

Unannounced Care Inspection Report 18 June 2018



Newcroft Lodge

Type of Service: Residential Care Home
Address: 126 Church Road, Holywood, BT18 9BY
Tel No: 028 9042 4614
Inspector: Priscilla Clayton

www.rgia.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 which is registered to provide residential care for a maximum of thirty two persons living with dementia. Three service user day care places can also be provided.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual: Hugh McGaughey	Registered Manager: Sam McMahon
Person in charge at the time of inspection: Sam McMahon, registered manager.	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 32 – RC – DE 3 places for day service

4.0 Inspection summary

An unannounced care inspection took place on 18 June 2018 from 10.00 to 19.00.

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 the culture and ethos of the home, listening to and valuing residents and taking account of their views. In addition there was evidence of continuous quality improvement, for example through the development of improved modes of communication within the care team and ongoing improvements within the internal and external environments to meet the needs of residents' cognitive impairment. There were examples of good governance in regard staff induction, staff training, supervision and appraisal and risk management.

Areas identified for improvement included notification to RQIA regarding any outbreak of infection within the home and the recording of fire safety equipment checks; fire doors and emergency lighting checks.

Residents and relatives spoken with during the inspection said they were very happy with the care provided, provision of staff, food, communication and the environment. One resident who indicated they would like to have additional walks outside was shared with the registered manager. No other issues were raised or indicated by residents or their representatives or staff.

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	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Sam McMahon, registered manager, and Maxine Cook as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent medicines management inspection

No further actions were required to be taken following the most recent inspection on 4 December 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 care inspection report, returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

A lay assessor was present for a period of time during the inspection to speak with residents/representatives regarding their experiences of living in the home. Comments received are included within this report.

During the inspection the inspector met with the registered manager, all residents, three staff, and one resident's relative. The lay assessor met with several residents and one relative.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the 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
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Selection of audits
- Infection control register/associated records
- Equipment maintenance/cleaning records

- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings/ representatives' meetings/ other
- Evaluation report from annual quality assurance survey
- Reports of visits made on behalf of the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire safety equipment
- Programme of activities
- Various policies and procedures relevant to this inspection

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the registered manager, Sam McMahon and Maxine Cooke, senior Care Assistant, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 December 2017

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

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

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 21 September 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) (b) (d) (i) Stated: First time	The registered person shall ensure that fire doors are not wedged open. Consideration should be given to installing a hold open device linked to the fire alarm, where doors are required to remain open for operational purposes. Ref: 6.4	Met

	<p>Action taken as confirmed during the inspection: With the exception of one door all fire doors were closed. The door at the kitchen was noted to be open to accommodate the transfer of meals to residents within the dining room. This door was subsequently closed when meals were served. The registered manager reported that the request for instillation of hold open device linked to the fire alarm had been submitted for consideration/approval.</p>	
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 6.2 Stated: First time</p>	<p>The registered person shall ensure that a care plan is developed for the management of diabetes. Ref: 6.5 Action taken as confirmed during the inspection: The management of diabetes was reflected within care plan examined.</p>	<p>Met</p>

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.

No concerns were raised regarding staffing levels during discussion with residents, resident representative and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home on the day of inspection. Staff presence was observed during episodes of supervising and assisting residents as required. Time was noted to be scheduled at staff shift changes to provide hand over information regarding residents and other areas of accountability. A record of communications to be reported at changeover was retained. The registered manager advised that this improvement had recently been developed to ensure messages regarding residents/representatives were communicated in a timely manner and not overlooked.

A review of completed staff 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.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection. Senior care assistants were provided supervision by the registered manager on a monthly basis. Care assistants were being supervised by the senior care assistants on a bi-monthly basis. Staff huddles had also been established to provide opportunity to share and discuss care practice. This is to be commended.

Discussion with the registered manager, senior care staff and staff confirmed that staff 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. One staff competency and capability assessment reviewed was found to be satisfactory.

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 South Eastern Trust personnel department.

Confirmation of compliance with recruitment regulations was received from the trust human resource department.

The registered manager advised that Access NI enhanced disclosures was undertaken for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with the Northern Ireland Social Care Council (NISCC).

Staff demonstrated good knowledgeable and 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. The registered manager advised that the trust had an identified adult safeguarding champion and that all allegations were referred to the safeguarding team for screening and where necessary investigation conducted in accordance with trust procedures and legislation.

