

# Unannounced Care Inspection Report 29 November 2017



## Laurelhill House

**Type of Service: Residential Care Home**  
**Address: 1a Ballymacash Park, Lisburn, BT28 3EX**  
**Tel No: 028 9260 2116**  
**Inspector: Alice McTavish**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service 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 30 beds that provides care for residents living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> South Eastern Trust HSC Trust  <b>Responsible Individual:</b> Hugh McCaughey	<b>Registered Manager:</b> Mary Laird
<b>Person in charge at the time of inspection:</b> Gareth Gibson, senior care assistant	<b>Date manager registered:</b> 10 March 2015
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of registered places:</b> 30

### 4.0 Inspection summary

An unannounced care inspection took place on 29 November 2017 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 last care 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 supervision and appraisal, adult safeguarding, audits and reviews, the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas requiring improvement were identified. These related to staff training records, fire safety arrangements in the designated smoking room and to care records.

Residents and/or their representatives said that the care was good and residents reported that they enjoyed living in Laurelhill House. Residents' representatives raised concerns about staffing. This is detailed within the body of the report.

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
<b>Total number of areas for improvement</b>	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Gareth Gibson, person in charge, and with Mary Laird, registered manager by telephone on 30 November 2017. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 9 May 2017.

## 5.0 How we inspect

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

During the inspection the inspector met with two residents, six staff, three visiting professionals and four residents' representatives.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. The person in charge was provided with details of how staff could complete and return the questionnaires electronically. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training records
- Care files of five residents
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Annual Quality Review report
- Minutes of recent residents' meetings
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

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 registered manager after the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 9 May 2017**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 9 May 2017**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27. – (4)(d)(v) <b>Stated:</b> First time	The registered provider must ensure that all regular fire safety checks in the home are completed and accurately recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the person in charge and inspection of written records confirmed that regular fire safety checks in the home were completed and accurately recorded.	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 29.5 <b>Stated:</b> Second time	The registered provider should ensure that a more robust method is developed to provide managerial oversight of staff attending fire drills.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager after the inspection established that attendance of staff at fire drills was now included in staff training records.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23.6</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that the training matrix is updated to include all areas of mandatory training, namely COSHH and first aid.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager after the inspection established that a new electronic training matrix was introduced on 6 December 2017 and this was in the process of being updated to include all areas of mandatory training.</p> <p>This area for improvement is stated for a second time.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 20.9</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that the home's Residents Guide is reviewed to describe all restrictions used in the home and the correct weekly fees for accommodation in the home. The reviewed version should be supplied to residents and their representatives on admission to the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Inspection of documentation confirmed that the home's Residents Guide was reviewed to describe all restrictions used in the home and the correct weekly fees for accommodation in the home. Discussion with the person in charge established that the reviewed version is supplied to residents and their representatives on admission to the home.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 27.8</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that arrangements are put in place for the ashtrays in the designated smoking room to be emptied and cleaned at safe and regular intervals.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Inspection of the designated smoking room at two different times identified that the ashtrays in contained cigarette butts.</p> <p>This area for improvement is therefore stated for a second time.</p>	<p><b>Not met</b></p>

<b>Area for improvement 5</b> <b>Ref:</b> Standard 6.6 <b>Stated:</b> First time	The registered provider should ensure that the care plan for one identified resident is reviewed, signed and dated: any out of date care plans should be removed from the working records and stored appropriately.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the care plan for the identified resident confirmed that it was reviewed and signed. The care plan was not dated. Care staff advised that any out of date care plans were removed from the working records and stored appropriately.  An element of this area for improvement is therefore stated for a second time.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time	The registered provider should ensure that care plans are developed in a timely manner for all residents newly admitted to the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the care records of residents newly admitted to the home for respite care identified that care plans were been developed in a timely manner.	

### 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 person in charge advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. A review of the duty roster confirmed that it accurately reflected the staff working within the home on the day of the inspection.

In discussion with residents' representatives and staff, however, it was established that there were concerns regarding staffing levels in the home. Residents' representatives reported that since early summer of 2017 they had noticed fewer staff on duty and more agency staff in the building.

Representatives expressed their concerns that this had an adverse impact on the care provided in the home. Representatives stated that they believed that, whilst care had not necessarily fallen below safe standards, there were instances where staff had not been on hand to respond

to residents' needs in a timely manner. Representatives also reported that they felt that activities for residents had reduced and there may not be sufficient stimulation provided. Representatives also acknowledged that the staffing situation had improved slightly over the past few weeks.

A representative shared her concern that staffing levels were further reduced at weekends, also that some agency staff did not know the names of residents and were not always aware of their individual care needs. Another representative described how her relative had not welcomed the assistance of agency or bank staff with whom she was not familiar. "My mum's dementia means that she does not recognise these staff. She sees them as strangers and she gets upset. It is not ideal. Individual staff members are very committed, but I feel their morale is at an all-time low and they cannot deal with the pressure (of the home being short staffed)."

