

Unannounced Care Inspection Report 18 June 2018



Drumlough House

Type of Service: Residential Care Home
Address: 3-19 Moira Road, Lisburn, BT28 1RB
Tel No: 028 9260 1228
Inspector: Bronagh Duggan

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 to provide care and accommodation for 39 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report. The home is split over two floors, the ground floor provides care for residents living with dementia. On the first floor the majority of residents have been admitted to the home for a period of short term rehabilitation and recovery before either discharge home or onwards to a permanent care placement.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual(s): Hugh McCaughey	Registered Manager: Michele Barton
Person in charge at the time of inspection: Michele Barton	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill SI – Sensory impairment A - Past or present alcohol dependence	Number of registered places: Total number 39 comprising: Maximum of one resident RC-TI Eight places for day service

4.0 Inspection summary

An unannounced care inspection took place on 18 June 2018 from 10.25 to 18.00.

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 adult safeguarding, infection prevention and control, the home's environment, communication between residents, staff and other interested parties and maintaining good working relationships.

Areas requiring improvement were identified in relation to the completion of induction records, supervision completion rates, legionella risk assessment, smoking risk assessments and care plan updates, care records to be reviewed and updated, consent forms, and reporting of notifiable events. One area for improvement relating to the gathering of resident and representatives views has been stated for a second time.

Residents and one representative said the staff were very good, everyone was friendly, the food was good and the care delivered had helped their relative.

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	3	5

Details of the Quality Improvement Plan (QIP) were discussed with Michelle Barton, 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 October 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: the previous inspection report, the returned QIP and notifiable events.

During the inspection the inspector met with the registered manager, 11 residents, four staff, and one residents' visitor/representative.

A total of 10 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. No questionnaires were returned by residents, residents' representatives and staff within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Two staff files
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings

- Complaints and compliments records
- Audits of accidents and incidents (including falls), hand hygiene, NISCC registration
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially 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 6 March 2018

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

The completed QIP was returned and approved by the pharmacist inspector.

6.2 Review of areas for improvement from the last care inspection dated 10 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 27.(4) (a) (d) (v) Stated: First time	The registered person shall have in place a current written risk assessment and fire management plan that is revised and actioned when necessary. Further to this the registered person shall ensure fire alarm checks are maintained on an up to date and regular basis. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of records maintained in the home confirmed there was an up to date fire safety risk assessment and fire alarm checks were maintained on an up to date basis.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.3 Stated: First time	The registered person shall ensure the identified toilet seat is repaired or replaced. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Inspection of the environment confirmed the identified toilet seat had been replaced.	

Area for improvement 2 Ref: Standard 1.6 Stated: First time	The registered person shall formally gather the views of residents and representatives with regards to the running of the home and compile the information within a report. Ref: 6.6	Partially met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of information in the home showed that efforts had been made to gather the views of residents and representatives. The response rate however had been low. The registered manager confirmed that this would be followed up on and the responses would be compiled within a report. This has been stated for a second time in the QIP appended to this report.	
Area for improvement 3 Ref: Standard 28.5 Stated: Second time	The registered provider should ensure a risk assessment is carried out regarding health and safety of the identified railing area on the first floor. Any significant findings of the risk assessment should be recorded and action taken to manage identified risks. Ref: 6.2	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of the area showed the railing area had been raised.	

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. Temporary/agency staff were not used in the home. No concerns were raised regarding staffing levels during discussion with residents, a residents' representative and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

Discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities however a review of two staff records showed that induction records had not been completed. This was identified as an area for improvement to comply with the standards.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. However following discussion with the registered manager and review of records it was noted that supervision completion rates were not being maintained on an up to date basis with senior carers. This was identified as an area for improvement to comply with the standards.

Discussion with the registered manager 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. Three staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure during a previous inspection confirmed that it complied with current legislation and best practice. 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.

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).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included information about 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 associated appointed persons and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

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 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 and this issue was consistently monitored regarding short term admissions.

The registered manager advised there were restrictive practices within the home, notably the use of the keypad entry system to the ground floor dementia facility, and the use of pressure alarm mats. The registered manager confirmed any restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the statement of purpose for the home.

There was an infection prevention and control (IPC) policy and procedure in place. Staff training records evidenced that staff had received training in 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. 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.

Hand washing audits were undertaken and action plans developed to address any deficits noted.

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 Falls Prevention Toolkit” was discussed with the registered manager and advice was given on the benefits of using this or a similar toolkit. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends.

A general inspection of the home was undertaken and the residents’ bedrooms were found to be individualised with photographs, memorabilia and personal items on the ground floor which provides accommodation for residents on a permanent basis. The registered manager confirmed a redecoration of the ground floor had recently been completed. Rooms on the first floor with the exception of one were used to provide accommodation for residents on a time limited basis as part of their recovery period. Bedrooms on the first floor were clean, tidy and comfortable.

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. Improvements had been made to the garden area outside, which included seating, tables, hanging baskets and window boxes for resident’s enjoyment. There were no obvious hazards to the health and safety of residents, visitors or staff.

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 for example fire safety.

The registered manager forwarded information following the inspection which showed that a Legionella risk assessment was in place dated January 2016. The legionella risk assessment should be reviewed and updated. This was identified as an area for improvement to comply with the regulations.

It was established that two residents smoked. A review of the care records of these residents identified that risk assessment and corresponding care plans had not been completed in relation to smoking. The assessment needs to take account of contributing factors pertaining to the risk such as medical conditions and subsequent prescribed interventions, as well as current safety guidance. This was identified as an area for improvement to comply with the regulations.