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 residents whose assessed needs could not be met. A review of care records identified residents' care needs and risk assessments were obtained prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). This policy also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager advised that the only restrictive practice in use was the keypad entry system at the front door entrance. This was deemed necessary to ensure the safety of residents who were identified to be at risk of leaving the home unaccompanied. Risk assessments were in place. The placement of small bolt type locks on three doors: hair dressing, lounge and small rest rooms were observed and discussed with the registered

manager and senior care assistant. The reason given by the manager on the placement of locks related to a time when replacement of flooring in these rooms took place and that the individual keys to the doors were not available. The manager informed RQIA that these locks had been removed following the inspection.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with DoH regional guidelines. Staff training records evidenced 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 home 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.

Records examined evidenced there had been an outbreak of infection during March 2018. The registered manager explained that all necessary measures to minimise the spread of infection were put in place in accordance with the trust policy and procedures. Appropriate records were retained. Failure to notify RQIA of the outbreak in accordance with regulation 30 (1) (b) of The Residential Care Homes Regulations (Northern Ireland) 2005 was discussed. The registered manager explained that this had been an oversight and readily agreed to submit a retrospective notification to RQIA with immediate effect. This notification was submitted and received by RQIA.

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.

Records of accidents/incidents occurring since the previous care inspection were cross referenced with those submitted to RQIA. When necessary action had been taken to address issues which included review of risk assessments. The home operates a "fall toolkit" in regard to the management of falls and associated risk assessment. The registered manager explained that total number of accidents/incidents occurring each month was submitted to the trust governance team for monitoring purposes. Electronic records of this data were held. Discussion in regard to audit and the retention of a spread sheet of recorded monthly data, for example; injury received, date, time of day/night and place of occurrence would be helpful for ease of identification of trends and patterns and for monitoring purposes.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean, organised and appropriately heated and ventilated throughout.

There was evidence of a plentiful supply of continence garments which were readily available for use when required. A generous supply of clean bed lined was also noted.

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 visible hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed. For example; Control of Substances Hazardous to Health (COSHH), fire safety, moving and handling.

The registered manager agreed to complete and forward to RQIA an estates checklist relating to equipment, fire risk and legionella risk assessments. This was received at RQIA following the inspection.

It was established that one resident smoked occasionally. A review of the care record identified that a risk assessment and corresponding care plan had been completed with interventions recorded. The home had a current smoking policy which was available to all staff.

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

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

The home had an up to date fire risk assessment which was dated 6 February 2018. The registered manager advised that the three identified recommendations were a work in progress. Two recommendations from the previous assessment were recorded as addressed.

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.

Examination of fire safety records evidenced that improvement is required in regard to conducting weekly and/or monthly fire safety equipment checks. Records examined evidenced that fire alarms were checked weekly; however other fire safety equipment including emergency lighting and means of escape should be checked and recorded in the same manner as the fire alarm check.

Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) which was reflected within care plans.

Residents who were able to respond indicated that they felt the care provided was safe; food was good and that they were very well treated by the staff who were always around to assist them when necessary. No issues or concerns were raised by residents during the inspection.

Residents who spoke with the lay assessor during the inspection made the following comments:

- "The home was always clean and tidy."
- "Food was good and there was always plenty to eat."

One visiting district nurse spoken with during the inspection advised that she visited the home on a regular basis and always found staff to be welcoming, attentive and adhered to shared district nursing plans of care. Two residents were in receipt of the district nursing service. Referrals from the home to the trust nursing service had been timely and residents in receipt of this service were very satisfied. No issues or concerns were raised by the district nurse.

Five staff including; two senior care assistants, two care assistants and two student nurses on placement were spoken with during the inspection confirmed that they felt residents received a very good standard of care and that sufficient resources, including training, supervision/appraisal and adequate staffing levels to meet the actual and potential assessed needs of residents. No issues or concerns were raised or indicated by staff.

Comments received from one relative who spoke with the lay assessor were positive in regard to the overall care provided within the home. This relative stated that she was very satisfied with the care provided and indicated it may be helpful if she knew the front door key pad number as this would save staff having to respond at each visit. This was shared with the senior care assistant.

