

# Unannounced Care Inspection Report 3 November 2016



## 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](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Drumlough House Residential Home took place on 3 November 2016 from 10:15 to 17:15.

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 induction, adult safeguarding, infection prevention and control, and risk management. Three requirements were made in regards to the completion of mandatory training, environmental improvements, and the completion of fire checks on a regular basis. One recommendation was made in regards to the completion of staff supervision in keeping with the homes procedures. One recommendation relating to the full completion of competency and capability assessment's has been stated for a second time.

### Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between residents, staff and other key stakeholders. Two recommendations were made in regards to auditing care records, and ensuring resident meetings are held on a more frequent basis.

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

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>	3	4

Details of the Quality Improvement Plan (QIP) within this report 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.

## 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 9 June 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> South Eastern Health and Social Care Trust	<b>Registered manager:</b> Mrs Michelle Barton
<b>Person in charge of the home at the time of inspection:</b> Mrs Michelle Barton	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years 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 A - Past or present alcohol dependence SI - Sensory impairment	<b>Number of registered places:</b> 39

### 3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the last care inspection, the returned Quality Improvement Plan and the previous inspection report.

During the inspection the inspector met with fifteen residents, three care staff and one domestic staff member and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings / representatives'
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policy and procedure manual

A total of 20 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 11/10/16

The most recent inspection of the home was an announced premises inspection. The completed QIP was due to be 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 09/06/16

Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p>Ref: Standard 25.3</p> <p>Stated: First time</p> <p>To be completed by: 9 August 2016</p>	<p>The registered provider should ensure competency and capability assessments are fully completed for any staff member left in charge of the home in the registered manager's absence.</p> <p><b>Action taken as confirmed during the inspection:</b> Three competency and capability assessments viewed were not fully completed. This recommendation has been stated for a second time in the Quality Improvement Plan appended to this report.</p>	Not Met
<p><b>Recommendation 2</b></p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: 9 September 2016</p>	<p>The registered provider should ensure a copy of the new regional guidance Adult Safeguarding Prevention Protection in Partnership, July 2015 is available for staff.</p> <p><b>Action taken as confirmed during the inspection:</b> A copy of the guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 was available for staff in the home.</p>	
<p><b>Recommendation 3</b></p> <p>Ref: Standard 5.5</p> <p>Stated: First time</p> <p>To be completed by: 9 August 2016</p>	<p>The registered provider should ensure risk assessments are reviewed and updated on a regular basis and no less than annually.</p> <p><b>Action taken as confirmed during the inspection:</b> Three care records reviewed contained up to date risk assessments.</p>	Met
<p><b>Recommendation 4</b></p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: 9 August 2016</p>	<p>The registered provider should ensure the fire safety risk assessment is maintained on an up to date and current basis.</p> <p><b>Action taken as confirmed during the inspection:</b> An up to date fire safety risk assessment was available in the home for inspection.</p>	

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 27.8</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 9 August 2016</p>	<p>The registered provider should ensure the damaged ceiling tile in the identified bathroom is removed and replaced.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager confirmed the issue had been reported to the estates department for repair and an estimate has been requested.</p>		

### 4.3 Is care safe?

The registered manager 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. The registered manager confirmed the home had recently recruited a number of new staff. 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.

Review of completed induction records and 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.

Review of mandatory training records showed updates were required for a number of staff in relation to safeguarding, COSHH, and challenging behaviour. This was discussed with the registered manager who confirmed she was aware that mandatory training updates were due for a number of identified staff. A requirement was made that the registered manager should ensure all mandatory training requirements are met within the identified timescales. Review of records maintained in the home showed that staff appraisals had been completed however supervision sessions were not being maintained in keeping with the homes procedures. A recommendation was made that formal supervision should be maintained on an up to date basis in keeping with the homes procedures.

The registered 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, it was noted that the assessments were not fully completed, this issue was raised during the previous inspection. The recommendation to ensure these are fully completed has been stated for a second time in the QIP appended to this report.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager confirmed 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.

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

The registered manager confirmed that there were plans in place to implement the new adult safeguarding procedures (relating to the establishment of a safeguarding champion).

