



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report

23 May 2019



Adelaide House

Type of Service: Residential Care Home
Address: 24-26 Adelaide Park, Belfast, BT9 6FX
Tel No: 028 9066 9362
Inspector: Priscilla Clayton and Briege Ferris

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 within the categories of care as cited within section 3.0 of this report.

3.0 Service details

<p>Organisation/Registered Provider: Presbyterian Council of Social Witness</p> <p>Responsible Individual: Lindsay Conway</p>	<p>Registered Manager and date registered: Norma Picking 22 October 2014</p>
<p>Person in charge at the time of inspection: Norma Picking</p>	<p>Number of registered places: 45 within the following categories: RC – MP (E) RC - DE X 8 residents RC – I – 36</p> <p>One place for day service</p>
<p>Categories of care: Delete as required 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</p>	<p>Total number of residents in the residential care home on the day of this inspection: 45</p>

4.0 Inspection summary

An unannounced care inspection of the home took place on 23 May 2019 from 09.30 hours to 18.00 hours.

This inspection was undertaken by the care inspector supported by the finance inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement in respect of previous finance and pharmacy inspections were reviewed and validated as required.

Evidence of good practice was found in relation to ensuring that residents' human rights are upheld; treated with dignity and respect and involved in decisions affecting their treatment, care and support. Staff were observed interacting with residents in a friendly, respectful, caring manner. Other areas of good practice included the provision of staff induction, supervision, appraisal, adult safeguarding, complaints management and mandatory training.

Areas for improvement included the arrangements relating to; provision of waste bin liners, dementia awareness and DISSI training, re-introduction of residents' main meal choice, serving of warm food on heated plates and the inclusion of a fall risk assessment within one care plan.

Residents spoke openly and described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings 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	0	7*

*The improvement includes one finance standard which was assessed as being partially met and one additional improvement stated for the first time.

Details of the Quality Improvement Plan (QIP) were discussed with Laureen Magill deputy manager as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 17 May 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 17 May 2018. Other than those actions detailed in the care 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 the home. This included the previous findings; pharmacy, estates and finance inspections, 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

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. Four completed questionnaires were returned from residents /relatives within the timescale. No questionnaires were returned from staff.

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

- staff duty rotas from 13 May 2019 to 23 May 2019
- staff training schedule
- staff induction record
- NISCC registrations
- two residents' records of care
- complaint records
- compliment correspondence
- a sample of governance audits/records
- accident/incident records from Jan 2019 – 23 May 2019
- reports of visits by the registered provider/monthly monitoring
- RQIA registration certificate
- medication kardex / electronic
- fire risk assessment
- fire safety checks (weekly / monthly)
- finance records
- kitchen food refrigeration records (HACCP)
- Menus

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

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspections.

Areas for improvement generated from the previous care and finance inspections were reviewed during the inspection. Improvements from the previous estates inspection were followed up followed up by the estates inspector after inspection

Previous inspection QIP from medicines management has been carried forward to the next inspection.

Areas for improvement from the finance inspection which were not fully met are contained with the appended pharmacy QIP at the back of this report.

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.

The registered manager and deputy manager confirmed that staffing was safe and kept under review to ensure safe care is provided for residents. We asked residents and one visitor about staffing and no one expressed any issues or concerns.

The registered manager explained that there were three care staff vacancies which had been advertised. Permanent part time staff are currently working extra hours to provide appropriate cover until vacant posts are filled. Agency care staff are not commissioned.

Staff said they felt they were effectively supported by the manager by way of her “open door” approach to everyone, daily discussions held, staff meetings, supervision and annual appraisal. Staff spoke positively about working within the home and exhibited a sense of pride in regard to the care they provided residents. One staff member said there was “really good team work” and another said “many of the staff has been here a long time, we really enjoy working here”.

Three visitors also spoke positively about staff and said that staff were always around seeing to residents and promptly answering call bells when needed. One visitor stated that she “can leave the home knowing her relative was safe and very well looked after”. No issues or concerns were raised or indicated by residents, staff and management about care provided.

We could see that staff in the home were quick to respond to requests by residents for help, to assist with care when needed and to provide residents with a wide range of activities.

