

Unannounced Care Inspection Report 9 May 2017



Laurelhill House

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

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Laurelhill House took place on 9 May 2017 from 09.40 to 16.40.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, supervision and appraisal, adult safeguarding, infection prevention and control and risk management.

One requirement was made in regard to fire safety. Two recommendations were made in regard to fire safety, one of which was made for a second time. One recommendation was made in relation to training records. One recommendation was made in relation to review of the Residents Guide.

Is care effective?

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

Two recommendations were made in regard to care planning.

Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mary Laird, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 10 November 2016.

2.0 Service details

Registered organisation/registered person: South Eastern HSC Trust/ Hugh McCaughey	Registered manager: Mary Laird
Person in charge of the home at the time of inspection: Mary Laird	Date manager registered: 10 March 2015
Categories of care: DE – Dementia	Number of registered places: 30

3.0 Methods/processes

Prior to inspection the following records were analysed: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with thirteen residents, two senior care assistants, one care assistant, two residents' representatives and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Care records of six residents
- The home's Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls, outbreaks), complaints, mattresses, hand hygiene
- Equipment maintenance records
- Accident/incident/notifiable events register

- Minutes of recent residents' meetings
- Monthly monitoring report
- 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

A total of thirty questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Ten questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 November 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 10 November 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 23.3 Stated: First time To be completed by: 16 January 2017	<p>The registered provider should ensure that staff are provided with updated training in adult safeguarding.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of staff training records confirmed that staff were provided with updated training in adult safeguarding.</p>	Met
Recommendation 2 Ref: Standard 29.5 Stated: First time To be completed by: 30 December 2016	<p>The registered provider should ensure that a more robust method is developed to provide managerial oversight of staff attending fire drills.</p> <p>Action taken as confirmed during the inspection: Inspection of fire safety records identified that a more robust method was not developed to provide managerial oversight of staff attending fire drills. This recommendation is therefore stated for a second time.</p>	

Recommendation 3 Ref: Standard 29.6 Stated: First time To be completed by: 30 December 2016	The registered provider should ensure that all fire checks are accurately recorded.	Met
	Action taken as confirmed during the inspection: Inspection of fire safety records identified that fire safety checks were accurately recorded. Inspection of such records identified, however, that some fire checks had not been completed. See section 4.3.	
Recommendation 4 Ref: Standard 4.6 Stated: First time To be completed by: 31 March 2017	The registered provider should ensure that suitable plans are in place to provide up to date individual agreements for residents or their representatives.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of documentation confirmed that suitable plans were in place to provide up to date individual agreements for residents or their representatives.	
Recommendation 5 Ref: Standard 12.6 Stated: First time To be completed by: 16 January 2017	The registered provider should ensure that the arrangements for the provision of snack food during evenings and nights are reviewed.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that the arrangements for the provision of snack food during evenings and nights were reviewed.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Completed induction records were reviewed during the last care inspection and were not reviewed on this occasion. Discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The trust offered both a corporate induction and a local induction for the home. Induction was linked to the Northern Ireland Social Care Council (NISCC) standards and code of practice for social care workers.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was

reviewed during the inspection. An electronic matrix had been developed to record staff training. The matrix, however, did not include records of training in Control of Substances Hazardous to Health (COSHH) and first aid. A recommendation was made that the training matrix be updated to include all mandatory training. The registered manager advised that plans were in already place for staff training in COSHH and first aid.

The registered manager 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. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory. The registered manager advised that such assessments were reviewed annually. This represented good practice.

Review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. The registered manager advised that the document was unchanged. Discussion with the registered manager 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 registered manager confirmed that documentation, including enhanced AccessNI disclosures, was viewed by the trust for all staff prior to the commencement of employment; this was confirmed to the registered manager in writing.

The registered manger described the arrangements in place to monitor the registration status of staff with their professional body (where applicable). Registration certificates were held in the home and the trust was notified when annual fees were payable by staff. Staff were also reminded during regular supervision of the importance of maintaining their registration.

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 new 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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager advised that no adult safeguarding issues had arisen since the last care inspection. The registered manager remained aware of her obligations to ensure 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 to be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager 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 during previous care inspections 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 registered manager advised that the policy and procedure was unchanged.

The registered manager confirmed there were restrictive practices employed within the home, notably locked external doors and keypad entry systems on some internal doors. In addition, night time checks were provided for residents. Discussion with the registered manager 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 home's Residents Guide identified that restrictions were adequately described. It was noted, however, that the Residents Guide contained in the care files for some residents was not always the most up to date version. A recommendation was made that the Residents Guide is reviewed to describe all restrictions used in the home and to state the correct weekly fees for accommodation in the home. The reviewed version should be supplied to residents and their representatives on admission.

