



# Unannounced Care Inspection Report 1 November 2018



**611 Ormeau Road**

**Type of Service: Residential Care Home**  
**Address: 611 Ormeau Road, Belfast, BT7 3JD**  
**Tel No: 028 9069 1197**  
**Inspector: Kylie Connor**

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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 with 13 places that provides care and accommodation for residents with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust  <b>Responsible Individual:</b> Martin Dillon	<b>Registered Manager:</b> Josephine Grant
<b>Person in charge at the time of inspection:</b> Ruth Hill, Residential Worker until 13.30 Josephine Grant, Registered Manager from 13.30 onwards	<b>Date manager registered:</b> 4 September 2017
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 13

### 4.0 Inspection summary

An unannounced care inspection took place on 1 November 2018 from 08.00 to 16.45.

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

The inspection 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, including staff training, infection prevention and control, taking account of the views of residents, meals, activities and the monthly safety quality visits.

Areas requiring improvement were identified in regard to pictorial signage, the minutes of residents meetings, written consents in relation to access to residents care records by RQIA inspectors and consent to photography and the reports of visits by the registered provider.

Residents said that they had good relations with each other and with the staff and also that they enjoyed the food and their lifestyle within the home including activities.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Josephine Grant, Registered Manager and Aisling Curran, Service 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

No further actions were required to be taken following the most recent care inspection on 18 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 two most recent inspection reports, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector and Teresa Nixon, Director of Quality Assurance, RQIA met with the registered manager, service manager, two care staff, one ancillary staff and eight residents.

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. Whilst no staff completed an electronic questionnaire, one staff returned a questionnaire that had been left for residents and their representatives to complete. A total of three questionnaires were returned by two residents' representatives and one staff within the agreed timescale.

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

- Staff duty rota for week beginning 29 October 2018
- Staff training schedule and training records
- Two residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- A sample of audits
- Accident, incident, notifiable event records
- Minutes of residents' meetings
- Evaluation report from annual quality assurance survey
- 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.
- Policies and procedures
- RQIA Certificate of Registration

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 10 April 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector.

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

### 6.2 Review of areas for improvement from the last care inspection dated 18 December 2017

There were no areas for improvements made as a result of the last care inspection.

## 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. Trust bank and agency staff were used in the home. The registered manager stated that the use of bank and agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home. It was good to note that a deputy manager had commenced employment on the day of the inspection.

Discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The inspector advised the registered manager of the Induction Programme 2018 available on the Northern Ireland Social Care Council (NISCC) website to support good practice.

Discussion with staff and a review of training records confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. The inspector advised the registered manager of the Learning Zone and Adult Care Toolkit, also available on the NISCC website, to support training and development for care staff.

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 reported that an email was received from human resources confirming that all recruitment checks had been completed and is retained in staff personnel records.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with NISCC.

The necessity to complete the annual safeguarding champion 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, staff and review of accident and incidents notifications, care records and complaints records confirmed that there had been learning regarding the necessity to fully and promptly report all suspected, alleged or actual incidents of abuse to the relevant persons and agencies for investigation in accordance with procedures and legislation; staff had received refresher training from the registered manager in regard to the need for prompt reporting during out of hours. Appropriate protection plans, as agreed with the adult safeguarding team, had been put in place to address any identified safeguarding concerns.

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. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The registered manager advised there were restrictive practices within the home, notably the use of locked doors for access into the home and bed rails. The registered manager reported that these restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Staff training records evidenced that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. 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.

IPC compliance audits were undertaken for some ancillary duties. Following the inspection the inspector emailed the registered manager links to IPC audit tools. Following the inspection the registered manager gave assurances that these tools would be implemented to evidence the effectiveness of training and governance.

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 registered manager and staff reported proactive steps that had been taken when several staff and a small number of residents had been ill. This is commended.

A general inspection of the home was undertaken and three residents' agreed to show the inspector their bedroom; these were found to be individualised with photographs, memorabilia and personal items. The home was fresh- smelling, clean and appropriately heated. Discussion with staff identified that some residents may benefit from pictorial signage to support their independence; an area for improvement was identified to comply with the standards.

The home had been decorated for Halloween and residents reported that they were looking forward to putting the Christmas decorations up soon. New curtains had been hung in communal areas and in the staff bedroom; the registered manager reported that re-painting throughout the home had begun and would be concluded within the next six months.

One resident stated that whilst the registered manager had provided assistance to progress a number of issues raised, these had not yet been completed. These included to improve bedroom storage, to provide a number of residents with a key so that they could lock their bedroom door and also to make space in a bedroom to accommodate a hobby. Following the inspection the registered manager reported that an audit of all keys in the home had been completed and two residents had received a key for their bedroom doors; the other two issues were being followed up.