The registered manager explained that staff recruitment was undertaken in accordance with employment legislation and minimum care standards and that employment files were retained within the human resource department at head office for the Presbyterian Board of Social Witness. The registered manager advised that all staff were vetted by AccessNI, which is a police check, before commencing to ensure staff were suitable to work with the residents in the home.

The deputy manager advised that all new staff are required to complete a structured induction programme which is signed by management/mentor and the staff member when training activity is successfully completed. One staff induction programme reviewed was found to be comprehensive and based on NISCC standards.

Staff registrations with Northern Ireland Social Care Council (NISCC) were recorded electronically and monitored monthly by the registered manager. Review of records provided assurance that all staff registrations were current.

We looked at the staff training records to make sure that staff were being provided core training they required to undertake their work. We noted that training included fire safety awareness, which was an area for improvement from the previous care inspection.

Staff unable to attend mandatory training were offered an alternative date. Staff update training in dementia was discussed with the registered manager as eight residents are accommodated with this condition. The registered manager explained that arrangements had been made for one staff to attend training recently but was unable to go. The registered manager readily agreed to source and provide training for all staff.

The home had a current adult safeguarding policy in place (2018). Training records viewed evidence that training was provided. Staff demonstrated good knowledge and understanding of the procedure should an allegation or actual form of abuse occur. Staff were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. The registered manager explained that there were no current safeguarding issues and that the safeguarding champion for the organisation had collated relevant information for the 2018 position report.

The deputy manager and staff explained that the restrictive practices within the home were deemed necessary, following risk assessment, to maintain the health and safety of residents. (Restrictive practices are any type of support or practices that limits the rights or freedom of movement of a person. This may also include seclusion where a person is put in a room or place and they cannot leave when they want). Restrictive practices within the home, as observed and as described by staff, included; wheelchair lap belts, key pad entry/exit systems and management of smoking materials. 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. The registered manager confirmed that restrictions in place had been risk assessed, discussed and approved by the trust professional, resident and/or their representative. The staff told us that they make sure that residents enjoy as much freedom as possible whilst remaining safe in the home.

The registered manager described the range of professional staff who visits the home to assess and monitor the health and social care needs of residents referred to them. Visiting professionals included, for example; general practitioner, social worker, district nurse, optician, podiatrist and speech and language therapist. Records of visits were reflected within care records reviewed. The registered manager described how there was good working relationships between professionals and how this contributed to good care planning and risk management.

Accident and incident records held were discussed and records cross referenced with notifications submitted to RQIA.

The high incidents of falls was discussed registered manager who explained that all slips, trips and falls and other notifiable incidents were notified to the trust and RQIA. Notifications to be made to RQIA are reflected within RQIA Statutory notification of Incidents and deaths guidance for registered providers and managers of regulated services (September 2017). The registered manager explained that falls management included elements from the "falls tool kit" and that necessary resources to aid mobility were provided by the commissioning trust following assessment by the occupational therapist. The registered manager agreed to enquire about the provision of referral for those residents at risk to the trust falls clinic and possible use of other

aids, for example; bedroom floor alarm system, discussion with the care manager and consent from the resident and or/relative.

The home had several policies related to various aspects of infection prevention and control (IPC). Staff training was provided and recorded. The home was considered to be exceptionally clean, tidy and organised. A plentiful supply of IPC resources were observed, for examples, disposable aprons, gloves, liquid hand soap and pedal operated bins. These items are necessary to minimise any risk of cross contamination of infection. Staff were observed to wash their hands following provision practical care with residents. All areas within the home were noted to be clean, tidy and organised. One area identified for improvement related to the provision of bin liners within the small waste paper bins positioned within toilets.

As we walked around the home we saw that there was a good standard of attractive furnishings and decoration. All areas were comfortably heated and odour free. Residents' bedrooms viewed, with permission, were personalised with items of memorabilia displayed and appropriate furnishing. Many residents had personal items of furniture within their rooms. Residents said that the home was always kept clean each day by the cleaners employed.

The homes fire risk assessment was dated 10 October 2018. The deputy manager stated that recommendations made for improvement had been addressed.

The administration of medications was discussed with the registered manager with reference to one area identified for improvement from the previous medicines inspection conducted on 26 April 2018. This related to the lack of correlation between the Kardex and MARS sheets. The registered manager explained that this procedure was being followed and that information in this regard was now being recorded electronically. This will be reviewed by the pharmacy inspector at the next medicines management inspection.

