



Unannounced Care Inspection Report 20 January 2020



Adelaide House

Type of Service: Residential Care Home
Address: 24-26 Adelaide Park, Belfast, BT9 6FX
Tel No: 028 9066 9362
Inspector: Elizabeth Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care and accommodation for up to 45 residents.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual: Lindsay Conway	Registered Manager and date registered: Norma Picking 22 October 2014
Person in charge at the time of inspection: Norma Picking	Number of registered places: 45 within the following categories: RC – MP (E) RC - DE RC – I – 36 The home is also approved to provide care on a day basis only to 1 person. Eight (8) existing residents only in DE category of care and one (1) existing resident in MP (E) category of care.
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	Total number of residents in the residential care home on the day of this inspection: 42

4.0 Inspection summary

An unannounced inspection took place on 20 January 2020 from 08.40 hours to 14.55 hours.

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

An area for improvement in respect of previous pharmacy inspection has not been reviewed on this inspection and has been carried forward to the next inspection.

There were examples of good practice found throughout the inspection in relation to, staff recruitment, induction, adult safeguarding, and infection prevention and control. Further examples of good practice were found in relation to; communication; and the culture and ethos of the home. Residents were listened to, respected and valued.

Areas requiring improvement were identified in relation to staffing, training, safe and healthy working practices, the home's environment, care records, rising times and mealtimes.

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

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*8

*The total number of areas for improvement include one which have been stated for a second time and one which has been carried forward for review at the next care inspection

Details of the Quality Improvement Plan (QIP) were discussed with Norma Picking, 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.

4.2 Action/enforcement taken following the most recent inspection dated 23 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 23 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

During our inspection we:

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

Comments received from residents and staff during the inspection is included in the main body of this report.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires responses were received from staff within the given timescale.

During the inspection a sample of records was examined which included:

- staff duty rotas from 19 January to 1 February 2020
- staff training schedule and training records
- two staff recruitment and induction records
- NISCC registrations
- five residents' records of care
- complaint records
- compliment correspondence
- staff, resident and resident representatives meetings
- a sample of governance audits/records
- accident/incident records
- reports of monthly monitoring visits
- fire drills and routine fire checks
- RQIA registration certificate
- menus

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 23 May 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 23.4 Stated: First time	The registered person shall ensure that dementia awareness training is provided for all staff.	Partially met
	Action taken as confirmed during the inspection: Review of documentation confirmed that training for five staff has been organised for 31 January 2020.	

	This area for improvement has been partially met and has been stated for a second time.	
Area for improvement 2 Ref: Standard 35 Stated: First time	The registered person shall ensure that waste paper bins within toilets have disposable bin liners inserted.	Met
	Action taken as confirmed during the inspection: Observation confirmed that waste paper bins within toilets had disposable bin liners inserted.	
Area for improvement 3 Ref: Standard 5.2 Stated: First time	The registered person shall ensure that identified fall risk of one resident is recorded within the care plan alongside interventions of the measures in place to minimise the risk. In addition an audit review of all care records should be conducted to check that identified fall risks are reflected within the care plans.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that in the five care records reviewed, a falls risk assessment was in place and reflected within the care plans.	
Area for improvement 4 Ref: Standard 12.1 Stated: First time	The registered person shall ensure that residents are offered an alternative choice of meal with associated record made and retained. All hot meals to be served warm plates.	Met
	Action taken as confirmed during the inspection: Review of documentation and observation confirmed that residents are offered an alternative choice of meal, records were available and hot meals served on warm plates.	

Area for improvement 5 Ref: Standard 23.4 Stated: First time	<p>The registered person shall ensure that staff are trained in the new initiative titled; UK National Descriptors – International Dysphasia Diet Standardisation (IDDSI).</p> <p>Action taken as confirmed during the inspection: Review of documentation confirmed that staff had been trained in the new initiative titled; UK National Descriptors – International Dysphasia Diet Standardisation (IDDSI).</p>	Met
Area for improvement 6 Ref: 4.6 Stated: First time	<p>The registered person shall ensure that the resident or their representative is given written notice of all changes to the agreement and these are agreed in writing by the resident or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Action taken as confirmed during the inspection: Review of documentation and discussion with the manager confirmed that the resident or their representative is given written notice of all changes to the agreement and these are agreed in writing by the resident or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this was recorded.</p>	Met
Area for improvement 7 Ref: 4.2 Stated: Second time	<p>The registered person shall ensure that the consent/authorisation forms are drafted for each resident (for whom the home hold any money) which should be signed by the resident or their representative to provide the home with the relevant authority to spend monies deposited for safekeeping on identified goods and services. The costs of additional goods and services (such as hairdressing and podiatry) facilitated within the home should also be included and held as part of each resident's individual agreement.</p>	Met

	Action taken as confirmed during the inspection: Review of documentation and discussion with the manager confirmed that the consent/authorisation forms drafted for each resident (for whom the home hold any money) are signed by the resident or their representative to provide the home with the relevant authority to spend monies deposited for safekeeping on identified goods and services. The costs of additional goods and services (such as hairdressing and podiatry) facilitated within the home is included and held as part of each resident's individual agreement.	
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Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 31 Stated: First time	The registered person shall ensure that there are robust systems in place to ensure that personal medication records are accurately transcribed and correlate with the medicine administration record sheets.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation/standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.3 Is care safe?

