensure residents are administered their medicines as prescribed; these systems must be closely monitored within the audit	Met

	process.	
	<p>Action taken as confirmed during the inspection: Robust medicine stock control systems had been developed and implemented to ensure residents are administered their medicines as prescribed. These systems had been closely monitored within the audit process. The records inspected showed that medicines were available for administration when residents required them.</p>	
<p>Area for improvement 3 Ref: Regulation 13(4) Stated: First time</p>	<p>The registered person shall ensure that staff receive additional training regarding the medication supply process.</p>	Met
	<p>Action taken as confirmed during the inspection: Staff managing medicines had been provided with additional training regarding the medication supply process.</p>	
<p>Area for improvement 4 Ref: Regulation 14(2)(a) Stated: First time</p>	<p>The registered person shall ensure that cleaning chemicals and any other substances hazardous to health are stored securely.</p>	Met
	<p>Action taken as confirmed during the inspection: Inspection of the premises confirmed that cleaning chemicals and any other substances hazardous to health were stored securely.</p>	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 23.1 Stated: First time</p>	<p>The registered person shall ensure that when staff complete a structured orientation and induction to the home this includes an introduction to the home's policies and how to accurately completed supplementary records/charts.</p>	Met
	<p>Action taken as confirmed during the inspection: Examination of staff induction records confirmed that this was addressed.</p>	

<p>Area for improvement 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans for activities are individualised and person centred.</p> <hr/> <p>Action required to ensure compliance with this Standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspection of the premises confirmed that the daily menu was displayed in a suitable format and in an appropriate location in the dining room.</p> <p>This area for improvement was identified before many of the residents began to take meals in their own rooms. This is further discussed in section 6.10 below.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the programme of activities is displayed in a suitable format and in an appropriate location to enable residents and their representatives know what is scheduled in advance of the activity taking place.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspection of the premises confirmed that the programme of activities is displayed in a suitable format and in an appropriate location.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the deficits identified as part of the monthly monitoring reports are addressed in a timely manner.</p> <p>RQIA are to be notified that the outstanding actions, evidenced during the inspection have been addressed when returning this QIP.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspection of the monthly monitoring reports confirmed that this area was addressed.</p>	<p>Met</p>

6.0 Inspection Findings

6.1 Personal medication records and associated care plans

Residents in care homes should be registered with a general medical practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs will change and, therefore, their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with a local GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals e.g. medication reviews, hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to provide a double check that they were accurate.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets, self-administration etc.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident. We reviewed the management of medicines prescribed on a "when required" basis for the management of distressed reactions. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. Directions for use were clearly recorded on the personal medication records and care plans directing the use of these medicines were available in the medicines file. These medicines were seldom used.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the resident should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident. We reviewed the management of thickening agents and nutritional supplements for one resident. A speech and language assessment report and care

plan was in place. Records of prescribing and administration which included the recommended consistency level were maintained.

Several residents who self-administered some of their medicines did not have a risk assessment in place. This was discussed with the registered manager, who gave an assurance that the matter would be rectified without delay.

6.2 Medicine storage and record keeping

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the residents' medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

We reviewed the disposal arrangements for medicines. Discontinued medicines were returned to the community pharmacy for disposal and records maintained.

6.3 Administration of medicines

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records or occasionally handwritten medicine administration records, when medicines are administered to a resident. A sample of these records was reviewed. The records were found to have been fully and accurately completed.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs were recorded in a controlled drug record book, which had been maintained in a satisfactory manner.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on medicines so that they could be easily audited. This is good practice.

The audits completed during this inspection showed that medicines had been given as prescribed.

6.4 Management of medicines on admission/re-admission to the home

People who use medicines may follow a pathway of care that can involve both health and social

care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

We reviewed the management of medicines for a resident who had a recent hospital stay and was discharged back to the home. A hospital discharge letter had been received and a copy had been forwarded to the resident's GP. The resident's personal medication record had been updated to reflect medication changes which had been initiated during the hospital stay. Medicines had been accurately received into the home and administered in accordance with the most recent directions.

6.5 Medicine related incidents

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

The audit system in place helps staff to identify medicine related incidents. Management and staff were familiar with the type of incidents that should be reported.

6.6 Medicines management training

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported.

Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

Records of staff training in relation to medicines management were available for inspection.

6.7 Infection prevention and control practices including the use of personal protective equipment

Signage was present at the entrance to the home to reflect the current guidance on Covid-19. All visitors and staff had a temperature and symptom check completed. Staff had a further temperature check completed before they left their working shift. Residents had health monitoring checks completed twice daily. Records were maintained of all health checks.

There was a dedicated room for staff to don and doff the correct PPE before commencing duties. PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 pandemic. We saw that whilst all care staff used PPE according to the current guidance, some cleaning and laundry staff did not wear aprons whilst carrying out duties. This was identified as an area for improvement. One member of care staff was observed to be wearing several rings. This was brought to the attention of management who addressed this immediately with the member of staff.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times.

6.8 The internal environment

An inspection of the internal environment was undertaken; this included examination of bedrooms and en-suite bathrooms, the lounge and the dining room.

The manager reported that the carpets in the corridor were to be soon replaced with vinyl flooring, similar to the new flooring in other parts of the building. We saw that residents' bedrooms were personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. The home was decorated to a good standard, was well ventilated and comfortable. All areas within the home were found to be free from malodours. Walkways throughout the home were kept clear and free from obstruction. The arm of a seat in the corridor was damaged and could therefore not be properly cleaned. This was brought to the attention of the manager and the regional director who agreed to have it removed immediately.

It came to our attention that the home was allocated one member of domestic staff who was available in the home for four hours daily and worked between Monday and Thursday only. This meant that on three days each week, there was no domestic cover in the home. Residents confirmed this and said that bins were not regularly emptied at weekends and, on occasion, carpets were not vacuumed. Whilst we did not see evidence of the home needing a higher standard of cleanliness, it was evident from speaking with residents that they were not happy with the current cleaning arrangements. Care staff reported they had raised the issue of the cleaning arrangements with the manager but little appeared to have been done.

This was brought to the attention of the manager and the regional director who immediately commenced a review of the domestic arrangements across the entire week. Assurances were provided that this would be addressed, also that any realignment of domestic provision would not have an adverse effect on the adjacent nursing home. This was identified as an area for improvement. This information was shared with the aligned inspector for Carlingford Lodge Care Home for examination during the next inspection.

We reviewed the cleaning schedules and saw that all necessary tasks were completed; we also saw records, completed by domestic and care staff, which confirmed those points frequently touched by residents and staff were cleaned at regular intervals during the day and evening. We saw that adequate domestic provision was in place for a terminal clean of the home which was to commence on 12 March 2021. In addition, there were plans in place for the home to be deep cleaned by a contractor.

We reviewed the staff rota and saw that domestic staff was in place to cover a recent absence of the member of domestic staff, albeit covering only the usual Monday to Thursday shifts.

6.9 Staffing arrangements

We saw that the duty rota accurately reflected the staff working in the home. The person in charge in the absence of the manager was identified and the manager's hours were recorded. The working hours of the manager, deputy manager, administrative, domestic and activities staff were recorded on the rota for the adjacent nursing home; we gave advice that a copy of this should be placed into the rota for the residential care home which is operated separately to the nursing home.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

We reviewed the recruitment files of two members of staff and saw that a robust process was in place to ensure that staff were safe to work in the home. We also saw that staff received a comprehensive induction before commencing duties in the home; staff described how they had found this process beneficial. We saw evidence that the manager ensured all staff were registered with their professional body, the Northern Ireland Social Care Council (NISCC).

We saw that the manager had a system in place to provide staff with regular supervision and that staff received an annual appraisal. We found that staff competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty. We reviewed the records of mandatory training and saw that there was a system in place to ensure training was kept up to date. We saw that additional training was also provided for staff, if required.

The staff reported that they all worked together for the benefit of the residents, they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management.

6.10 Care delivery

We observed that residents looked well cared for; they were well presented and nicely dressed. It was evident that staff knew the residents well; staff spoke with residents kindly and were very attentive. Residents appeared to be settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- “I’m very happy here. The staff are all very nice.”
- “I don’t look at the menu – I don’t care what I get to eat for everything is nice.”
- “I find it easiest to take chicken, but it’s not always on the menu...I don’t like some of the vegetables.”
- “Yes, I’m happy here.”
- “I’m well looked after here...I didn’t feel like having lunch today but fancied having coffee and biscuits instead. The staff are getting that for me. I like to watch T.V. or read and I spend a lot of time doing my jigsaws. It has been hard for us all during this pandemic.”
- “I think the food is fairly good – but I get too much!”
- “I can’t complain...I think the care is good.”