We spoke with several residents individually and with others in small group format. Resident spoke positively about their care and commended the staff on their attentiveness. Three visitors also provided positive feedback. Some comments included:

- "I like it here now, it took a wee while for me to settle in"
- "the home is always kept clean and tidy"
- "yes I do feel safe here"
- " I can go home and know my mother is safe and well looked after"

Four questionnaires returned from residents/relatives indicated that they felt very satisfied that the care provided was safe.

Areas of good practice

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

Areas for improvement

Two areas were identified for improvement related to the provision of dementia awareness for all staff and the placement of disposable bin liners within waste bins within toilets.

	Regulations	Standards
Total number of areas for improvement	0	2

6.4 Is care effective?

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

During our walk around the home we saw and spoke with residents in various areas. Several were seated within the lounge while others moved freely around or choose to remain within their bedrooms watching television, reading or conversing with their visitors. All residents were observed to be nicely groomed with obvious time and attention afforded to their personal care needs. Several residents choose to wear colour co-ordinated clothing and jewellery. Some residents were being assisted to mobilise by staff, others mobilised independently with the aid of walking frames.

Staff told us that they attended a handover meeting when they came on duty to provide them with information on any changes in residents' conditions and their care plan. Staff said there was good communication between staff for the benefit of residents and that team work was good.

Residents spoke openly; they appeared relaxed and said they felt that the care provided was good and that staff were readily available to assist them when required. One resident said that the district nurse came to the home to see to her wound which was greatly improved. Another resident said the home would contact her general practitioner if she needed medical attention and that any prescribed medications were given at the correct time each day. No issues or concerns were raised or indicated by residents.

Discussions with staff confirmed that they would report any issues or concerns arising to the senior care assistant or registered manager and were confident that these would be addressed.

We observed staff in various areas of the home providing assistance to residents. This was undertaken in a respectful, dignified, unhurried manner; call bells were answered promptly and politely by staff.

Care records reviewed reflected necessary documentation including; needs assessments which were complemented with risk assessments, care plans, daily evaluations and care reviews. One area identified for improvement related to ensuring that identified fall risks are reflected within care plans as one high fall risk assessment (rated 16) was not shown. This was discussed with the deputy manager who readily agreed to ensure that a review of all care records was conducted to ensure that identified fall risks were reflected within the care plans alongside interventions of all measures in place to minimise recurrence of falls. Assessments and care plans were reviewed, dated and signed. We observed that reference was made in regard to the resident's human rights, for example in respect of choice, preferences and consent. Audits of care records undertaken were retained within care files. One area of improvement identified related to the inclusion of identified fall risks within care plan audits.

We were assured by the registered manager that systems were in place to provide effective care through sharing of good timely communication with residents, their representatives and other professionals. These included pre-admission information, daily discussions, multi-professional reviews, residents meetings, staff meetings and staff shift handovers.

Residents advised that they would not hesitate to contact management if they wanted clarification of anything or if they had concerns about their care or other matters. One relative said that the registered manager and staff were “very approachable and she would not have a problem with discussing anything and knew that things would be addressed if needed.”

Four questionnaires returned from residents/relatives indicated that they felt very satisfied that the care provided was effective. One respondent’s commented “I am happy that my xxx is getting the best care.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the attention to personal care needs of residents, communication between residents, staff and other key stakeholders.

Areas for improvement

One area identified for improvement related to ensuring that the identified fall risk of one resident is reflected within the care plan alongside recorded interventions of the measures in place to minimise the risk. In addition the audit review of care records should include that fall risks are reflected within the care plans.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

During the course of inspection we observed staff interacting with residents and their relatives in a respectful, friendly, professional manner. Resident and visitors spoke highly of the ability and commitment of staff in relation to their care. Comments included:

- “The staff are very kind and caring.”
- “I really feel that staff care for us all, they go the extra mile”
- “I trust all the girls in here.”
- “ My mother tells me that staff do ask her what she likes and her preferences, for example getting up and going to bed times”