The registered manager confirmed there were risk management policy and procedures in place relating to the safety of the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices during previous care inspections confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. This was confirmed through inspection of equipment and maintenance records.

Review of the infection prevention and control (IPC) policy and procedure during previous care inspections confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap 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 registered manager reported that any outbreaks of infection within the last year had been managed in accordance with the trust policy and procedures. The outbreaks 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. There were no

obvious hazards to the health and safety of residents, visitors or staff, but it was noted that an ashtray in the designated smoking room had not been emptied. A recommendation was made in this regard.

The home had an up to date fire risk assessment in place dated June 2016. The registered manager provided written confirmation that all recommendations had been or were in the process of being appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The registered manager provided confirmation via email after the inspection that the last fire drills was completed 11 January 2017 and that another fire drill was planned for 18 May 2017. Records were retained of staff who participated in such drills and any learning outcomes. The trust's estates staff tested the home's emergency lighting system monthly and outside contractors tested the fire panel and smoke detection system quarterly.

Inspection of fire safety records identified that fire doors were usually checked weekly. It was noted, however, that there were no records of such checks between 22 February 2017 and 15 March 2017. There were also no records of the checks of fire extinguishers between 22 February 2017 and 22 March 2017. The registered manager later confirmed via email that these checks had not been completed. A requirement was made that all regular fire safety checks in the home must be completed and accurately recorded.

Ten completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied. All comments were shared with the registered manager after the inspection.

A comment received from a resident's' representative was as follows:

- "The care is undoubtedly safe. I feel, however, that the home is understaffed, especially having to attend to allow access at the front door."

A comment received from a member of staff was as follows:

- "This home meets the needs of individual service users."

Areas for improvement

Four areas for improvement were identified. One requirement was made in relation to the completion and recording of all regular fire safety checks undertaken in the home. One recommendation was made in relation to updating the training matrix to include all areas of mandatory training. One recommendation was made in relation to review of the Residents Guide 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. One recommendation was made in relation to arrangements for ashtrays in the designated smoking room to be emptied and cleaned at safe and regular intervals.

Number of requirements	1	Number of recommendations	3
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4.4 Is care effective?

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

A review of six care records confirmed that these were largely maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily 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. It was also noted that a risk assessment was in place for residents who smoked.

Inspection of the care records of one identified resident established that there were two similar care plans present for the management of diabetes. As neither document was signed and dated, it was not possible to establish which care plan was the most up to date. A recommendation was made that the care plan should be reviewed, signed and dated; any out of date care plans should be removed from the working records and stored appropriately.

One other identified resident, more recently admitted to the home, did not have a care plan in place. A recommendation was made that care plans should be developed in a timely manner for all residents newly admitted to the home.

The care records reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager 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, hand hygiene and of equipment 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 registered manager 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 registered manager 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 registered manager also 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. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Ten completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied. All comments were shared with the registered manager after the inspection.

Comments received from residents' representatives were as follows:

- "My (relative) is happy and settled and is very fond of the care workers."
- "The staff are excellent and very considerate to my (relative)."
- "A little more time taken on appearance i.e. hair not done, teeth not brushed."

A comment received from member of staff was as follows:

- "I have observed positive interaction between service users and staff."

Areas for improvement

Two areas for improvement were identified. One recommendation was made that the care plan of one identified resident should be reviewed, signed and dated; any out of date care plans should be removed from the working records of the resident and stored appropriately. One recommendation was made that care plans should be developed in a timely manner for all residents newly admitted to the home.

Number of requirements	0	Number of recommendations	2
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4.5 Is care compassionate?

The registered manager 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. This was further evidenced by the review of care records. For example, care plans were in place for the management of pain which described the trigger factors, prescribed medication and care of chronic pain, where necessary.

The registered manager, 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 able to describe how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and/or their 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.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. There were residents' meetings and residents and their representatives were encouraged to participate in the annual care reviews.

Residents are 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.

Discussion with staff, residents and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The registered manager advised that there were plans in place to accommodate a small number of hens in the central courtyard of the home. Preparations were mostly in place and residents were looking forward to having an additional interest. On the day of the inspection a large group of residents sat in the courtyard enjoying the weather and engaging in armchair exercise and ball games.

Arrangements were in place for residents to maintain links with their friends, families and wider community. Church services were regularly provided and social and fundraising events were held by the Friends of Laurelhill House group. There was evidence that the home responded appropriately and compassionately to the needs of residents, for example, it was identified that the majority of seating in the home did not allow for residents and their spouses to sit together in comfort. In order that couples could retain important physical connections, small settees were purchased.