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

A review of the duty rota from 19 January to 1 February 2020 confirmed that it accurately reflected the staffing levels within the home. Records evidenced that on three occasions the staffing levels were reduced significantly. For example, on 18 and 19 January 2020 from 8am to 8pm only three out of the planned seven staff were on duty. Details were discussed with the manager who confirmed that attempts were made to obtain cover for these shift. However these shifts were not filled and the home does not use agency care staff. This area was discussed with the manager and an area for improvement was made.

One member of staff and two residents stated that they thought there was insufficient staff on some days. Residents spoken with were generally complimentary of the staff. One resident stated, "Staff are very good to me, couldn't ask for more." However one resident stated, "Staff talk to us when they have time."

Review of documentation confirmed that not all mandatory training was up to date, for example staff had not completed training in infection prevention and control, first aid and Control of Substances Hazardous to Health (COSHH). An area for improvement was made.

At the previous care inspection an area for improvement was made in relation to dementia training; this was partially met and is stated for the second time. A review of completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Review of recruitment records confirmed that staff were suitably vetted to ensure they were suitable to work with the residents. AccessNI and professional registration with Northern Ireland Social Care Council (NISCC) were in place. Any gaps in employment were discussed and recorded during interviews. Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the NISCC.

The manager confirmed that an adult safeguarding policy was in place and was consistent with the current regional policy and procedures. The policy 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.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The manager stated there were risk management procedures in place relating to the safety of individual residents and that the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that resident' care needs and risk assessments were obtained from the trust prior to admission.

A staff member was observed accompanying a resident in a wheelchair without the footrests in place creating the potential risk of injury. An area of improvement was identified.

The policy and procedure on restrictive practice/behaviours which challenge 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).

It is important that where choice and control are restricted due to people's understanding, restrictions are carried out sensitively and complies with legislation. This is so that people feel respected, included and involved in their care. When we spoke with staff they had a good knowledge of people's abilities and level of decision making and what could be considered restrictive practices. The manager confirmed that only key pad entry/exit systems were in use with the agreement of residents and /or their representatives, and that where possible, residents, their relatives and the healthcare professionals from the relevant health and social care trust were involved in the decision making to use restrictive practice.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures. Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors.

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

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Some issues were identified for improvement which included:

- An identified store room needs to be decluttered.
- The cleaner's store was open, equipment used for cleaning was stored incorrectly, or soiled and cleaning fluids left unlocked and unattended, which does not comply with COSHH regulations.
- In an identified bathroom the raised toilet seat was soiled.

These areas were discussed with the manager and an area for improvement has been identified.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas of good practice

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

Areas for improvement

Areas for improvement were identified in relation to staffing, training, safe and healthy working practices and the home's environment.

	Regulations	Standards
Total number of areas for improvement	1	3

6.4 Is care effective?

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

Discussion with the manager and observation of care delivery confirmed that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which included the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely.

We reviewed five residents' care records. In two of the care records some areas had not been fully completed such as life histories, one care record had no photograph and another care record did not record of who to contact in the event of an accident. One identified care record had no care plans or little recording in the progress notes for short term conditions such as infection which required treatment. We also found in two care records that the progress notes had not been updated for over a week.

In four of the care records reviewed, residents' recorded rising times did not correspond with residents preferences or wishes. For example, two residents stated they were woken by staff that morning which was not in line with recordings in their care records. A review of rising times was discussed with the manager and this has been identified as an area for improvement.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dining room was well presented; tables had been set and condiments in place. The residents reported that the food was good and they are always offered a choice of meals. One resident stated that they would like fresh vegetables. This was discussed with the manager who advised that menus were to be reviewed and would include introducing more fresh vegetables. Staff were observed serving meals without donning an aprons and menus were not displayed. This has been identified as an area for improvement.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual residents' care plans and associated risk assessments.

Discussion with the manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage. 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 manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, residents' meetings, staff meetings and staff shift handovers. A residents committee was introduced in October 2019. Minutes of staff meetings and resident and their representative meetings were reviewed and found to be satisfactory.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home. In discussion with residents they also advised that the registered manager always takes time to speak to them individually.

There were also systems in place to ensure openness and transparency of communication, for example, regular visits by registered provider, availability of the latest RQIA inspection reports, completion of an annual satisfaction survey and annual Quality Review Report.

The manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to record keeping, rising times and mealtimes

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 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.

Observation and discussion with the manager and staff confirmed that the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The manager and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and how confidentiality was protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, and accidents and incidents, where appropriate.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with staff and residents confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care.

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 and an action plan was made available for residents and other interested parties to read.

Discussion with staff, residents, and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The planned schedule of activities included for example; passive exercises, healthy living, reminiscence, classical music and vintage afternoons with tea and cake served. Comments received from residents and staff during inspection were as follows:

- "I like it here now, I am more settled." (resident)
- "Staff do what they can to make us happy and content." (resident)
- "I love working here." (staff)
- "I am working here now for many years. I love it. Our residents are great." (staff)
- "I like the food; you can get a choice." (resident)
- "The home is kept clean and tidy." (resident).

