



Unannounced Care Inspection Report 17 November 2019



Bruce House

Type of Service: Residential Care Home
Address: 6a Duncairn Avenue, Belfast, BT14 6BP
Tel No: 028 9504 0570
Inspector: Alice McTavish

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 for up to 30 residents.

3.0 Service details

Organisation/Registered Provider: Belfast Health and Social Care Trust (BHSCT)	Registered Manager and date registered: Julie Grimes – acting, no application required
Responsible Individual: Martin Joseph Dillon	
Person in charge at the time of inspection: Eileen Moran, senior care assistant (acting)	Number of registered places: 30 Only two service users should be resident at any time in RC-A category of care.
Categories of care: Residential Care (RC) DE – Dementia A – Past or present alcohol dependence	Total number of residents in the residential care home on the day of this inspection: 20

4.0 Inspection summary

An unannounced care inspection took place on 17 November 2019 from 10.35 to 18.30 hours.

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

Evidence of good practice was found in relation to record keeping, communication between residents, staff and residents' families, the culture and ethos of the home and maintaining good working relationships.

A total of ten areas requiring improvement were identified. Four of these have been stated for a second time and six are new areas identified during this inspection. These were in relation to audits of staff registrations with Northern Ireland Social Care Council and annual fee payments, the home's internal and external environment, fire safety, reporting of accidents and incidents, staff meetings and the reports of the monthly visits by the registered provider.

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

Comments received from residents and people who visit them during 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	*4	*6

*The total number of areas for improvement includes four which have been stated for a second time. Three of these areas are required to comply with the Regulations and one with the Standards.

Details of the Quality Improvement Plan (QIP) were discussed with Eileen Moran, Senior Care Assistant on the day of the inspection and with Julie Grimes, Manager and Jane Hegan, Assistant Service Manager, by telephone after the inspection. 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 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 23 January 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 findings from the most recent care inspection, 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. No questionnaires were returned by residents, their relatives or staff.

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

- staff duty rotas from 11 November to 1 December 2019
- staff training schedule and training records

- one staff induction record
- four residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records from July to October 2019
- reports of visits by the registered provider from February to October 2019

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 January 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (c) Stated: First time	The registered person shall ensure that the identified fire evacuation route is cleaned and does not present as a slip hazard.	Met
	Action taken as confirmed during the inspection: Inspection of the premises confirmed that the fire evacuation route was cleaned and no slip hazards were in evidence.	
Area for improvement 2 Ref: Regulation 20 (1) (c) Stated: First time	The registered person shall ensure that staff complete mandatory training in a timely manner and that compliance is monitored.	Partially met
	Action taken as confirmed during the inspection: Inspection of training records submitted after the inspection identified that there was a system in place to monitor the compliance of staff training. The records evidenced, however, that some areas of mandatory training remained outstanding. This element of the area for improvement is therefore stated for a second time.	

Area for improvement 3 Ref: Regulation 14 (4) Stated: First time	The registered person shall ensure that staff who work in the home undertake and complete training in adult safeguarding procedures.	Not met
	Action taken as confirmed during the inspection: Inspection of submitted training records identified that two staff had not completed training in adult safeguarding procedures. This area for improvement is therefore stated for a second time.	
Area for improvement 4 Ref: Regulation 17 Stated: First time	The registered person shall ensure that a robust system for the monitoring of the quality of care and services provided by the home is established.	Not met
	Action taken as confirmed during the inspection: It was established that an annual review of the quality of care and services provided in the home was not completed. This area for improvement is therefore stated for a second time.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.8 Stated: First time	The registered person shall ensure that the frequency of staff meetings is increased.	Met
	Action taken as confirmed during the inspection: Inspection of the minutes of staff team meetings confirmed that these were held at least quarterly.	
Area for improvement 2 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that a consistent approach to the reviewing of residents need is in evidence.	Met
	Action taken as confirmed during the inspection: Inspection of care records confirmed that residents' needs were reviewed regularly.	

