

# Unannounced Care Inspection Report 24 July 2017



## Chestnut Grove

**Type of Service: Residential Care Home**  
**Address: 59-61 Somerton Road, Belfast, BT15 4DD**  
**Tel No: 028 9504 1610**  
**Inspector: Bronagh Duggan**

[www.rqia.org.uk](http://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 registered for up to 44 beds to provide care according to the categories of care outlined on the home’s certificate of registration. The home provides permanent accommodation for a small number of residents. A rehabilitation service is also offered by the home for residents discharged from hospital for a short term period of rehabilitation and assessment before returning to their own home or being admitted into a care home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust <b>Responsible Individual(s):</b> Martin Joseph Dillon	<b>Registered Manager:</b> Mairead McCarten
<b>Person in charge at the time of inspection:</b> Brian Ewing, senior carer, until 14.00. Margaret McCrea, senior carer, from 14.00 onwards.	<b>Date manager registered:</b> 15 Dec 2016
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category E – Over 65 years of age but do not fall within the category of old age MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	<b>Number of registered places:</b> 44

### 4.0 Inspection summary

An unannounced care inspection took place on 24 July 2017 from 11.00 to 18.45.

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 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 infection prevention and control, risk management, care reviews, multi-disciplinary meetings and communication between residents, staff and other key stakeholders.

Areas requiring improvement were identified including updating risk assessments, the auditing of care records, ensuring more detail in daily care records and consistency regarding the recording of complaints.

Residents said “This has been a most pleasant experience. Everyone is very good” and “The staff are all very pleasant, the food is good. No complaints.”

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
<b>Total number of areas for improvement</b>	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Margaret McCrea, senior carer, as part of the inspection process. The registered manager, Mairead McCartan, was made aware of the areas for improvement via telephone following 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 February 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, complaints and intelligence information, the previous inspection report and the returned QIP

During the inspection the inspector met with 17 residents and five staff.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Eight questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision schedule
- Sample of competency and capability assessments
- Staff training schedule/records
- Three residents' care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls), care reviews
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings

- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met in five areas. One area for improvement has been partially met and has been stated for a second time in the QIP appended to this report.

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 23 May 2017

The most recent inspection of the home was an unannounced medicines management inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 21 February 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
<b>Area for improvement 1</b> Ref: Regulation 27.(2) (a) Stated: First time	The registered provider must ensure appropriate hold open devices are fitted on bedroom doors.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed a risk assessment had been completed regarding hold open devices on bedroom doors and records confirming this were available in the home. Whilst the appropriate hold open devices were not yet in place, the registered manager confirmed the information was shared with the estates department and plans were in place to ensure the installation of the hold open devices.	

<b>Area for improvement 2</b> <b>Ref:</b> Regulation 20.(3) <b>Stated:</b> Second time	The registered provider must ensure competency and capability assessments are undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the registered manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and written information provided following the inspection confirmed that competency and capability assessments were completed for any person who is given the responsibility of being in charge of the home in the manager's absence.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 17 (1) (3) <b>Stated:</b> Second time	The registered provider must ensure the views and opinions of residents and representatives are gathered on an annual basis; this information should then be included in an associated report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the senior carer and review of records maintained in the home showed opinions of residents and representatives had been gathered and were compiled into a report which was available for interested parties to read.	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 5.5 <b>Stated:</b> First time	The registered provider should ensure that the risk assessment is reviewed and updated relating to an identified resident's condition.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The risk assessment had been reviewed and updated regarding the identified resident's condition.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 9.3 <b>Stated:</b> First time	The registered provider should ensure weight records are maintained on a regular and up to date basis for the identified resident.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>	

	Weight records reviewed for the identified resident were maintained on an up to date basis.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 21 <b>Stated:</b> Second time	The registered provider should ensure the home's admission policy and procedure is reviewed and updated.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the home's admission procedure confirmed it had been reviewed and updated.	

### 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 senior carer 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 confirmed the number of residents can fluctuate depending on the number of admissions or discharges of rehabilitation residents on a daily basis and staff numbers were adjusted accordingly. No concerns were raised regarding staffing levels during discussion with residents and staff.

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

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 and staff supervision was maintained and was reviewed during the inspection.