Whilst the registered manager reported that the grounds had recently been tidied up by contractors, there were some small items observed on the ground that posed a trip hazard. The registered manager gave assurances that these would be removed immediately.

Discussions with staff identified that the staff bedroom was cold during the winter. The registered manager reported that new bedding had been purchased for the staff bedroom and advised that the radiator would be checked and replaced if required. Following the inspection the registered manager reported that the radiator had been switched off and was subsequently found to heat the room adequately; this had been shared with 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 e.g. Control of Substances Hazardous to Health (COSHH), fire safety, hot surfaces and smoking. The registered manager reported that she was aware of the need to complete a risk assessment of a greenhouse that was to be purchased in the near future.

The registered manager reported that the home had an up to date Legionella risk assessment in place dated 7 September 2018 and all recommendations had been actioned or were being addressed.



A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated 16 August 2018 and all recommendations had been responded to.

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 and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents and staff spoken with during the inspection made the following comments:

- “We always sleep well.” (resident)
- “They know me off by heart.” (resident)
- “We do know how to report (safeguarding matters) out of hours. The registered manager went over the procedure again.” (staff)
- “We started MAPA training and it’s interesting. We de-escalate every day.” (staff)

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

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal and infection prevention and control.

**Areas for improvement**

One area for improvement was identified to review and respond to the need for pictorial signage within the home.

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

**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.

Records were stored safely and securely in line with General Data Protection Regulation (GDPR)



A review of two 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, nutrition, 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 and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe how the needs, choices and preferences of individual residents were met within the home. For example, how residents' independence and choices were supported at breakfast time.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Discussion with the cook and observation of the kitchen environment confirmed that the kitchen was clean and well maintained; food was stored appropriately and records, including records of residents' dietary needs and fridge temperatures were recorded and up to date. A packed lunch was provided for residents with a choice of fillings. Residents said that they enjoyed their meals and the packed lunches.

The breakfast and lunch-time meals were observed. The dining room was clean, colourful and had been decorated with a Halloween theme. Staff interacted well with residents during both mealtimes. The cook and care staff were very attentive, cordial and respectful of residents and provided assistance to meet residents' individual needs.

Breakfast and lunch were enjoyed by residents at a relaxed pace. Breakfast cereals, utensils and a choice of drinks were available on a trolley for residents to choose their own whenever they came in for breakfast. Care staff provided hot drinks and toast in a timely manner. Lunch was nicely presented with a colourful salad comprising of eggs, lettuce, peppers, onions and grapes.

The cook said that the system for ordering food has become more complex and is intensely paper focused. He stated that he does not always receive the full order requested. The registered manager indicated that she had followed these issues up promptly when this had occurred.

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 dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the registered manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner. Resident's wound pain was found to be managed appropriately.

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 medication, staff files, NISCC registration status, admissions and discharges, care records, accidents and incidents (including falls, outbreaks), finance and risk assessments were completed; a sample were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

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.

A review of minutes of residents' meetings identified that an area of improvement was needed to comply with the standards. There was no record of who chaired the meetings or if the minutes had been shared with residents, who should be asked to sign off as an accurate record and action plan with an agreed timeline. For example, there was evidence of repeated requests for internet access and a bedroom key, but there was no action plan with a deadline for completion by whom. Residents required assurances of who is doing what, how, when and a contingency plan if action could not be taken e.g. one resident could have purchased a dongle if a delay in installing wi-fi in the home had been evident earlier.

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.

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.

Residents and staff spoken with during the inspection made the following comments:

- "They come when you need help, they are there." (resident)
- "My bedroom is very tidy and clean." (resident)
- "Staff help me to wash (my) clothes." (resident)
- "I brought my own pictures and put them up." (resident)
- "The whole team sit down together (at handovers) and go through everything." (staff)
- "At baths and showers we check for broken skin and spots." (staff)

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

### Areas of good practice

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

### Areas for improvement

One area for improvement was identified in regard to the minutes of residents' meetings.

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

## 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 and residents advised that consent was sought in relation to care and treatment. Whilst written consents were in place for night checks and consultation during visits by the registered person, written consents were not in place for access to care records and photography; an area for improvement has been made to comply with the standards. 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 confidentiality were protected.

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

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. 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, a suggestion box and visits by the registered provider.