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. As already stated some staff were due to complete training updates in safeguarding.

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 had been 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 confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager 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 registered manager confirmed there were restrictive practices employed within the home, notably locked doors, and a keypad entry system for the ground floor, and pressure alarm mats. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The registered 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 and fire safety etc.

Staff training records confirmed that all 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. 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 on the ground floor. The majority of bedrooms on the first floor are used by residents who access the home for short term periods of rehabilitation; these bedrooms were found to be clean, tidy and functional. The home was fresh smelling, clean and appropriately heated throughout. A number of areas were

identified for improvement in relation to the homes environment, these included the flooring in an identified bathroom was torn along the skirting board, this should be improved or replaced to ensure good infection prevention and control measures. The sofas in the hallway area on the first floor should be replaced as these were badly worn. A chair in an identified bedroom should be removed as the arms were badly damaged. An identified bedroom should be repainted as the wall had a number of plastered areas in clear view. A requirement was made.

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. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 3 October 2016; records were retained of staff who participated and any learning outcomes. The home had an up to date fire risk assessment in place dated 16 September 2016, the registered manager confirmed that some recommendations were still outstanding, these ought be completed without delay. Fire safety records identified that smoke alarms had last been checked on 11 October 2016, contrary to the homes procedures which states these should be done weekly. The need to ensure all fire safety checks are maintained on an up to date basis was discussed with the registered manager. A requirement was made.

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

### Areas for improvement

Four areas for improvement were identified in relation to ensuring all mandatory training is maintained on an up to date basis, to ensure supervision sessions are maintained in keeping with the homes procedures, improvements have been identified in relation to the environment, and to ensure that fire safety checks are maintained on a regular bias.

<b>Number of requirements</b>	3	<b>Number of recommendations</b>	1
-------------------------------	---	----------------------------------	---

### 4.4 Is care effective?

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

A review of three care records 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 daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. The care records also reflected the multi-professional input into the residents' health and social care needs. It was noted that information relating to professional visits, oral checks, and weights were completed on an irregular basis. A recommendation was made that care records should be audited regularly to ensure all relevant information is updated.



Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. For example residents are supported with their preferred rising and retiring times.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Monthly medicines management audits were completed. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report. For example views are sought from residents, representatives and staff on a monthly basis. Accidents and incidents, complaints and the environment are also monitored.

The registered 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. The registered 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. Minutes of resident and/or their representative meetings were reviewed during the inspection, a recommendation was made that residents meeting should be held more regularly as minutes of the most recent residents meeting showed this had been held in September 2015.

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. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

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

One resident's representative commented in a completed questionnaire:

- The staff go that extra mile

### **Areas for improvement**

Two areas for improvement were identified in relation to the completion of regular audits for care records and also to ensure resident meetings are held on a more frequent basis.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
-------------------------------	---	----------------------------------	---

## 4.5 Is care compassionate?

The registered 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 were 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. Discussion with residents and 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. For example residents are involved in care review meetings.

The registered manager, residents and staff confirmed that consent was sought in relation to care and treatment. 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 and were able to demonstrate how residents' confidentiality was protected. For example ensuring discussions about residents care needs were held in the office and not in open areas of the home.

The registered manager 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 monitoring visits, annual reviews, annual satisfaction surveys. As stated in section 4.4 a recommendation was made regarding increasing the frequency of resident meetings.

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 on a notice board in a central part of the home.

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 there is a small library area in the home, residents also participate in quizzes, games, church services, and visit local cafes. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- "I like it here very much, it is nice and clean."
- "The staff are good, the food is very nice."

- “The girls are more than kind, I can’t complain about anything. It is good to have company, you get everything you need”.
- “This is a nice place, we are happy here.”
- “It has been a very comfortable and good experience, the food is good, staff are excellent. I can very easily recommend it.”
- “It is first class, 100 % couldn’t be better.”

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

One resident’s representative and one staff member commented in completed questionnaires:

- Owing to my (relatives) condition at times (he/she) may require (personal care) I have witnessed the compassion of staff.
- All service users are treated with dignity and respect at all times and included where possible in making up a plan of personalised care tailored to suit their individual needs.