The senior carer 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. A sample of two completed staff competency and capability assessments was reviewed and found to be satisfactory.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance. Discussion with staff confirmed that they were aware of the 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 staff.

Discussion with the senior carer, 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 senior carer confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the senior carer 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 senior carer confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

The senior carer confirmed there were risk management policy and procedures in place. Discussion with the senior carer 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. fire safety.

Staff training records confirmed 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 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 senior carer reported that any outbreaks of infection within the last year had been managed in accordance with the trust policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken permanent residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. Bedrooms for residents admitted for a period of rehabilitation were clean, tidy, and functional. The home was fresh-smelling, clean and appropriately heated. A programme of redecoration was undertaken throughout the home bedrooms and communal areas had been repainted. Flooring, bathrooms and toilet areas had also been significantly improved upon.

Inspection of the internal and external environment identified that the home and grounds were 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.

The home had an up to date fire risk assessment in place dated 20 September 2016 and recommendations were noted to be addressed.



Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 21 May 2017. Records were retained of staff who participated in the fire drill. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained.

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

Comments received from completed questionnaires were as follows:

- “We always feel he is safe and well looked after and we have every confidence in the staff.” (representative)
- “I have always been well cared for here.” (resident)
- “The staff give very good care to all clients.” (staff)

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to infection prevention and control, risk management and the home’s environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

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

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

Three care records were reviewed and each included an up to date assessment of needs. It was noted that while the risk assessments in one of the care records had been reviewed and updated, risk assessments were either not available or had not been recently reviewed within the other two care records. This was identified as an area for improvement to comply with standards. Further to this, the benefits of auditing care records was discussed with the registered manager; especially those of permanent placed residents to ensure availability and consistency of information gathered and to ensure relevant information is reviewed and updated on a regular basis. This was identified as an area for improvement to comply with standards.

The care records reflected the multi-professional input into the residents’ health and social care needs. The need to ensure daily care records reflect all care given was discussed with the registered manager following inspection. It was noted that care records reviewed said resident

complained of pain yet there was no further entry to say if the resident received pain relief and if the pain relief had effect. Separate records recorded when pain relief was administered. This was identified as an area for improvement to ensure compliance with standards.

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, for example, residents were consulted with daily regarding their menu choices.

The senior carer confirmed that there were arrangements in place to monitor and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care reviews and accidents and incidents (including falls) were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

The senior carer 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, residents' meetings, staff meetings and staff shift handovers. Multi-disciplinary meetings were held on a weekly basis to review progress of residents admitted to the home for a period of rehabilitation. Allied health professionals from the community rehabilitation team including physiotherapists, occupational therapists and therapy assistants were based in the home on week days to support residents with their identified care and rehabilitation needs. 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. Minutes of resident meetings were reviewed during the inspection.

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.

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

Comments received from completed questionnaires were as follows:

- "Staff are always willing to help when needed." (resident)
- "His needs are always catered for to the highest possible standard." (representative)

### **Areas of good practice**

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

### **Areas for improvement**

Three areas for improvement were identified. One area related to updating the identified risk assessments; one area related to the regular auditing of the care records to ensure consistency and regular review; one area related to ensuring that daily recording of the care given to residents provided sufficient detail.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

### 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.**

The senior carer 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 and residents confirmed that residents' spiritual and cultural needs were met within the home. This included a regular church service and visits from local church representatives.

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, for example, upon admission for a period of rehabilitation, residents were provided with a resident's guide which outlined the nature of the services provided and how to make a complaint.

Discussion with residents and staff along with 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 able to demonstrate how residents' confidentiality was protected, for example, ensuring the office door was closed during staff handover.

The senior carer and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

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.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example, in residents' meetings, annual reviews, satisfaction surveys, etc.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

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, residents had the opportunity to participate in reminiscence therapy, armchair aerobics, and in-house library. Arrangements were in place for residents to maintain links with their friends, families and wider community, for example, some residents would maintain links with a local day centre and have the opportunity to go out for lunch, if they so wish.

Residents spoken with during the inspection made the following comments:

- “It has been a very good experience, no complaints.”
- “I think it is good, the staff are very kind. It’s not home but it is very good.”
- “This has been a most pleasant experience, everyone is very good. They have such empathy and really care. There is a lovely feel about this place.”
- “It couldn’t be any better, the staff are so helpful there is always somebody about if you need them.”
- “The staff are all very pleasant, the food is good. No complaints.”

