

# Unannounced Care Inspection Report 24 January 2017



## 80 Malone Road

Type of service: Residential Care Home  
Address: 80 Malone Road, Belfast, BT9 5BU  
Tel No: 028 9504 0370  
Inspector: Alice McTavish

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of 80 Malone Road Residential Home took place on 24 January 2017 from 10.05 to 16.15.

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

### **Is care safe?**

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

Two recommendations were made in relation to staff training and to the home's environment.

### **Is care effective?**

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

One recommendation was made in regard to care records.

### **Is care compassionate?**

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

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

### **Is the service well led?**

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

One recommendation was made in regard to the dining experience of residents.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	4

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

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

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 16 August 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Belfast Health and Social Care Trust/Martin Joseph Dillion	<b>Registered manager:</b> Catherine Major (Acting)
<b>Person in charge of the home at the time of inspection:</b> Eddie Arthur, residential worker, until 13.00. Catherine Major (Acting), after 13.00.	<b>Date manager registered:</b> Catherine Major, acting manager since January 2017
<b>Categories of care:</b> LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 14

## 3.0 Methods/processes

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

During the inspection the inspector met with three residents, three care staff, a catering assistant, the acting manager and the trust's operations manager who was present for feedback at the end of the inspection. No visiting professionals and no residents' visitors/representatives were present.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules

- Staff training schedule/records
- Care files of three residents
- The Residents' Guide
- Complaints and compliments records
- Equipment maintenance records
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- Policies and procedures manual

A total of 30 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Four questionnaires were returned within the requested timescale.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 11 October 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 16 August 2016

Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 October 2016</p>	<p>The registered provider should ensure that a more robust system is put in place to provide better oversight of the areas of mandatory training, annual staff appraisals and staff supervision.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and examination of documentation confirmed that a more robust system was put in place to provide better oversight of the areas of mandatory training, annual staff appraisals and staff supervision.</p>	<p><b>Met</b></p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 29.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p>The registered provider should ensure that a Personal Emergency Evacuation Plan (PEEPs) is completed for all residents who are placed in the home under emergency arrangements.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and examination of documentation confirmed that Personal Emergency Evacuation Plans (PEEPs) were completed for all residents who were placed in the home under emergency arrangements.</p>		
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 20.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p>The registered provider should ensure that the identity of individual residents is protected within the monthly monitoring visit reports through the use of the unique identifier.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and examination of monthly monitoring visit reports confirmed that the identity of individual residents was protected within such reports.</p>		

#### 4.3 Is care safe?

The person in charge confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met.

Staff advised that members of the regular staff team had recently been unavailable for work due to unforeseen circumstances. This included an acting manager. The trust had placed, temporarily and on a part time basis, an experienced manager into the position until a permanent manager took up post in early March 2017. The current acting manager was familiar with both the running of the home and with many of the staff team. Staff advised that, whilst there had been a reliance on trust bank staff and some agency staff, every effort was made to ensure that bank and agency staff used in the home were already familiar with the care and support needs of the residents.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with the acting manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

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

The acting manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed during the last care inspection and found to be satisfactory. These were not reviewed on this occasion.

Review of the recruitment and selection policy and procedure during the last care inspection confirmed that it complied with current legislation and best practice. This document was not changed since the last care inspection. Discussion with the acting manager confirmed that no staff had been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion. Discussion with staff confirmed that arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

Discussion with the acting manager and the operations manager identified that the adult safeguarding policy and procedure had been reviewed and was to come into effect in April 2017. This would make it consistent with the current regional guidance and would include the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the acting 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 acting manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting manager and staff identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The person in charge confirmed there were some restrictive practices employed within the home, notably wheelchair lap belts and chest harnesses, bed rails and, for one resident, a bespoke bed which was fitted with high Perspex sides. A locked external door was for security only and residents could leave the building at any time, should they wish. Discussion with the person in charge regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-professional team 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. In discussion with staff, it was identified that the residents accommodated within the home did not ordinarily present with any behaviours which challenge. This situation had very recently changed; it was acknowledged by the acting manager and the operations manager that

staff in the home should be provided with additional training in managing such behaviours and in breakaway techniques. A recommendation was made in this regard.

