

Unannounced Care Inspection Report 5 June 2018



80 Malone Road

Type of Service: Residential Care Home
Address: 80 Malone Road, Belfast, BT9 5BU
Tel No: 028 9504 0370
Inspector: Kylie Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a residential care home with fourteen places that provides care and accommodation for residents with a learning disability.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Martin Dillon	Registered Manager: Fiona Campbell
Person in charge at the time of inspection: Fiona Campbell	Date manager registered: 23 April 2018
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 14

4.0 Inspection summary

An unannounced care inspection took place on 5 June 2018 from 11.10 to 16.15.

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

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

Evidence of good practice was found in relation to staff training, supervision, communication with residents and other interested parties, meals, activity provision, governance arrangements, managing change and maintaining good working relationships.

Two areas for improvement in relation to the regulations were identified in regard to the process for obtaining up to date assessments for those returning for a period of respite and in regard to securing furniture to the wall.

The registered manager gave assurances that the estates checklist provided during the inspection would be completed and returned to RQIA within two weeks and that the updated Statement of Purpose would be forwarded to the inspector by the end of July 2018 to progress a variation application to reduce the number of approved places from fourteen to thirteen.

Residents indicated that they were happy and content with their lifestyle in the home and that they had good relations with staff and each other.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Fiona Campbell, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection

In addition to those actions detailed in the QIP, an updated statement of purpose had been requested in regard to a variation application submitted to reduce the number of registered places from fourteen to thirteen. This was outstanding and discussed with the registered manager during the inspection.

5.0 How we inspect

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

During the inspection the inspector met with the registered manager, the assistant services manager, two residents and two care staff. Other residents in the home were observed and/or greeted during the inspection.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Eight questionnaires were returned by residents' representatives within the agreed timescale.

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

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule and training records
- One staff competency and capability assessment
- Sample of staff briefing and handover records
- Three residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care records; accidents and incidents (including falls, outbreaks), complaints, environment and training
- Accident, incident, notifiable event records

- Sample of completed questionnaires and evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

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 person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 October 2017

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

6.2 Review of areas for improvement from the last care inspection dated 26 October 2017

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 20.-(3) Stated: First time	The registered person shall ensure that a competency and capability assessment is completed for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the registered manager and staff and review of one staff file.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 16.1 Stated: First time	The registered person shall ensure that that the adult safeguarding policy and procedure is reviewed to make it consistent with the NIASP Adult Safeguarding Operational Procedures, September 2016.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the registered manager and review of the adult safeguarding policy, local procedure and adult safeguarding resource file.	
Area for improvement 2 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that a diabetes management care plan is in place for those residents who have diabetes.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following review of one residents care file.	
Area for improvement 3 Ref: Standard 25.7 Stated: First time	The registered person shall ensure that records are retained of the information discussed during staff handovers.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following review of staff briefing and handover record.	
Area for improvement 4 Ref: Standard 1.6 Stated: First time	The registered person shall ensure that the views and opinions of residents and their representatives regarding the running of the home, including the quality of care and the environment are sought formally once a year: an evaluation report is produced and made available to respondents.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following a review of a sample of completed questionnaires and subsequent evaluation report and action plan.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. It was good to note that steps had been taken to manage the occupancy levels in the home in relation to available staffing levels while a recruitment and selection process was taking place for care assistants. Trust bank and agency staff were also used in the home. The registered manager stated that the use of bank/agency staff did not prevent residents from receiving continuity of care; bank staff were block booked. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

Discussion with staff confirmed that mandatory training and supervision of staff was regularly provided. Schedules of training, and supervision were reviewed during the inspection. The registered manager reported that new appraisal documentation had been introduced and that annual appraisals of staff were scheduled to be completed by the end of August 2018.

Discussion with the registered manager and staff and review of one staff file confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.

The registered manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. No new staff had been recruited since the previous inspection.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment.

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 Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy and local procedure in place was consistent with the current regional policy and procedures. This 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. The role and function of the Adult Safeguarding Champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed with the registered manager.

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

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.

The registered manager advised there were restrictive practices within the home, notably the use of lap belts and bed rails. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. The registered manager reported that the home's statement of purpose and residents' guide were under review and would describe restrictive practices in the home. It was agreed that updated versions of the statement of purpose and residents' guide would be forwarded to RQIA by the end of July 2018. These documents had been previously requested to progress a variation application submitted to RQIA to reduce the registered places in the home from fourteen to thirteen.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary. The registered manager was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

Staff training records evidenced that all staff had received training in Infection Prevention and Control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had an 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. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken and action plans developed to address any deficits noted, for example, environmental cleanliness. The inspector advised the registered manager of a website resource where IPC tools were available to audit the environment and hand hygiene.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency and RQIA with appropriate records retained. The registered manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of

accidents/falls were undertaken on monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible.

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. The sensory room had been improved and all equipment was in working order; staff reported that residents enjoyed using the sensory room.

One wardrobe was not secured to the wall and the registered manager advised that this had been reported to the estates department for urgent attention. However, when the inspector contacted the home on 26 June 2018, staff reported that the wardrobe had not been secured and an area for improvement was made to comply with the regulations; staff reported that residents using this respite room would not be at risk of pulling the wardrobe over. A new bath had been installed and the registered manager reported that residents enjoyed using it.

Inspection of the internal and external environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH) and fire safety. It was established that no residents in the home smoked.

The registered manager reported that the home had an up to date legionella risk assessment in place and all recommendations had been actioned or were being addressed.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

Discussion with the registered manager confirmed that the Lifting Operations and Lifting Equipment Regulations (LOLER) maintenance records were up to date.