Areas of good practice

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

Areas for improvement

Two areas for identified for improvement included; notification to RQIA regarding any outbreak of infection within the home and the recording of fire safety equipment checks.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

On arrival at the home residents were observed sitting within various areas of the home. Several residents sat in the central lounge watching television or quietly conversing. Later in the morning residents who were able participated in a quiz competition while others preferred to sit at reception watching the comings and goings. Others remained within their bedrooms reading or watching television. Residents were served mid-morning tea or other fluids of their choice in a respectful manner.

Residents who were able to respond spoke openly with the inspector and were considered to be neatly groomed with time and attention afforded to their personal care needs. Following lunch some residents choose to sit outside in their newly refurbished secure patio area. Drinks of juice and water provided were placed within reach of residents. Drinking glasses were frequently refilled by staff who assisted some residents to drink while encouraging and reminding others of the importance to increasing their fluid intake.

There was a relaxed atmosphere within the home throughout the day with no evidence of residents wandering aimlessly around. Staff interactions with residents were observed to be respectful, friendly and professional.

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 data protection/General Data Protection Regulation (GDPR)

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 actual and potential needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of each resident. Care needs assessments were complemented with risk assessments which were noted to be reviewed on a regular basis or as changes occurred.

The care records examined reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned their practice. Staff were able to describe how the needs, choices and preferences of individual residents were met. For example; staff would discuss with each resident the time they liked to get up each morning and go to bed; preference in regard to participation and choice in therapeutic activity and where they liked to sit in the lounge and dining room and their menu choice.

The home provides varied and nutritious menus with choice afforded. The day's menu was displayed. Residents spoken with stated that the food was good and confirmed that choice was always provided. Needs assessments undertaken on admission were complemented with nutritional risk assessments which were reviewed when risk scores indicated this was necessary. Records of monthly residents' weights were viewed and discussed with the senior care assistant who advised that weights were closely monitored. There were arrangements in place to refer residents to the general practitioner who would generally make referral to the dietitian or speech and language therapists (SALT) should significant weight loss occur. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care plan. This detail was also passed to the home's cook so that diets recommended are provided.

During the course of inspection the serving of the midday meal was observed. Dining room tables were nicely prepared with table cloths in place alongside napkins and a range of condiments. The serving of meals was undertaken by staff in a relaxed unhurried professional manner. Meals were nicely presented with adequate portions of food served. Special diets were served as required. Residents were supervised and assisted by staff in a professional, pleasant manner. Overall the general ambience within the dining room was considered to be pleasant during this social occasion with residents quietly conversing while enjoying their meal. Residents who spoke with the inspector stated they enjoyed their meal.

Discussion with the registered manager and staff confirmed that wound care is managed by community nursing services. The inspector spoke with one visiting district nurse who confirmed that nursing interventions were provided in accordance with good practice and that care prescribed was adhered to by care staff. There were no issues or concerns expressed by the district nurse. Staff advised that timely referrals were always made to the district nurse and that

the plan of care was followed as required. One resident informed the inspector that the district nurse was doing a really good job as her wound was almost healed.

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 undertaken included for example; care records, accidents/incidents, medications, equipment, fire alarm system and dementia environmental audit. Evidence of review of care was contained within monthly reports of the visits undertaken on behalf of 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, representatives/relatives meetings, staff meetings/huddles and staff shift handovers. Minutes of staff meetings and resident/representative meetings were recorded and retained. Residents' relatives/representative meetings were being held periodically throughout the year to ensure that their views are sought in respect of the care and activities provided. The registered manager explained that relatives were very positive about the home and that they, residents and staff were participating in the home's bespoke project titled 10,000 voices to evaluate the impact of activities. Feedback would indicate that the care team promote engagement, choice and positive interaction with residents and their relatives/representatives. A full report on the project is expected to be available by October 2018. The home is to be commended on their efforts to continuously improve the quality of the service by frequently seeking the views of residents and their representatives.

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 to everyone.

There was evidence of the systems in place to ensure openness and transparency of communication through the availability of information within the home. For example; monthly registered provider reports, RQIA inspection reports, annual quality report, minutes of resident meetings, resident newsletter and how to make a complaint. There was also a wide range of health information and "what's on" displayed on the reception notice board including "how to complain".

A review of care records and accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. .

Some comments made by residents included:

- "Yes I feel the care is very good. However, I would like more walks outside."
- "I am happy, no issues with me about the care."
- "It's not my home but the next best thing."
- "Freedom to lie in or stay up late."
- "Staff come when we call for them."