### 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
-------------------------------	---	----------------------------------	---

### 4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The registered manager confirmed she had recently returned to the management position in Drumlough House having spent a period of time in another establishment. 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 were 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. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

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. Arrangements were in place to share information about complaints and compliments with staff.

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. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice. The registered manager confirmed that falls innovation information was being analysed to target and improve upon falls prevention and management. There was a system to ensure medical device alerts, 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. For example falls prevention information. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents including diabetes management, and dementia awareness. As stated in section 4.3 some mandatory training updates were required for staff in the areas of safeguarding, COSHH, and challenging behaviour, a requirement was made.

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.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

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

The registered 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 appropriately.

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 respond to regulatory matters in a timely manner.

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

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and

transparent methods of working and effective working relationships with internal and external stakeholders.

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

Comments from one resident's representative and one staff member in completed questionnaires included:

- The home appears to have a bottom up and down approach, the manager and her staff provide as much of a seamless service as is possible.
- Drumlough House has a range of audits which take place, policies are at hand for all staff to access.

### 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
-------------------------------	---	----------------------------------	---

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Michelle Barton, registered 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 to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) 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

### Statutory requirements

<b>Requirement 1</b>  <b>Ref:</b> Regulation 14 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 3 February 2017	<p>The registered provider must ensure mandatory training requirements are met within the identified timescales.</p> <p><b>Response by registered provider detailing the actions taken:</b>          Manager to ensure mandatory training is identified and completed as per requirements.</p>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27 (2)  <b>Stated:</b> First time  <b>To be completed by:</b> 3 March 2017	<p>The registered provider must ensure the following environmental improvements are made:</p> <ul style="list-style-type: none"> <li>• the flooring in an identified bathroom should be improved or replaced to ensure good infection prevention and control measures,</li> <li>• the sofas in the hallway area on the first floor should be replaced,</li> <li>• a chair in an identified bedroom should be removed,</li> <li>• the identified bedroom should be repainted</li> </ul> <p><b>Response by registered provider detailing the actions taken:</b>          New furniture has recently been purchased and replaced above identified sofas/chair          A programme of redecoration is to commence in January 2017 and will include above identified areas.</p>
<b>Requirement 3</b>  <b>Ref:</b> Regulation 27 (4) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> 4 November 2016	<p>The registered provider must ensure that fire safety checks are maintained on an up to date basis.</p> <p><b>Response by registered provider detailing the actions taken:</b>          Fire Safety checks to be completed and recorded as per procedure</p>

<b>Recommendations</b>	
<b>Recommendation 1</b> <b>Ref:</b> Standard 24.2 <b>Stated:</b> First time <b>To be completed by:</b> 3 January 2017	The registered provider should ensure formal supervision is maintained on an up to date basis in keeping with the homes procedures.
	<b>Response by registered provider detailing the actions taken:</b> Registered Manager will ensure formal supervision is completed as per home procedure.
<b>Recommendation 2</b> <b>Ref:</b> Standard 25.3 <b>Stated:</b> Second time <b>To be completed by:</b> 3 January 2017	The registered provider should ensure competency and capability assessments are fully completed for any staff member left in charge of the home in the registered manager's absence.
	<b>Response by registered provider detailing the actions taken:</b> Competency and Capacity assessments will be reviewed and updated and fully completed.
<b>Recommendation 3</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time <b>To be completed by:</b> 3 February 2017	The registered provider should ensure that care records be audited regularly to ensure all relevant information is updated.
	<b>Response by registered provider detailing the actions taken:</b> Care records are presently being updated and reviewed. Manager will complete audit on regular basis through supervision process to ensure compliance.
<b>Recommendation 4</b> <b>Ref:</b> Standard 1.2 <b>Stated:</b> First time <b>To be completed by:</b> 3 January 2017	The registered provider should ensure residents meeting are held on a regular basis.
	<b>Response by registered provider detailing the actions taken:</b> Registered Manager will ensure residents meetings are completed on a regular basis and minutes of meeting recorded.

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**





The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
 @RQIANews