Four completed questionnaires were returned to RQIA from residents or their representatives; the one questionnaire from a resident described their level of satisfaction with all aspect of care as very satisfied or satisfied. Two resident representatives described their level of satisfaction with all aspect of care as very satisfied or satisfied. The other resident representative described their level of satisfaction with all aspect of care as very unsatisfied; however they provided very positive comments as follows:

- "Both mum and myself are satisfied with her care. The manager always makes her feel special and listens. The food is good with plenty of choice. The home is clean and comfortable. There is entertainment, music, afternoon teas, sales and family are made welcome."

Comments received from the other two resident representatives included:

- "Wonderful place with compassionate, caring staff who treat the residents like family."
- "My sister is cared for in Adelaide House. The care is excellent in all areas."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of resident.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is 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 manager outlined the management and governance systems in place within the home. The manager stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

The manager confirmed that a complaints policy and procedure was in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Arrangements were in place to share information about complaints with staff.

The home retains compliments received, e.g. thank you letters and cards, and there were systems in place to share these with staff.

The manager confirmed that there was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Monthly audits of all falls occurring within the home were undertaken by the deputy manager with records held electronically. Three monthly overviews were also undertaken to reflect on trends and patterns including frequency, time of day, identified location and injury sustained. Actions taken to address identified areas for improvement were recorded within the comment section.

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

Visits by the registered provider were undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. Action plans were developed to address any issues identified which include timescales and person responsible for completing the action when required.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Staff spoken with said they were supported by the manager.

The manager reported 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 and employer's liability insurance certificate were displayed.

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

Observation and discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders. There was a good atmosphere in the home, observation of interactions between staff and residents was good and mutual respect was evident.

Areas of good practice

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Norma Picking, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

Area for improvement 1 Ref: Regulation 20(1)(a) Stated: First time	The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as appropriate for the health and welfare of the residents. Ref: 6.3
To be completed by: 20 February 2020	Response by registered person detailing the actions taken: The Registered Manager has reviewed current staffing levels and has increased the number of staff on at the weekend and new posts have been advertised to increase overall staffing levels within the home. Additional hours are being covered by staff working extra hours at present.

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: 25 May 2018	The registered person shall ensure that there are robust systems in place to ensure that personal medication records are accurately transcribed and correlate with the medicine administration record sheets. Action required to ensure compliance with this regulation/standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 23.4 Stated: Second time To be completed by: 20 February 2020	The registered person shall ensure that dementia awareness training is provided for all staff. Ref: 6.1 Response by registered person detailing the actions taken: Staff attended dementia awareness training on 31/01/2020. Further training has been arranged with the Belfast Trust. Staff have also been asked to complete the dementia awareness module on the NISCC e-learning platform. A dementia facilitator course is also being provided through Sterling University.
Area for improvement 3 Ref: Standard 23.3 Stated: First time To be completed by: 20 February 2020	The registered person shall ensure that mandatory training is undertaken and completed as outlined in the Standards and guidance from RQIA. Ref: 6.3 Response by registered person detailing the actions taken: Mandatory training is ongoing and dates have been arranged for this calendar year.

Area for improvement 4 Ref: Standard 28.3 Stated: First time To be completed by: 20 February 2020	The registered person shall ensure that staff working practices, in relation to transferring residents in wheelchairs are safe and healthy. Ref: 6.3 Response by registered person detailing the actions taken: Staffs' working practices in relation to transferring residents in wheelchairs have been addressed with appropriate staff and will be discussed further at the next staff meeting.
Area for improvement 5 Ref: Standard 27 Stated: First time To be completed by: 20 February 2020	The registered person shall ensure that issues identified in section 6.3 in regards to the home's environment are addressed. Ref: 6.3 Response by registered person detailing the actions taken: All issues identified as stated above have been actioned and addressed.
Area for improvement 6 Ref: Standard 6 Stated: First time To be completed by: 20 February 2020	The registered person shall ensure that issues identified in section 6.4 in regards to the resident care records are addressed. Ref: 6.4 Response by registered person detailing the actions taken: Issues raised with regards to residents' care files have been up dated to reflect changes made.
Area for improvement 7 Ref: Standard 5 Stated: First time To be completed by: 20 February 2020	The registered person shall ensure that the rising times in care records are in line with resident wishes and agreed with the resident or their representative. Ref: 6.4 Response by registered person detailing the actions taken: Care records have been updated to ensure that the rising times of residents indicate their wishes and have been agreed by the resident and their representative.
Area for improvement 8 Ref: Standard 12 Stated: First time To be completed by: 20 February 2020	The registered person shall ensure that staff, wear aprons when serving meals and that menus are available in the dining area. Ref: 6.4 Response by registered person detailing the actions taken: Menus are now displayed daily on the three notice boards in the Home and staff have been instructed to wear aprons at all times when serving meals to the residents.

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



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