A small number of residents told us they were dissatisfied with certain aspects of care and services. A resident said that on one occasion, bed linens had not been changed for several weeks and that it sometimes takes up to ten minutes for staff to answer call bells. Another resident said that there was little to do and that staff did not always encourage or support newer residents to get to know other residents and integrate into life in The Docks. The resident acknowledged, however, that the recent Covid-19 situation in the home had meant that residents had needed to remain at distance from each other which was not conducive to a feeling of contentment and belonging.

We spoke with staff who reported that there was enough staff on duty to meet the needs of residents, but there were times when residents waited to have call bells answered. Staff described how they spent time with residents individually but there had been few planned activities and that residents were in need of stimulation and enjoyable diversions.

These areas were discussed with the manager and the regional director who reported that bed linens were changed regularly but this would be investigated and a checklist prepared to ensure that linens are changed. This will be reviewed during future inspections.

With regard to staff responses to call bells, this had not been raised by residents and this would be closely monitored. On the second day of this inspection, we noted that call bells were answered promptly by staff. In respect of activities for residents, it was acknowledged that this had been problematic during the recent outbreak. The area of activities provision was identified as an area for improvement.

The staff told us that they recognised the importance of maintaining good communication with families during the Covid-19 pandemic. Visiting had been disrupted whilst the home had experienced an outbreak but this was due to resume shortly. A designated visiting room was available and visits were to be by appointment. Visitors would have their temperature taken and would complete a health screening questionnaire. Visitors would wear masks and have hands sanitised, in line with guidance.

Care partner arrangements were being put in place and were to commence in mid-March 2021. We saw that an assessment tool had been devised for care partners which, once completed, would be sent to the regional director for review and approval. The manager reported that an information pack was being assembled to give to care partners. This was good practice.

Many residents had their own mobile telephones and could use these independently. For those who needed some support, care staff assisted them to use the home's electronic tablets for Zoom, Skype or WhatsApp video calls. The manager communicated with residents' families on a fortnightly basis by way of a newsletter which gave information on the current Covid-19 situation, planned activities for events such as Mother's Day and St. Patrick's Day and activities such as the upcoming virtual tour of Warrenpoint and Rostrevor.

We discussed the catering arrangements with staff and residents and observed the serving of lunch. Staff reported they met with each resident each morning and explained the menu choices for the day; residents' preferences were then communicated to the kitchen staff.

We noted that most residents took their meals in their rooms. Staff told us residents would usually have come to the dining room for meals but this had changed during the home's recent Covid-19 outbreak and residents were now more comfortable eating in their rooms. Whilst the menu was verbally shared with residents, they could not see the daily food choices unless they went to the dining room. Several residents told us that they were unsure of what was on the menu. This was identified as an area for improvement.

A small group used the dining room and we saw that this offered a pleasant and unhurried experience for residents. The food came from the catering kitchen on a heated trolley. The food was served onto plates delivered to the small kitchen in the dining room before each meal. The plates were not heated before food was served. Where residents may eat slowly, hot food served onto a cold plate can quickly become cold and unappealing. This was identified as an area for improvement.

There was a choice of meals offered, the food was attractively presented and smelled appetising. It was evident that staff knew the individual preferences of residents well, for example, who liked larger or smaller portions and who liked certain vegetables or gravy. There was a variety of drinks available for residents.

Staff took trays to those residents who preferred to take lunch in their own room. We saw that staff were helpful and attentive to residents who needed additional support.

We noted that where a resident was recommended to take a texturised diet, only one option was available. This was confirmed by a resident who also reported that there was a general lack of variety of meals for her particular needs. This was identified as an area for improvement.

6.11 Governance and management arrangements

There was a clear management structure within the home.