The registered manager reported that an up to date fire risk assessment had been undertaken recently; the report had not been received and had been requested by the registered manager who reported that recommendations would be followed up.

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.

Staff spoken with during the inspection made the following comments:

- “We definitely get the same agency (staff members).”
- “We get supervision on a regular basis.”
- “We get SCIP (Strategies for Crises Intervention and Prevention) training and I’ve finished doing fire warden training.”

Eight completed questionnaires were returned to RQIA from residents’ visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in regard to securing a wardrobe to the wall.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

Discussion with the registered manager established 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 includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with General Data Protection Regulation (GDPR).

A review of three care records confirmed that these were largely maintained in line with the legislation and standards. The registered manager reported that a pre-admission process was in place for residents newly referred for respite in the home. In respect of residents who had previously been referred and were availing of respite in the home again, an update of residents’ care needs and risk assessments had not been consistently obtained from the trust prior to admission; an area of improvement was identified to comply with the regulations.

In regard to permanent residents, care records included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to

be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, the nutritional intake and quality of sleep had been improved for one resident as a result of the home working closely with the multi-disciplinary team.

A varied and nutritious diet is provided which meets the individual and recorded dietary needs and preferences of the residents. One resident was observed having lunch in the dining room. The resident appeared happy and content and ate at an unhurried pace.

Systems are in place to regularly record residents' weights and any significant changes in weight are responded appropriately. There are arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT are reflected within the individual resident's care plans and associated risk assessments. Discussions with staff confirmed that they had identified and responded to a need to improve the choice of meals and snacks for residents who had a pureed diet; staff reported that the quality and variety of these new meals and snacks were excellent.

Discussion with the registered manager and staff confirmed that wound care is managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on skin. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner. Resident's wound pain was found to be managed appropriately.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), environment and staff training were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included multi-professional team reviews, staff meetings and staff shift handovers. Minutes of staff meetings were reviewed during the inspection. The registered manager reported that residents meetings are not a suitable means of engagement with residents living in the home and instead staff communicate on an individual basis with residents and with families to constantly seek engagement and feedback. Discussions with staff and the registered manager confirmed that staff advocated effectively on behalf of residents.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home. There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports and RQIA inspection reports were available on request for any interested party to read.

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.

Staff spoken with during the inspection made the following comments:

- “Staff discuss together any incidents.”
- “I had the tissue viability nurse out and they were very impressed with the standard of care received (by residents in the home).”
- “It’s coming together, the multi-sensory room with the help of Fiona (registered manager), it’s well used, we got a new bubble tube.”

Eight completed questionnaires were returned to RQIA from residents’ visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits, communication between residents, staff and other interested parties.

Areas for improvement

One area for improvement was identified in regard to the process for obtaining up to date needs assessments for residents returning for subsequent periods of respite in the home.

	Regulations	Standards
Total number of areas for improvement	1	0

6.6 Is care compassionate?

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

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager advised that consent and/or agreement 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 confidentiality were protected. Discussion with the registered manager and operational manager confirmed that signed agreements in respect of, for example, photography, access to records and night checks would be obtained through the annual review process.

Discussion with staff 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.

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, residents and observation of practice 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.

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 action plan was made available for residents and other interested parties to read. Whilst neither residents nor relatives had identified any improvements, it was good to note that staff had identified improvements including the need for more outings in the summer, new resources for the multi-sensory room and new dining room chairs. This is commended.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example, a range of table top activities, trips out shopping, going out for a walk were facilitated by staff. Arrangements were in place for residents to maintain links with their friends, families and wider community. The home had access to a bus every other weekend and trips had taken place in recent months to Oxford Island, Hillsborough Castle and Belfast Castle.

Residents spoken with during the inspection made the following comments:

- "I like going out."
- "I like it here."
- "They (staff) are very good."

Eight completed questionnaires were returned to RQIA from residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

One resident's representative made the following comment:

- "My (relative) stays for respite at least once a year. Fiona (registered manager) and the staff are always very friendly and helpful and my (relative) is very comfortable there."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, meals and activity provision.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home and 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 registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed 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. No complaints had been received since the previous inspection. Arrangements were in place to share information about complaints and compliments with staff.

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. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

There was evidence of managerial staff being provided with additional training in governance and leadership. For example, the registered manager reported that she had completed training in finance procedures and monetary management. The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. The registered manager reported that the staff team had recently learned about root cause analysis together. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example, the registered manager reported that training for staff in epilepsy and buccal midazolam would be scheduled this year and swallowing awareness training would be cascaded to the team.

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

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was 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 that staff would be offered support.

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.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. The registered manager reported that staff complete equality and diversity training.

The home collected equality data on residents and the registered manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

Staff spoken with during the inspection made the following comments:

- “If you air concerns to Fiona (registered manager), she is on it right away.”
- “The door is always open.”
- “There has been a process of well-managed change, step by step.”

Eight completed questionnaires were returned to RQIA from visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, managing change 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 Fiona Campbell, registered 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 15 (2) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2018</p>	<p>The registered person shall ensure that the prior to every admission the assessment of the needs of residents availing of respite are revised and updated.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A process has been implemented whereby contact is made with the short-breaks service user's regular carer and community based keyworker to enquire if there have been any changes prior to the next planned admission. Where changes are identified the Care Plan is updated as appropriate.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 2 (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2018</p>	<p>The registered person shall ensure that free-standing furniture is safely secured to the wall. The identified wardrobe should be secured.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager has liaised with Estates Services and this work will be completed by 30 July 218 as stipulated by RQIA.</p>

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



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