Area for improvement 3 Ref: Standard 6.3 Stated: First time	The registered person shall ensure that evidence is present in residents' care records that the resident and/or their representative has been consulted in respect of the planning of care.	Met
	Action taken as confirmed during the inspection: Inspection of care records identified that residents and their representatives were consulted in respect of the planning of care and there were signatures available to evidence this.	
Area for improvement 4 Ref: Standard 4 Stated: First time	The registered person shall ensure that signed residents individual agreements are in evidence and that the resident and/or their representative has been consulted and informed of the agreement.	Met
	Action taken as confirmed during the inspection: Inspection of care records identified that signed residents' individual agreements were in place and that the resident and/or their representative has been consulted and informed of the agreement.	
Area for improvement 5 Ref: Standard 24 Stated: First time	The registered person shall ensure that a systematic approach/planner is established regarding the supervision of staff and annual appraisal.	Not met
	Action taken as confirmed during the inspection: Inspection of the staff supervision schedule identified that this area was addressed. There was no evidence available to confirm that annual staff appraisals were planned. This area for improvement is therefore stated for a second time.	
Area for improvement 6 Ref: Standard 35 Stated: First time	The registered person shall ensure that housekeeping measures regarding infection prevention and control and established and complied with by staff.	Met
	Action taken as confirmed during the inspection: Inspection of the premises and records confirmed that suitable infection prevention and control measures were established and complied with by staff.	

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 people who live in this home said that they felt safe and their relatives said that there was always staff around to help residents if they needed help. The person in charge advised that staffing was safe and kept under review. There was care staff, laundry, kitchen and domestic staff on duty during the day and care staff in the evenings and overnight.

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties. We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with activities.

The person in charge described how the trust made sure that staff were properly recruited and vetted to ensure they were suitable to work with the residents in the home.

We spoke with staff who told us that they had a good induction to working in the home and that they received regular supervision. We saw that the manager had a system in place for planning supervisions with staff.

We reviewed the most up to date training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that most staff had been provided with the training but that others had yet to complete this. This area for improvement is therefore stated for the second time (see section 6.1 above).

Staff told us that they were registered with their professional body, the Northern Ireland Social Care Council (NISCC). Registration with NISCC is necessary to ensure that social care staff are safe practitioners and adhere to recognised standards of conduct and practice. We looked at the records maintained by the manager to make sure that all care staff in the home were correctly registered.

Whilst we saw no evidence that staff were working in the home without being correctly registered, we found that the last check was completed in July 2019. The assistant services manager later described the processes in place to ensure that all care staff are correctly registered but acknowledged that such registrations should be reviewed more frequently. Action was required to ensure compliance with the Standards in regard to the frequency of audits of NISCC registrations and annual fee payments.

Staff described how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The trust had a safeguarding champion. Staff were familiar with the process of making safeguarding referrals, the documents to be completed and how they would co-operate and assist in any investigations.

Staff described what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that they felt confident about reporting such poor practice.

We walked around the home and saw that it was in mostly in good decorative state and it was kept clean and warm. We looked in the bedrooms of some residents and found that they contained personal items and were comfortable. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair. Residents told us that they liked their rooms and felt they had their own space and privacy.

We noted, however, that a large section of the wall tiles in one resident's shower room had been removed. Staff told us that damp had been found on the wall and that the tiles were to be replaced after remedial work had been completed; there was, however, no firm timescale for this. Staff also told us that there were plans to have the sluice room refurbished but no progress was evident. We noted that a device had been removed from a door to the dining room which would not allow it to be kept open; we saw that this caused difficulty for residents coming and going to the dining room. The emergency escape doors at the dining room allowed a noticeable draft into the room. A small enclosed garden leading off the activities room was overgrown and poorly maintained making it unsuitable for residents to use and enjoy in better weather. In addition, there were items of litter and accumulations of fallen leaves around the building. These issues were identified as an area for improvement to comply with the Standards.

The person in charge told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that staff had received training in IPC in line with their roles and responsibilities. We saw how staff used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection.

Areas of good practice

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

Areas for improvement

Two areas were identified for improvement. These were in relation to audits of staff registrations with NISCC and annual fee payments and to the home's internal and external environment.

	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.

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe in detail the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

The person in charge described a robust assessment and admissions process before residents could be admitted to Bruce House. When risks were identified and assessed, a plan was put in place to meet the care needs of the resident and to reduce any risks. We saw evidence of this in the care records of residents. We also saw that there was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. A care review was completed with the resident, their family, care staff and staff from the trust each year. We also saw evidence that the care records were audited regularly to make sure that they were accurate and up to date.

We saw that the dining room was spacious, clean and bright. There was a menu on display setting out the choices of hot dishes on the lunch and dinner menus. Staff ensured that residents were shown each meal choice so that residents could indicate their individual choice. Portions were generous and extra portions were offered to residents by staff. There was a choice of hot and cold drinks available. We saw that there were friendly and supportive interactions between staff and residents.

Staff reported that the kitchen could be accessed by care staff so that residents who want drinks or snacks in the evenings or during the night can have these.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents laughing and joking with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff. We saw that when a resident became distressed, staff were able to offer appropriate comfort and support.

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents' daily routines were recorded. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

We could see that staff could communicate well with any residents who have a sensory disability and with those who may sometimes be unsettled and in need of additional reassurance or support.