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

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example, residents described their individualised weekly activity programme including attending day care, doing their own laundry, board games, arts and craft and parties in the home. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, residents spoke of how they looked forward to going out with family members, going out shopping, going on holiday, going to church and the gateway club,

Residents and a staff member spoken with during the inspection made the following comments:

- “I listen to music and read the paper.” (resident)
- “I choose my own clothes. They (staff) help me with my quilt (to make the bed).” (resident)
- “I go to the co-op by myself. I like going to Forest-side.” (resident)
- “We had a party last night in gateway.” (resident)
- “They will keep me a dinner.” (resident)
- “I relax at night.” (resident)
- “I like talking to the staff because they are friendly.” (resident)
- “They (residents’ meetings) are good. They ask you what news you have and what you want to do (activities). Christmas is coming and we talked about going out for Christmas lunch.” (resident)
- “Life is laid back and relaxed (for the residents). (staff)

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

### 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

One area for improvement were identified in regard to written consents in relation to access to residents care records by RQIA inspectors and consent to photography.

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

#### 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.

Discussion with the registered manager and review of the complaints policy and procedure in the policy folder the inspector was unable to confirm that this was the most up to date version; a ‘draft’ watermark was visible on one page. Following the inspection the registered manager

forwarded the same complaints policy and procedure without the 'draft' watermark and confirmed that the policy folder had been updated.

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. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed 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. Arrangements were in place to share information about complaints and compliments with staff.

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. A review of these 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. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

There was evidence of managerial staff being provided with additional training in governance and leadership. It was good to note that the registered manager had been awarded the Registered Managers Award, 2018. This is commended.

The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example, training in epilepsy awareness and in eating and swallowing awareness were scheduled to take place in the next few months.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. Whilst a report had been completed on a monthly basis, a recommendation has been made in regard to issues identified within the content of a number of reports. Within the reports reviewed there were a number of inaccuracies, incomplete sections and a lack of clarity. For example, in the report undertaken in January 2018 there were February 2018 dates which were also included in the February 2018 report. In addition, in the report dated 28/2/18 on residents' finances it is stated that, 'this appears to be in the process of being updated.' This does not provide clarity as to the actual position and at the time of visit; this record needs to be clearer on the actual position. In a number of reports the section of the number of relatives interviewed had been left blank; this should indicate if this occurred or not. In section 7 of 21/04/18 report it is indicated e.g. records

of staff meetings as 'complaint' but indication should be 'compliant.' It would be preferable if it was indicated that staff for example, could raise issues appropriately and that any actions were followed through at the next meeting. A number of reports indicated, 'staff are trained' but there was no comment whether training was effective or that the registered manager had evidenced implementation of training in practice. Discussion took place with the registered manager and the service manager in regard to these and other issues identified.

The service manager advised that the Belfast Trust had introduced quality safety visits and that these had been undertaken in the home outside of working hours. This was an example of good practice to support quality improvement and governance arrangements.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home through telephone calls, emails and visits to the home.

The registered manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The registered manager reported 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 in place.

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.

A resident and staff spoken with during the inspection made the following comments:

- "She (the registered manager) is lovely." (resident)
- "She (the registered manager) is very good. She listens and says I'll do my best and come back to you." (staff)

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

### **Areas of good practice**

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

## Areas for improvement

One area for improvement was identified in regard to the reports of visits by the registered provider.

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Josephine Grant, Registered Manager and Aisling Curran, Service 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.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.3  <b>Stated:</b> First time  <b>To be completed by:</b> 1 February 2019	<p>The registered person shall review and respond to the need for pictorial signage within the home to support residents' independence.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            In response to this area of improvement the registered manager has reviewed and identified the pictorial signage required. The Pictorial signage has been authorised and we are now seeking a supplier. RQIA will be kept updated on progress.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 1.5  <b>Stated:</b> First time  <b>To be completed by:</b> 1 December 2018	<p>The registered person shall ensure that the minutes of residents' meetings are improved as detailed in the report.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>            In response to this area of improvement the registered manager has reviewed the system in place for all staff who chair residents meetings and has updated the Agenda to include feedback and action plans. This is now in place.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 7.4  <b>Stated:</b> First time  <b>To be completed by:</b> 1 February 2019	<p>The registered person shall ensure that written consents are in place for access to residents' records by RQIA inspectors and in regard to photography.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b>            In response to this area of improvement the registered manager has sourced consent documentation and will ensure these are in place for each resident by the 1<sup>st</sup> February 2019.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 20.11  <b>Stated:</b> First time  <b>To be completed by:</b> 1 December 2018	<p>The registered person shall ensure that the monthly reports of the registered provider visits (Regulation 29) are accurate, and comprehensive to support and promote the delivery of safe, quality care services and robust governance arrangements.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b>            In response to this area of improvement the registered manager will ensure that the monthly reports of the registered provider visits are accurate and comprehensive to support and promote the delivery of safe, quality care services and robust governance arrangements.</p>

*\*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 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)