There was a system of audits which covered a range of areas such as hand hygiene and dining and nutrition. There was also a monthly service governance meeting with senior management which examined such areas as safeguarding, IPC, health and safety, equipment, incidents, staffing and the environment. The audits were completed regularly to ensure that the manager had effective oversight of care delivery to residents.

We examined the records of accidents and incidents which had occurred in the home and found that these were managed and reported appropriately.

We discussed the system in place to manage any complaints received; the manager provided assurance that complaints were managed appropriately and were viewed as an opportunity to learn and improve. We also saw that numerous compliments were received by staff. Some examples of these are as follows:

- “Thank you so much for all the care and kindness that you have shown to (my relative). We know that she will miss you all.”
- “A sincere thank you for looking after (my relative) during the Covid crisis. I have missed him so much but I’m very grateful that you have kept him safe. He praises staff every time I speak with him.”
- “To all the staff taking care of (my relative) with kindness and dedication during these stressful times.”

We looked at the reports of the visits by the registered provider which are designed to provide robust managerial oversight of the running of the home. We saw that where action plans were put in place, these were followed up to ensure that the actions were correctly addressed. We noted, however, that the reports did not include consultation with residents and residents’ representatives. In our discussions with the manager and the regional director, it was accepted that such consultation might have helped senior management to identify the issues which were apparent to inspectors during this inspection. This was identified as an area for improvement.

Areas of good practice

We found good practice throughout this inspection in relation to the warm and supportive interactions between residents and staff.

7.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to the care and services provided in the home and the management of medicines.

The outcome of this inspection concluded that the two areas for improvement relating to the management of medicines identified at the last medicines management inspection had been addressed. No new areas for improvement in relation to the management of medicines were identified. We can conclude that overall that the residents were being administered their medicines as prescribed by their GP.

The care component of this inspection resulted in seven new areas for improvement being identified. These related to the correct wearing of PPE; the arrangements for domestic cleaning; activities for residents; food choices for residents requiring texturised diets; consultation with residents and their representatives during the visits by the registered provider; sharing the menu with residents and the serving of food. One area for improvement was carried forward to the next inspection.

Throughout the inspection we saw that residents within the home were attended to by staff in a prompt and respectful manner. We observed also that there were numerous warm and supportive interactions between residents and staff. We were assured that all staff were dedicated to providing good care to residents. We were also assured that the management team was responsive to the issues raised during this inspection and committed to making the necessary improvements.

We would like to thank the residents and staff for their assistance throughout the inspection.

8.0 Quality Improvement Plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Sara Main, Manager and Tracey Henry, Regional Director, 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.

8.1 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 Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

8.2 Actions to be taken by the home

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 the 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 13 (7) Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure that all staff, including domestic and laundry staff, wear proper PPE at all times when working in the home, in line with current guidance.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken:</p>
Area for improvement 2 Ref: Regulation 18 (2) (i) Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure that a review of the domestic cleaning arrangements is undertaken and adequate provision is made for each day of the week.</p> <p>Ref: 6.8</p> <p>Response by registered person detailing the actions taken:</p>
Area for improvement 3 Ref: Regulation 18 (2) (n) Stated: First time To be completed by: 2 April 2021	<p>The registered person shall ensure that a programme of activities is planned and provided with regard to the needs of the residents and in consultation with the residents.</p> <p>Ref: 6.10</p> <p>Response by registered person detailing the actions taken:</p>
Area for improvement 4 Ref: Regulation 12 (5) Stated: First time To be completed by: 2 April 2021	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • the food provided is suitable for the needs of each resident • there are sufficient choices of foods available to residents who require a texturised diet. <p>Ref: 6.10</p> <p>Response by registered person detailing the actions taken:</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 29 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that there is consultation with residents and residents' representatives as part of the visits by the registered provider.</p> <p>Ref: 6.11</p> <p>Response by registered person detailing the actions taken:</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2020</p>	<p>The registered person shall ensure that care plans for activities are individualised and person centred.</p> <p>Ref: 5.0</p> <p>Action required to ensure compliance with this Standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that arrangements are put in place for residents to see the daily menu, even if they choose not to visit the dining room.</p> <p>Ref: 6.10</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12.9</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that arrangements are put in place for residents to have hot meals served onto warmed plates.</p> <p>Ref: 6.10</p> <p>Response by registered person detailing the actions taken:</p>

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



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