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

A range of policies and procedures was in place which supported the delivery of compassionate care. Policies and procedures were readily available to staff.

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, staff and residents 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 by staff with dignity and respect.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, nutrition, continence and falls risk.

Discussion with staff, residents who were able to respond, one representative and observation of care practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Observation of staff interactions with residents evidenced that 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 were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings and visits made on behalf of the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. The registered manager advised that the findings from the consultation for 2017/18 are to be analysed and collated into a summary report and where necessary an action plan developed to address issues.

Discussion with staff, residents and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community through arranged shopping outings, coffee and visits to places of interest. An outing to Newcastle was planned to take place on 27 June 2018. The registered manager explained that the home had achieved the trust's "Dragon's Den" award with funding for the development of the residents' luncheon club.

Residents spoken with made the following comments:

- "Staff were friendly and kind."
- "Staff always answer calls for attention."
- "Choice to participate in activities."
- "Staff always respectful and understanding."

The lay assessor present reported that residents found staff to be friendly and kind and while they were always busy they would notice if a resident was out of sorts and would take time to speak with them. Residents reported they had choice to participate in activities or organised trips.

Comments received from staff were as follows:

- "Staff are always respectful and understanding."
- "We acknowledge residents rights which is upheld with choice, preference, treated with dignity and respect are core to our service."

No issues or concerns were raised or indicated by 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.

On the day of inspection the registered manager was supported at operational level by the senior care assistant and team of mixed skill staff. The senior care assistant took the lead with the inspector to gain experience of the inspection process. The registered manager was available throughout the day to provide support and guidance as required.

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. Discussion with the registered manager identified clear understanding of his role and responsibilities under the legislation. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home by way of telephone calls, emails and visits to the home.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager stated that policies and procedures were in as far as possible systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and leaflet information on displayed on the home's notice board. Discussion with staff confirmed that they had received training on complaints handling and were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed.

Review of complaints recorded since the previous inspection were reviewed and discussed with the registered manager. Records included details of investigation undertaken, communication with complainants, and outcome of the complaint and the complainant's level of satisfaction. One complaint recorded was discussed with the registered manager as the response to the complainant was noted to exceed that which would be expected. The registered manager explained that learning had taken place and action taken to minimise the risk of reoccurrence.

A process had been established to ensure a timely response was provided in accordance with good practice and South Eastern Health and Social Care Trust policy.

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

There was an accident, incident and notifiable events policy and procedure which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented. Improvement in respect of ensuring notification is made to RQIA, as previously cited within section 6.4 of this report, must be notified to RQIA as required. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties.

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

A visit made on behalf of the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a monthly report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read.

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.

Residents spoken with during the inspection made the following comments:

- “Staff know what they are doing and do the job well.”
- “I would recommend the home for you to come and live in.”

Staff who spoke with the inspector confirmed that they were satisfied that the care provided was good and that they had sufficient resources to do the job including; supervision, appraisal, training, staff meetings and suitable well maintained equipment and supplies. Staff also confirmed that there was very good working relationships within the staff team and that the registered manager was very approachable.

One relative who met with the lay assessor during the inspection advised that she was very satisfied with the care provided. This relative indicated that the sharing of the entrance code at the front door would be useful. This comment was shared with the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents and incidents quality improvement 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 Sam McMahon, registered manager and Maxine Cooke, senior care assistant, 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	
Area for improvement 1 Ref: Regulation 30 (1) (b) Stated: First time To be completed by: As required	The registered person shall ensure that notification is submitted to RQIA regarding any outbreak of infection within the home. Ref: 6.4 Response by registered person detailing the actions taken: The registered manager can confirm that he has reviewed the list of staff eligible to report notifiable events to the RQIA and has updated it; he can also confirm that it has been discussed during supervision with each of the seniors and will continue to reinforce it to ensure that no such failure occurs in the future
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 29.2 Stated: First time To be completed by: 25 June 2018	The registered person shall ensure that fire safety equipment checks are documented in the same format as fire alarm checks undertaken. Ref: 6.4 Response by registered person detailing the actions taken: The registered manager can confirm that he has reviewed this and the fire log is now organised in the same format as the trusts own fire log book for community sites; this has been reinforced to all staff during supervision and during their team meetings

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



The **Regulation** and
Quality Improvement
Authority

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

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)