Staff told us about the range of activities available and how the activities co-ordinator worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. Residents said that they enjoyed the activities on offer.

We looked at the minutes of residents' meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like, for example, menu choices, décor and activities. The person in charge told us that these meetings took place regularly; a separate meeting for family members was arranged but this was poorly attended. Staff reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

The person in charge told us that resident and relative satisfaction with the quality of care and services provided by the home was captured during the annual reviews of care. The Assistant Service Manager advised that a satisfaction survey was completed annually by residents and their family members; the next survey report would cover the period April 2019 to March 2020.

We spoke with residents who made the following comments:

- "I like it here. The girls (staff) are very nice...they keep my room nice and tidy and I like the food. I get visitors and I go to the office twice a week so I can speak with my son on the phone when he calls me from abroad. I like it here."
- "I live this place! The girls are lovely. I like the food and I get plenty to eat. The staff treat you like a human being – they are very kind. I like to keep busy and there's enough for me to do. I'm happy here, there's nowhere like it."
- "I'm happy here."

Residents’ relatives made the following comments:

- “I think the care here is good. The staff contact me if they have any concerns or if anything changes with mum. They call me back to give me an update if I phone and no one is available to speak with me just then. When mum came here they asked me to fill in information about mum’s history, her family, her preferences for food and her routines so that staff could get to know her. She has settled in well. The staff give her the choice to join in on activities and she has certainly enjoyed some of these. She enjoyed the Christmas party and the girls take her out for walks too. I know I can go the manager or the office if I have any questions or concerns, but I see how the staff treat her and I feel she is well cared for... I have no concerns.”
- “This place is great and the staff are fantastic! They have got to know my mum well and they take great care of her. She likes the food and the company. I know when I leave here every day that she is safe and in good hands. Staff always contact me if there’s anything wrong. It’s a real weight off my mind knowing that she is happy here. I have no complaints, but if I did, I know I can go to the manager. All is going well.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, the dignity and privacy afforded to residents and taking account of the views of residents.

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.

Staff in the home said that they got good support from their manager who was supportive and approachable.

The manager completed audits of areas such as care records, annual care reviews, complaints and compliments and hand hygiene and looks for any ways in which these areas can be improved. The manager made sure, too, that all of the systems are in place to ensure the safety of the home, for example, that all fire checks are completed. We looked at the records of fire checks and noted that the checks for some months had not been completed. We also saw that there was no robust system in place to ensure that each member of staff attended a fire drill at least annually. This was identified as an area for improvement to comply with the Standards.

Fire training is required to be provided twice annually. The training records noted only one date, hence it was difficult to establish if staff attended this training twice within the year. The manager later confirmed that all staff would have fire training provided twice by the end of the year and agreed that the training records should make provision for two dates to be recorded for each year.

The manager dealt with any complaints raised by residents or their family members. We looked at the records of complaints since the last inspection and could see that they were managed appropriately. Residents' relatives told us that they knew how to make a complaint and staff told us that they would not hesitate to raise issues with the manager, if needed.

The manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning.

The person in charge told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that an incident was not reported to RQIA in line with current guidance. This was identified as an area for improvement to comply with the Regulations.

We found that the system used to cross reference accidents and incidents occurring in the home against those reported to the trust and RQIA was disorganised; this made it difficult for robust managerial oversight of this area. Advice was provided to the manager as to how this system could be improved.

The person in charge advised that there were regular staff meetings and that information was shared with the staff team about any issues arising. We looked at the minutes of staff meetings and saw that these were provided quarterly. We noted that an agenda and comprehensive meeting minutes were present for some, but not all, meetings; there was no established system to ensure that the meeting minutes were shared with staff who were not present at these meetings. This was identified as an area for improvement to comply with the Standards.

The home was visited by the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits in February to October 2019 and found that these were comprehensive. The reports showed evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that audits, complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

We saw on one report that the manager had not signed that she had received and acted upon the findings of the report. This was identified as an area for improvement to comply with the Standards.

Throughout this inspection staff told us that the lack of a permanent manager had impacted on the running of the home; staff consistently told us, however, that the quality of the care provided to residents was not compromised by this and that the care of residents was good. The Assistant Service Manager acknowledged this and advised that the recruitment of a registered manager was in progress and that additional care staff were also being recruited to replace staff who had retired.

Areas of good practice

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

Areas for improvement

Four areas were identified for improvement. These were in relation to fire safety, reporting of accidents and incidents, staff meetings and the reports of visits by the registered provider.