The acting manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc. The trust also maintained the Belfast Risk Assessment and Audit Tool (BRAAT) which identified risks and ensured that they were effectively managed.

The person in charge confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that 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, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Inspection of the internal and external environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. Whilst there were no obvious hazards to the health and safety of residents, visitors or staff within the building, it was noted that the paths around the home and some outdoor furniture had not been maintained in a clean state. Staff advised that residents had used the outdoor space when it was sufficiently maintained and during warmer weather. A recommendation was made in this regard.

The home had an up to date fire risk assessment in place dated 14 January 2017 and all recommendations were noted to be appropriately addressed. The acting manager confirmed that plans were already in place to have the next fire safety risk assessment completed before the end of January 2017.

Discussion with the person in charge confirmed that staff completed fire safety training twice annually. Review of fire safety records confirmed that fire drills were completed approximately every six months, most recently on 1 July 2016. Records were retained of 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 were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

The dining experience of residents was examined during this inspection. Inspection of the catering kitchen identified that it was clean, well equipped and well maintained. Foodstuffs were

properly stored and fridge and freezer temperatures were monitored and recorded. Kitchen staff were provided with training in food hygiene. Care staff were also trained in swallow awareness, diabetic care and first aid.

Records were kept of meals eaten by individual residents if concerns were present regarding the resident's food or fluid intake. A suitable risk monitoring tool was used, where appropriate, for such residents and there was evidence contained in the care records of liaison with residents' Dieticians and Speech and Language Therapists (SALT).

There were systems in place to ensure that dietician or SALT recommendations for therapeutic diets were followed. Discussion with the catering assistant identified that he was informed of the individual dietary needs of residents in relation to allergies, special diets, textures and consistencies of food. Staff confirmed that residents, many of whom had physical limitations, were provided with assistance with meals; this practice was also observed by the inspector during the lunch service.

Four completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as satisfied or unsatisfied.

Comments received from staff were as follows:

- "Challenging behaviour training may be useful. Outdoors gritted / salted when ice and snow."
- "At times the unit is not fully staffed by qualified staff."
- "I feel full time service users' needs are protected from harm. In respite situations, lack of information regarding service users' safety and staff safety."

### Areas for improvement

Two areas for improvement were identified. One recommendation was made in relation to provision of additional training in behaviours which challenge and in breakaway techniques. One recommendation was made in relation to the outside space of the home.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
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### 4.4 Is care effective?

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

A review of the care records of three residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred. It was noted, however, that a small number of residents had allergies but these were not recorded in care plans or in risk assessments. A recommendation was made in this regard.

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. Care staff were able to describe in detail the individual choices and preferences of residents.

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

The acting manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. As the majority of residents, however, had limited verbal communication, residents did not participate in residents' meeting. Residents were approached individually to discuss their views on the care and services provided in the home. The acting manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

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.

Examination of the weekly menus identified that choices were provided at each mealtime and that suitable alternatives were provided; snacks and drinks were available on request. Staff confirmed that snacks were always available.

It was observed that the dining room was clean and bright and that tables were laid with good quality crockery, cutlery and glassware. Meal portion sizes were generous and meals were attractively presented. The catering assistant and staff confirmed that additional servings were always available and provided on request.

Staff reported that the kitchen operated at the same level over seven days and a full menu was available on each day. Whilst the meals were not cooked on the premises, they were supplied cooked and chilled and there was a very wide range of meals. Residents and staff had access to the kitchen at all times. A small number of residents were able to safely prepare simple foods and hot drinks with the support of staff, and residents were encouraged to do so in order to promote independence.

Four completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as satisfied.

A comment received from a staff member was as follows:

- "Effective to a good standard."

### Areas for improvement

One area for improvement was identified in relation to noting any allergies in care plans and risk assessments.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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## 4.5 Is care compassionate?

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

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with staff confirmed that 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 and an easy read version of the Residents Guide was provided.

Staff in the home confirmed that consent was sought in relation to care and treatment. Discussion with staff and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to describe how residents' confidentiality was protected.