Staff spoken with during the inspection reported that issues with staffing were largely due to staff sickness. Members of the permanent staff team reported they had worked additional hours to provide cover but this placed them under increased pressure which could not be sustained. This had impacted on their ability to provide the kind of care and supervision to residents that they would wish. Staff did not, however, report that staffing levels were reduced further at weekends. Staff further advised that the registered manager had made herself available to undertake care duties, in addition to her own managerial tasks, and that this was appreciated by the staff team.

A member of agency staff spoken with advised that she was block booked over a number of months in order to provide consistency of care for residents; she had received a good induction and was provided with the opportunity to familiarise herself with the care needs of residents and how these were to be met in the home. She received supervision from senior staff and had found the staff in the home to be very supportive and helpful to her. She also advised that the senior care staff were available to assist where necessary and that the staffing situation had improved greatly over the past few weeks.

In discussion with the person in charge, and with the registered manager by telephone after the inspection, they advised that new admissions to the home had been temporarily suspended and some residents had moved to nursing care, hence reducing the workload for staff. A senior care assistant had been temporarily seconded from another service to work in the home. The trust had also completed recruitment for new staff and two people were available to commence work in the home in the near future, when the necessary AccessNI checks were in place. The trust had introduced a new electronic rostering system which made it easier to have shifts covered by experienced trust staff. Where it was necessary to engage agency staff, they were block booked, as far as possible. In addition, several staff members were due to return from sick leave and planned annual leave in the very near future.

The registered manager fully acknowledged that residents' representatives were concerned. The registered manager advised that the management of this situation had been fully discussed with representatives during a very recent meeting of the Friends of Laurelhill House and that this meeting was very well attended by relatives. The minutes of this meeting were in the process of being typed and they would be displayed in the hallway of the home for all families to read.

The inspector received assurances that staffing levels in the home were sufficient to provide safe care, that the situation was being managed and was improving. This area will be kept under review.



Discussion with the person in charge and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The trust offered both a corporate induction and a local induction to the home.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. The registered manager advised that a new electronic staff training matrix had been introduced and that information was being updated. The new system would record dates of training, identify when training was due and would calculate compliance rates for the staff team. This area will be examined in more detail in the next care inspection.

The person in charge and staff 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; records of competency and capability assessments were retained. Completed staff competency and capability assessments were reviewed during the last care inspection and found to be satisfactory; they were not reviewed on this occasion.

A review of the recruitment and selection policy and procedure during previous care inspections confirmed that it complied with current legislation and best practice. Discussion with the person in charge confirmed 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 person in charge advised that enhanced AccessNI disclosures were viewed by the trust for all staff prior to the commencement of employment and that the registered manager was advised in writing that all pre-employment documentation was satisfactory.

Staff members advised that there were arrangements in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and 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.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

Discussion with the person in charge, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The person in charge confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the person in charge identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The person in charge confirmed there were restrictive practices employed within the home, notably locked external doors and keypad entry systems on some internal doors. Night time checks were also used for some residents. Discussion with the person in charge regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the statement of purpose and residents guide identified that restrictions were adequately described.

The person in charge confirmed there were risk management policy and procedures in place in relation to the safety of the home. Discussion with the person in charge and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. Control of Substances hazardous to Health (COSHH), fire safety etc. The person in charge confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

A review of the infection prevention and control (IPC) policy and procedure during previous care inspections confirmed that this was in line with regional guidelines. Discussion with staff established that they had received training in IPC in line with their roles and responsibilities and 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. 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 person in charge reported that any outbreaks of infection within the last year had been managed in accordance with the trust policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised 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. It was noted, however, that the paintwork on the walls of some bedrooms was damaged and that the painted woodwork on skirting boards, doorframes and doors was in poor condition. The registered manager advised that monies had recently been made available for a programme of refurbishment and that work was due to commence in the near future.

The home had an up to date fire risk assessment in place dated 29 May 2017 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed regularly. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems

were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

One completed questionnaire was returned to RQIA from a resident's representative. The respondent described the level of satisfaction with this aspect of care as satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal and adult safeguarding.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

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

Discussion with the person in charge 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 data protection. A review of the care records of six residents established that these were maintained largely 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 (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

In the care records of one resident, however, it was identified that the manual handling risk assessment had not been updated since August 2015. In the records of another resident it was noted that the minutes of the annual care review, dated March 2017, contained information completed by staff in the home but the section to be completed by the trust key worker, although signed and dated, was incomplete. It was evident that this omission had either not been identified or not addressed by senior staff in the home. In the care records of a resident who smoked, it was noted that there was no associated risk assessment and only a very general plan of care in regard to the management of smoking. Across many care files, the records of activities for residents were not kept up to date. Action was required to ensure compliance with the standards in relation to care records.

The care records reflected multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice; staff were able to describe in detail the individual care needs of residents and how these were met within the home.