The serving of residents mid- day and evening meals were discreetly observed. Dining room tables were nicely set with table cloths, condiments and napkins. Fluids were provided. Staff presence was observed throughout the meal to attend and assist residents as required. Meals were nicely presented with adequate portions of food served. Three weekly rotating menus were provided but no alternative choice reflected. One resident said that they used to be offered choice at the main meal but that this had stopped some weeks ago and would like to see this started again. Another resident said that she “didn’t want to ask for something else as she didn’t wish to cause anyone any bother”. The cook stated that past records in regard to resident choice/menu had been discarded. During the evening meal we noted that warm food was being served on cold plates. Areas identified for improvement included; alternative resident choice at midday meals and the provision of warmed plates for planned hot meals. The registered manager readily agreed to address improvements identified.

Residents were provided with a wide range of activities and social outings in accordance with their choice and preferences. On the day of the inspection we saw that many of the residents participated in the organised religious service provided by Queens University theological students. One resident said how pleased they were to see them back again following a break of about two months.

The planned schedule of activities included for example; passive exercises, healthy living, reminiscence, classical music and vintage afternoons with tea and cake served. Residents said they enjoyed the celebrations held at Easter, St Patrick’s Day and Valentine’s Day. Two birthdays were celebrated on the day of inspection with birthday cakes provided and shared.

The home was awarded the top grade of 5 from environmental health on 6 June 2018. This is to be commended.

Residents’ weights were undertaken and recorded within care records on a monthly basis. Weights were being monitored by staff and when under or excessive weight gain was observed this was reported

The cook provided records of food temperature which were recorded in accordance with Hazard Analysis and Critical Control Points (HACCP). Training in the terminology change for modified diets and fluids for people with swallowing difficulties was discussed with the cook and staff who were unaware of the new initiative; UK National Descriptors – International Dysphasia Diet Standardisation (IDDSI). A laminated notice on this initiative was displayed on the kitchen notice board. The registered readily agreed to organise training for staff.

Four questionnaires returned from residents/relatives indicated that they felt very satisfied that the care provided was compassionate. One comment included; “we appreciate the events organised in the home”.

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 provision of a wide range of activities and social events.

Areas for improvement

The following areas were identified for improvement; ensure residents have a choice of meal at the mid- day main meal, the provision of warmed plates when hot food is served and staff training in IDDSI.

	Regulations	Standards
Total number of areas for improvement	0	2

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 registered manager is supported in her role by a deputy manager and team of mixed skill care workers and ancillary staff including; domestics, cook, kitchen assistant. Clerical administrative support is also employed.

The registered manager remained on duty until the late afternoon of the inspection when the deputy manager took over responsibility for the management of the home.

There was evidence of a clear organisational management structure within the home as outlined within the statement of purpose. Staff we spoke with demonstrated good understanding of their roles, responsibilities and accountability.

Staff told us there was good working relationships within the home and that the registered manager and her deputy were responsive to suggestions and/or concerns raised.

Staff advised us that the registered manager was very approachable and operated an “open door” approach to everyone. This was evident during the inspection as several residents and visitors were observed conversing informally with the manager or her deputy. One visitor stated that management was “very friendly and approachable”.

The registered manager outlined the management arrangements and associated governance systems in place and confirmed that the needs of residents were met in accordance with the homes statement of purpose. The manager explained that one resident whose needs had changed was awaiting placement within another suitable home which provides twenty four hour qualified nursing care.

The home had a complaints policy/procedure and residents or their representatives were made aware were made aware of how to complain by way of the residents’ guide and information on display on the home. Staff demonstrated awareness of how to respond to complaints. Two residents said they knew how to make a complaint and if they had any issues or concerns they would not hesitate to tell the manager or senior staff. We looked at complaints records and could see that these were manager appropriately. The registered manager confirmed that any learning from complaints was disseminated to staff by way of team meetings, supervision and appraisals.

The home retains complements received; many letters and cards had been sent to the registered manager commending the staff on the good care and attention provided by staff. This is to be commended.

Records of incidents and accidents were reviewed and cross referenced with notifications submitted to RQIA. Reference to this is cited within section 6.4 of the report. The registered manager advised that all accidents and incidents were notified to the commissioning trust for monitoring purposes. Monthly audits of all falls occurring within the home are undertaken by the deputy manager with records held electronically. Three monthly overviews are 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.