	Regulations	Standards
Total number of areas for improvement	1	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Eileen Moran, senior care assistant on the day of the inspection and with Julie Grimes, manager and Jane Hegan, Assistant Service Manager, by telephone after the inspection. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (c)</p> <p>Stated: Second time</p> <p>To be completed by: 31 January 2020</p>	<p>The registered person shall ensure that staff complete mandatory training in a timely manner.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: The Manager and the Assistant Services Manager review training compliance on a monthly basis and ensure that follow up actions are taken to address any gaps. Attendance at training is discussed with staff at supervision and team meetings and efforts are made to ensure adequate staffing levels are available to release staff to attend training. There is an identified staff member who supports staff to book onto all mandatory training and all staff have been booked onto outstanding training during December 2019 and January 2020.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: Second time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person shall ensure that staff who work in the home undertake and complete training in adult safeguarding procedures.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: At the time of the inspection the training matrix evidenced that two staff needed to complete adult safeguarding training. One of the staff member's was already scheduled to attend this training on 20/11/2019. The second staff member has been booked to attend the next available training on 17/01/2020.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 17</p> <p>Stated: Second time</p> <p>To be completed by: 31 January 2020</p>	<p>The registered person shall ensure that a robust system for the monitoring of the quality of care and services provided by the home is established.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Questionnaires were distributed in December 2019 for return mid-January 2020 and a report and action plan will be completed by 31 January 2020.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 30 (1)</p> <p>Stated: First time</p> <p>To be completed by: 21 November 2019</p>	<p>The registered person shall ensure that RQIA is notified of all accidents, incidents and events which occur in the home in line with current guidance.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Manager has discussed the notification of accidents and incidents</p>

	<p>with senior staff to ensure timely notification. The Manager reviews all notifications frequently as part of governance arrangements. The identified incident has been notified to RQIA.</p>
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Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 24</p> <p>Stated: Second time</p> <p>To be completed by: 31 January 2020</p>	<p>The registered person shall ensure that a systematic approach/planner is established regarding annual appraisal.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Staff had their annual appraisal/SDRs completed during 2018/2019. The manager is collating these for filing in staff files. The manager has scheduled dates for staff annual appraisals/SDRs to be completed during January and February 2020.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.5</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2020</p>	<p>The registered person shall ensure suitable plans are put in place for the following areas to be addressed in a timely manner:</p> <ul style="list-style-type: none"> • repair of the damp area and replacement of the wall tiles in one resident's shower room • refurbishment of the home's sluice room • provision of a hold open device linked to the home's fire safety system on the door to the dining room • draft-proofing of the emergency escape doors at the dining room • correct maintenance of the small enclosed garden and removal of litter and accumulations of fallen leaves <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Job requests and a minor bid were emailed to the estates department on 19/11/19 and the manager is checking progress each week. The draft-proofing of the emergency doors in the dining room is currently being completed and maintenance of the enclosed garden has been improved. The Manager will continue to liaise with the estates department until these actions have been completed.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 20.3</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person shall ensure that an audit of staff registrations with NISCC and annual fee payments is carried out regularly.</p> <p>Response by registered person detailing the actions taken: The audit template has been reviewed and updated since the inspection. The Manager can confirm that all staff are registered with NISCC or NMC and annual renewal dates are included in the audit.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure robust systems are put in place for the following:</p> <ul style="list-style-type: none"> • regular recorded fire checks • all staff to attend a fire drill at least annually

To be completed by: 31 January 2020	Ref: 6.6
	Response by registered person detailing the actions taken: Robust systems are in place to carry out fire safety checks. The manager checks fire records weekly, audits the fire records on a monthly basis and follows up as necessary. The completion of fire safety checks are discussed at each staff meeting and senior care assistants complete a daily check that includes fire safety checks. All staff have completed a fire safety drill at least annually. The most recent fire safety training was completed on 25/11/19. A second column has been added to the training matrix to record that staff receive fire safety training every six months.

<p>Area for improvement 5</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2020</p>	<p>The registered person shall ensure the following for staff team meetings:</p> <ul style="list-style-type: none"> • an agenda is drawn up • minutes are prepared • a system is established for meeting minutes to be shared with any staff not present <p>Ref: 6.6</p>
<p>Area for improvement 6</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</p>	<p>Response by registered person detailing the actions taken: The agenda and minutes of the most recent staff meeting in November 2019 have been typed and made available to all staff to read and sign.</p> <p>The registered person shall ensure that the home manager consistently signs that they receive and act upon the findings of the report of the visit by the registered provider.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Manager has signed every monthly report from the registered provider received since commencing post in October 2019 and will continue to do so.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
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Assurance, Challenge and Improvement in Health and Social Care