Residents spoken with during the inspection made the following comments:

- "It's nice here."
- "The staff are very good to us all."
- "I like it – and the food is lovely!"
- "We prefer to stay inside because we don't like the cold, but we love to listen to our music. The other people here are very nice to me."
- "It's very good."
- "This is a good place and they keep it nice and clean."

A resident's representative spoken with during the inspection made the following comments:

- "We are really so pleased to see (our relative) so happy. She's in great form. Although it is our first time visiting here, we have found that the staff appear very attentive to her, they are very friendly and seem to have built a good relationship with her. The home looks lovely and is clean and fresh."

Staff spoken with during the inspection made the following comments:

- “If I had to have a family member placed into care, I wouldn’t hesitate to consider Laurehill, for the care really is excellent.”

Ten completed questionnaires were returned to RQIA from residents, residents’ representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied. All comments were shared with the registered manager after the inspection.

Comments received from residents’ representatives were as follows:

- “Staff are cheerful and pleasant and my (relative) is very settled.”
- (Care is) “dignified and compassionate.”
- “Personal hygiene could be addressed little more often.”

A comment received from member of staff was as follows:

- “I have directly observed care assistants treat service users with respect and dignity.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager 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 were 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 had received training on complaints management and were knowledgeable about how to receive and deal with complaints.

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 quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned. The registered manager completed a quarterly governance report to the trust which covered such areas as audits, external review of the service (inspections), complaints and compliments, safety alerts, corporate and directorate risk registers and professional assurance.

Discussion with the registered manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, diabetes training.

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 evidence of staff being provided with additional training to better equip them to provide specialist dementia care. One staff member advised that she was in the process of training to become a Dementia Champion and another was completing City and Guilds training in leadership.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through the trust's line management structures. Home managers in the trust attended monthly managers meetings in order to share good practice and learn of new developments within the service.

The registered manager 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.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Ten completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied. All comments were shared with the registered manager after the inspection.

Comments received from residents' representatives were as follows:

- "I feel the home is under staffed. Staff morale is very low."
- "More time taken for activities, seem to spend lot of time in seating area."
- "I would like a copy of the typical menu. It appears to be a constant menu, judging from what I see each Saturday that I visit my (relative). I am a little concerned that her diet may be limited."

A comment received from member of staff was as follows:

- "There is clearly governance and assurances in place. (There is) a 'can do' approach from the managers."

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mary Laird, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 27. – (4)(d)(v) Stated: First time To be completed by: 15 June 2017	<p>The registered provider must ensure that all regular fire safety checks in the home are completed and accurately recorded.</p> <p>Response by registered provider detailing the actions taken: This has been actioned with fire checks taking place on a weekly basis. An audit will take place on a weekly basis by a nominated manager in the absence of the manager</p>
Recommendations	
Recommendation 1 Ref: Standard 29.5 Stated: Second time To be completed by: 15 June 2017	<p>The registered provider should ensure that a more robust method is developed to provide managerial oversight of staff attending fire drills.</p> <p>Response by registered provider detailing the actions taken: A fire drill has taken place on 18th May. This will be audited by the manager on a monthly basis.</p>
Recommendation 2 Ref: Standard 23.6 Stated: First time To be completed by: 7 July 2017	<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>Response by registered provider detailing the actions taken: The training matrix has been updated to include all mandatory training.</p>
Recommendation 3 Ref: Standard 20.9 Stated: First time To be completed by: 7 July 2017	<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> <p>Response by registered provider detailing the actions taken: This work has commenced and will be completed within timeframe</p>

<p>Recommendation 4</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: 15 June 2017</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> <p>Response by registered provider detailing the actions taken: Actioned and work schedules have been put in place to include more regular emptying of ashtrays</p>
<p>Recommendation 5</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 7 July 2017</p>	<p>The registered provider should ensure that the care plan of one identified resident is reviewed, signed and dated; any out of date care plans should be removed from the working records and stored appropriately.</p> <p>Response by registered provider detailing the actions taken: Actioned</p>
<p>Recommendation 6</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 7 July 2017</p>	<p>The registered provider should ensure that care plans are developed in a timely manner for all newly residents newly admitted to the home.</p> <p>Response by registered provider detailing the actions taken: All care plans will be reviewed and updated on readmission for regular respite clients. All new clients will have a care plan completed within 72 hours of admission</p>

Please ensure this document is completed in full and returned to Care.Team@rqia.org.uk from the authorised email address



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