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.

The registered manager provided information following the inspection to confirm Lifting Operations and Lifting Equipment Regulations (LOLER) safety maintenance records were up to date this information was shared with estates.

The home had an up to date fire risk assessment in place dated 9 November 2017 and all recommendations had been actioned.

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/ monthly and were regularly maintained.

Areas of good practice

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

Areas for improvement

Four areas for improvement were identified during the inspection these related to completing induction records, regular supervision, the completion of an up to date legionella risk assessment, and ensuring appropriate risk assessments and care plans in place regarding smoking.

	Regulations	Standards
Total number of areas for improvement	2	2

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). Three care records were reviewed two of the records contained 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. It was noted from one of the care records inspected risk assessments had last been reviewed in February 2017 and the care plan in May 2017. The regular review and updating of care records was identified as an area for improvement. In addition the benefit of auditing care records on a regular basis to ensure they were being regularly review and updated was discussed with the registered manager.

The care records reflected the multi-professional input into the residents' health and social care needs. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. The need to ensure completed written consent forms are maintained regarding the holding of information and allowing the information to be viewed by other professionals and agencies including RQIA was discussed with the registered manager. This was identified as an area for improvement.

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 residents may have preferred rising and retiring times this information was included in their care records.

A varied and nutritious diet was provided to meet the needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required.

Discussion with the registered manager confirmed that if needed wound care was managed by community nursing services. The registered manager advised that staff were able to recognise and respond to changes in skin condition.

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 care review, accidents and incidents (including falls), hand washing practice 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 pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection.

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 latest RQIA inspection reports were available on request.

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:

- “The handover has become more effective, as a quality improvement initiative it became more focused which is good.”

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified during the inspection these included the review and updating of the identified risk assessments and care plan and to ensure written consent forms are completed regarding the holding of resident information.

	Regulations	Standards
Total number of areas for improvement	0	2

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, residents and one representative advised that consent 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 explained how confidentiality was protected for example ensuring the office door is closed during the handover period.

Discussion with staff, residents and their representatives confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home.

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. Menus and the activity programme, for example, were displayed in a central part of the home.

Discussion with staff, residents, representatives 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. For example residents' meetings, visits by the registered provider, the registered manager confirmed work was ongoing with regards to gathering views from representatives.

Discussion with staff, residents, one representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example nail art, music sessions, quizzes, and a coffee morning every Friday. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example visitors are welcome to the home, arrangements can be put in place to go to local churches if wanted.

Residents, staff and a residents' visitor/representative spoken with during the inspection made the following comments:

- “Staff here are very good, they are very kind. It’s a nice place.” (resident)
- “It’s first class, thumbs up from me can’t say anything bad.” (resident)
- “Everyone is very friendly, I honestly couldn’t say a bad word about anything.” (resident)
- “There is always someone about if you need them, everyone seems happy enough. The food is nice there is usually different things on.” (resident)
- “The care here has been A1, can’t say anything bad about it, it couldn’t be better.” (resident)
- “The staff have been so good, this place is great it really is. We can’t say anything bad about it. The staff have really brought (my relative) on in his care.” (representative)
- “We are here for the residents, it’s their home. You want them to be treated like you would your own family.” (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
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.

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.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA which was viewed during a previous inspection. Review of these showed an event had not been reported to RQIA accordingly. This was discussed with the registered manager who was advised to forward to RQIA retrospectively. This was identified as an area for improvement to comply with the regulations. A regular review of accidents and incidents was undertaken and was reviewed as part of the inspection process.

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

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example staff completed training in oral hygiene, the dementia virtual tour bus visited the home.

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.

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 registered manager stated that senior management was kept informed regarding

the day to day running of the home through regular 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/s 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 registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

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 was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

Comments received from staff were as follows:

- “The home is well managed, (the manager) is very supportive and approachable. Any issues I am happy to raise them, I know they will be heard.” (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, 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 Michele Barton, 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 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2018</p>	<p>The registered person shall put in place an up to date legionella risk assessment. Confirmation also needs to be submitted to the aligned estates inspector of actions taken and response to any recommendations made from this assessment.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Estate Department are arranging for Legionella Risk Assessment to be reviewed and updated</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2018</p>	<p>The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Risk Assessments for individual residents who smoke have been implemented.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 30 (1) (d)</p> <p>Stated: First time</p> <p>To be completed by: 19 June 2018</p>	<p>The registered person shall ensure notice to the RQIA the occurrence of any event which adversely affects the care, health, welfare or safety of any resident.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: All events that adversely affect the care, health welfare and safety of any resident will be forwarded to RQIA</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 1.6</p> <p>Stated: Second time</p> <p>To be completed by: 18 September 2018</p>	<p>The registered person shall formally gather the views of residents and representatives with regards to the running of the home and compile the information within a report.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: Service User/Carer satisfaction survey is presently being conducted.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 23.1</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2018</p>	<p>The registered person shall ensure all staff complete a structured orientation and induction.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Induction for new staff will be recorded on appropriate format.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 24.2</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2018</p>	<p>The registered person shall ensure staff have recorded individual, formal supervision according to the homes procedures and no less than every six months for staff who are performing satisfactorily.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Supervision procedure will be implemented as per home procedure.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 18 July 2018</p>	<p>The registered person shall ensure the identified residents care records are reviewed and updated accordingly.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Identified Clients care plan has been reviewed and updated.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2018</p>	<p>The registered person shall ensure completed written consent forms are maintained within individual files.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Residents consent forms will now be filed in clients individual files.</p>

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



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