The acting manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Discussion with staff, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Staff described how residents were supported to go on bus outings and to enjoy social occasions. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Menus were provided for special occasions including Easter, Christmas and Halloween. Care and catering staff advised that on residents' birthdays, a cake and candles would be presented and party food provided. Staff often purchased a gift for the resident. The catering assistant and staff confirmed that hospitality was extended to families or groups who visited the home. At weekends the residents often chose to have a takeaway meal whilst enjoying favourite television programmes and a fry was provided on Saturday mornings, in accordance with the preference of the resident group.

Residents spoken with during the inspection made the following comments:

- "It's good here. I like it."
- "All's ok."

Four completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

### Areas for improvement

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.6 Is the service well led?

The acting manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA. It was acknowledged, however, that the lack of a permanent manager had had a negative impact and staff may have been dissatisfied with aspects of the running of the home. It was confirmed that a newly appointed manager was to take up post in March 2017.

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. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and poster and leaflets in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

The acting manager advised 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 last care inspection; records of complaints would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. Should complaints be regularly received, an audit of complaints would be used to identify trends and to enhance service provision.

A review of accidents/incidents/notifiable events during the last care inspection confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. This area was not inspected on this occasion.

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

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The acting manager confirmed that the operations manager was kept informed regarding the day to day running of the home and was very closely involved in providing managerial support in the period until the permanent manager would take up post.

The acting manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

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

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

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

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

With regard to the management of the dining experience for residents, the trust had developed a policy for take away food. There was a system of communication between the care staff and catering staff in order to share information regarding special diets.

It was noted that residents used condiments and sauces which were supplied in catering sachets. Catering and care staff advised that the quality of the sauces was not adequate and that residents did not appear to enjoy using these. In discussion with the acting manager, it was acknowledged this the use of salt and pepper cellars and high quality, branded sauce in bottles would provide a more domestic experience for residents. A recommendation was made in this regard.

Four completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of the service as unsatisfied or very unsatisfied.

Comments received from staff were as follows:

- “Due to not having a permanent manager the past year there has been no structure. Complaints are going unheard and no compliments to staff who have tried their utmost to ensure care safe, care effective and care compassionate.”
- “Unfortunately I have had problems with pay and sick pay and I am still trying to get resolved.”
- “Due to not having a manager for the past year, staff have been having problems with their pay. This should change as we (are) getting a new manager.”
- “The new manager should be in place as soon as possible.”

The level of dissatisfaction indicated by staff within the returned questionnaires was shared with the acting manager.

### Areas for improvement

One area for improvement was identified. This was in relation to the use of salt and pepper cellars and sauce bottles in order to provide a more domestic dining experience for residents.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Catherine Major, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## 5.1 Statutory requirements

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

## 5.2 Recommendations

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

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via the web portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

Recommendations	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2017</p>	<p>The registered provider should ensure that staff in the home are provided with additional training in managing behaviours which challenge and in breakaway techniques.</p> <p><b>Response by registered provider detailing the actions taken:</b> In response to this recommendation, all staff will complete the trust's training in the management of behaviours which challenge in relation to adults with a learning disability. Staff are booked on 3 day courses in May and June 2017. In addition a bespoke training event has been organised for the staff at 80 Malone Road on 27<sup>th</sup> March 2017.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 27.5</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider should ensure that paths around the home and outdoor furniture are maintained in a clean state.</p> <p><b>Response by registered provider detailing the actions taken:</b> In response to this recommendation, half the paths around the home have been given a deep clean using a power hose during February. The remainder of the pathways and the outdoor furniture will be given a similar deep clean, this will be completed before 31<sup>st</sup> March 2017</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2017</p>	<p>The registered provider should ensure that any residents' allergies are noted in care plans and in risk assessments.</p> <p><b>Response by registered provider detailing the actions taken:</b> In response to this recommendation, any known allergies have been detailed in residents' careplans and risk assessments.</p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2017</p>	<p>The registered provider should ensure that salt and pepper cellars and high quality, branded sauces in bottles are used in order to provide a more domestic dining experience for residents.</p> <p><b>Response by registered provider detailing the actions taken:</b> In response to this recommendation, the home has purchased branded sauces for use by residents. These are available and are used under staff supervision in line with residents' preferences.</p>

*\*Please ensure this document is completed in full and returned via the webportal\**



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