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

Comments received from completed questionnaires were as follows:

- “He has been informed and consulted with all decisions with his care. He is very happy.” (representative)
- “The staff are very friendly and caring.” (resident)
- “Regular meetings where the team discuss the (resident) and any concerns the client has raised.” (staff)

**Areas of good practice**

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.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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. The needs of residents were met in accordance with 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.

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 provided upon admission to the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records showed some discrepancies in relation to recording. Two separate complaints records were made available. It was noted information previously shared with RQIA regarding a complaint was not recorded in either of the records which were made available. In addition, information recorded on a monthly monitoring report was also not included in the two complaints records reviewed. The need to ensure all complaints are recorded in one clearly defined place was discussed with the registered manager following the inspection. Complaints records should include details of the complaint, any investigation undertaken, all communication with complainants, the outcome and the complainant's level of satisfaction. This was identified as an area for improvement to ensure compliance with standards. In addition to this, information regarding how to make a complaint should be displayed in a central part of the home.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable 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.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

Discussion with the senior carer confirmed that information in regard to current best practice guidelines was made available to staff. Mandatory training was ongoing and additional training opportunities relevant to any specific needs of the residents were completed including mental health awareness, recording in social care and dysphagia and thickened fluids training.

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 evidence of staff being provided with additional training in governance and leadership, for example, two senior care staff had completed training titled Introduction to Leadership and Management. Learning from incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The senior carer confirmed that senior management were kept informed regarding the day to day running of the home through regular visits and updates.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

Review of records and discussion with the senior carer and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The senior carer 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. Staff confirmed they could access line management to raise concerns.

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 also open and transparent methods of working.

Eight completed questionnaires were returned to RQIA from residents, residents' representatives, and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Comments received from completed questionnaires were as follows:

- “Any questions are always met with clear and informed answers.” (representative)

### Areas of good practice

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

### Areas for improvement

One area for improvement was identified during the inspection in relation to the recording of complaints.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Margaret McCrea, senior carer as part of the inspection process. The registered manager was also made aware in a telephone call following 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (2) (a)  <b>Stated:</b> Second time  <b>To be completed by:</b> 24 October 2017	<p>The registered provider must ensure appropriate hold open devices are fitted on bedroom doors.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>            The Trust's Fire officer has visited following the recommendation in a previous report and a risk assessment was completed. A contractor has visited and prepared an estimate for the work to be completed. The manager will liaise with the Trust's fire officer to confirm when this work will be completed.</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 5.5  <b>Stated:</b> First time  <b>To be completed by:</b> 24 August 2017	<p>The registered person shall ensure appropriate risk assessments are completed or reviewed and updated for the two identified residents.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>            These risk assessments have been updated .</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time  <b>To be completed by:</b> 24 October 2017	<p>The registered person shall ensure the regular auditing of care records, especially those of permanent placed residents to ensure availability and consistency of information gathered and to ensure information is reviewed and updated on a regular basis.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>            The manager has put in place a weekly audit form with regard to auditing resident's care plans and risk assessments to ensure these are regularly updated as residents care needs and risks are identified.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 8.2  <b>Stated:</b> First time  <b>To be completed by:</b> 24 August 2017	<p>The registered person shall ensure daily care records are improved to reflect all care given including changes in the residents' needs and the actions taken by staff.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>            The manager will review the current accessibility of records to ensure continuity on a daily basis. Currently the senior care assistant daily</p>



	<p>recording has been kept separate from the care staff's daily recording and therefore the records available at the inspection may not have reflected the full range of recording and the actions taken by staff.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 17.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 September 2017</p>	<p>The registered person shall ensure complaints are recorded in one clearly defined place and include details of the complaint, any investigation undertaken, all communication with complainants, the outcome and the complainant's level of satisfaction. In addition to this, information regarding how to make a complaint should be displayed in a central part of the home.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> The manager will ensure that the complaints are all recorded centrally to be accessible for inspection. The complaints poster and leaflets had been taken down from the notice boards as these had been removed and not put back as major refurbishment was ongoing in the unit at the time of inspection.</p>

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



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