Records of monthly monitoring visits undertaken by the registered individual were maintained. Review of a random sample of unannounced visit reports provided evidence of compliance with legislation including staff and resident views on the provision of care, accidents/incidents and action required to address issues arising.

Four questionnaires returned from residents/relatives indicated that they felt very satisfied that the care provided was well led/managed.

Management of service users monies

As part of the inspection, an RQIA finance inspector was present. They reviewed a sample of residents' records to validate the areas for improvement identified from the finance inspection on 01 July 2015. Of the six areas for improvement identified from the previous inspection, five were met and one was partially met.

The inspector reviewed a sample of records which identified that each resident had a signed individual written agreement in place with the home. However it was noted that agreements were not up to date. An area for improvement has been identified to ensure that agreements are brought up to date for each resident in the home, which reflects the current terms and conditions of their residency in the home.

The registered manager provided evidence that signed consent forms were in place with residents to provide authority for the home to handle small amounts of money on behalf of each resident. However these consent forms did not detail specific expenditure types. The inspector advised that these documents should be included in the residents' individual written agreements. This area for improvement has been stated for the second time and requires urgent review by the registered person.

Evidence was in place to identify the dates on which the podiatrist had treated residents in the home. The returned quality improvement plan (QIP) from the previous inspection was approved by the finance inspector at that time, detailed that entries for podiatry costs were recorded in the residents' income and expenditure records. The entries were countersigned by the podiatrist.

A sample of records was reviewed which identified that a record had been made of the furniture and personal possessions which each resident had in their rooms.

A sample of records were reviewed which identified that residents had signed transport agreements in place with the home. These were included as part of the main individual written agreements between residents and the home.

Therefore, two areas for improvement were identified as part of the inspection in relation to updating residents' agreements (which should include all of the relevant details) and ensuring that expenditure consents are in place for the relevant residents.

Assessment of premises

Areas identified for improvement were inspected by the estates inspector and assessed as met.

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified as part of the finance inspection in relation to updating residents' agreements (which should include all of the relevant details) and ensuring that expenditure consents are in place for the relevant residents.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the appended QIP. Details of the QIP were discussed with Laureen Magill, deputy manager 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 23.4 Stated: First time To be completed by: 30 September 2019	<p>The registered person shall ensure that dementia awareness training is provided for all staff.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All staff have been instructed to complete Module 4 of the NISCC Adult Tool Kit: Dementia Awareness. Staff have to complete supporting reflective practice sheets and return to manager to validate learning.</p>
Area for improvement 2 Ref: Standard 35 Stated: First time To be completed by: 24 May 2019	<p>The registered person shall ensure that waste paper bins within toilets have disposable bin liners inserted.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Registered person has spoken with the housekeeping staff to ensure that all waste bins have bin liners inserted at all times to promote best practise for infection prevention and control.</p>
Area for improvement 3 Ref: Standard 5.2 Stated: First time To be completed by: 03 June 2019	<p>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.</p> <p>In addition an audit review of all care records should be conducted to check that identified fall risks are reflected within the care plans.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Falls risk assessment for individual resident is now in place. An audit was commenced on 24/06/19 to review all care records relating to fall risk assessments.</p>
Area for improvement 4 Ref: Standard 12.1 Stated: First time To be completed by: 24 May 2019	<p>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.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: This area for improvement has been actioned to allow residents to have a choice at meals times and a record is now taken on a daily basis. Hot plates are now provided when a hot meal is served.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2019</p>	<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>Ref 6.5</p> <p>Response by registered person detailing the actions taken: The registered person has arranged for the above mentioned training to be provided on the 3rd and 17th July 19 for all appropriate staff.</p>
<p>Area for improvement 6</p> <p>Ref: 4.6</p> <p>Stated: First time</p> <p>To be completed by: 24 June 2019</p>	<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>Response by registered person detailing the actions taken: The registered person has actioned this area for improvement and the resident's agreement have been reviewed and updated.</p>
<p>Area for improvement 7</p> <p>Ref: 4.2</p> <p>Stated: Second time</p> <p>To be completed by: 24 June 2019</p>	<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> <p>Response by registered person detailing the actions taken: This area for improvement has been actioned and the costs of additional goods and services now forms part of the resident's agreement.</p>

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



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