The person in charge confirmed 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 accidents and incidents (including falls, outbreaks), complaints, environment, hand hygiene were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The person in charge 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 team reviews, residents’ meetings, staff meetings and staff shift handovers. The person in charge and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection. The person in charge advised that separate representative meetings were held.

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.

One completed questionnaire was returned to RQIA from a resident’s representative. The respondent described the level of satisfaction with this aspect of care as satisfied.

**Areas of good practice**

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

**Areas for improvement**

One area for improvement was identified during the inspection. This related to care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.6 Is care compassionate?**

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

The person in charge confirmed 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.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The person in charge, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity; staff were also able to demonstrate how residents' confidentiality was protected.

The person in charge and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents' representatives confirmed that their views and opinions were taken into account in all matters affecting them. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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

In discussion with some staff they advised that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection, residents played bingo with staff. The registered manager advised that a karaoke machine had been purchased out of the residents' comfort fund. A number of compliments from residents' representatives were noted in relation to the provision of activities in the home. Arrangements were in place for residents to maintain links with their friends, families and wider community; representatives reported that they were always made to feel welcome in the home.

A resident spoken with during the inspection made the following comment:

- "They (staff) look after me well."

Residents' representative spoken with during the inspection made the following comments:

- "I'm generally happy with the care here, and so is (my relative). The staff are very good at letting me know of any changes."
- "I think the care is safe and the home is kept clean and comfortable."

Visiting professionals spoken with during the inspection made the following comments:

- "I believe the staff are very knowledgeable and experienced and they treat the residents well. I know there have been recent issues with staffing but agency staff have been block booked to provide consistency for the residents and that's very important. The staff keep very good communication with the community teams and they work well to alert us of any changing needs of residents. Families have reported a high level of satisfaction about the care provided in the home."

- “I come into Laurelhill House quite regularly and always find that the staff are knowledgeable about the residents’ medical and care needs. I find the staff to be good.”
- “The staff are very clued in to the diabetic needs of my patient and how they are best managed. I have no concerns about the care here.”

One completed questionnaire was returned to RQIA from a resident’s representative. The respondent described the level of satisfaction with this aspect of care as very satisfied.

**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
<b>Total number of areas for improvement</b>	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 person in charge outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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. 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 Residents Guide and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

A review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of 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 was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys. The registered manager completed a quarterly governance report which reported on audits of a number of areas including medications, hand hygiene, complaints and compliments, accidents and incidents, the home environment, staffing levels. There was also a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager after the inspection confirmed that information in regard to current best practice guidelines was made available to staff. The registered manager advised that a member of staff had successfully completed training and was a Dementia Champion.

A monthly monitoring visit 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, trust representatives and RQIA to read.

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 person in charge confirmed that the registered provider was kept informed regarding the day to day running of the home through the line management structures of the trust and through the monthly monitoring visits.

The person in charge confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Discussion with the person in charge and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The person in charge advised that there were effective working relationships with internal and external stakeholders, that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The person in charge confirmed that staff could also access line management to raise concerns and that management would offer support to staff.

One completed questionnaire was returned to RQIA from a resident's representative. The respondent described the level of satisfaction with this aspect of care as satisfied.

## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Mary Laird, registered manager, after the inspection. 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.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.6  <b>Stated:</b> Second time  <b>To be completed by:</b> 28 February 2018	<p>The registered provider should ensure that the training matrix is updated to include all areas of mandatory training, namely COSHH and first aid.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>            Training Matrix has been updated to include the 2 identified areas. COSHH and First Aid trainers have been contacted for training dates in early New Year</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.8  <b>Stated:</b> Second time  <b>To be completed by:</b> 29 December 2017	<p>The registered provider should ensure that arrangements are put in place for the ashtrays in the designated smoking room to be emptied and cleaned at safe and regular intervals.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>            An hrly cleaning/checking sheet has been implemented on 24hr basis, which is signed by staff on duty on Oak suite. It records hrly checks of ash tray which has been replaced by a larger, deeper version.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> Second time  <b>To be completed by:</b> 29 December 2017	<p>The registered provider should ensure that the care plan for one identified resident is reviewed, signed and dated.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>            This Respite resident is due in again for another period of Respite on Tuesday 02.01.18 when his Care Plan will reviewed, signed and dated</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2018</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> <li>• manual handling risk assessments are kept up to date</li> <li>• a system of managerial oversight is introduced for the records of the annual care reviews for residents</li> <li>• risk assessments are completed and detailed care plans are developed for those residents who choose to smoke</li> <li>• records of activities for residents are accurately recorded</li> </ul> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Manual Handling Risk Assessments are being updated.</p> <p>Template has been introduced for records of annual care reviews to ensure accountability and to be monitored closely.</p> <p>Present General Risk assessment and Care Plan for resident who is a smoker is being replaced by more specific Risk assessment and Care Plan for those residents who choose to smoke.</p> <p>Care staff have been made aware to document all activities at end of each shift in Daily Activity Form rather than in Daily Evaluation form</p>

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



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