

Unannounced Care Inspection Report 26 July 2018



Oriel House

Type of Service: Residential Care Home
Address: 30 Oriel Road, Antrim, BT41 4HP
Tel No: 028 9448 8161
Inspectors: Bronagh Duggan and Ruth Greer

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for eight persons in the categories of care cited on the home’s certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Oriell House Responsible Individual(s): Margaret Teresa Thompson	Registered Manager: Margaret Teresa Thompson (acting)
Person in charge at the time of inspection: Margaret Teresa Thompson	Date manager registered: Margaret Teresa Thompson (acting – no application necessary)
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment	Number of registered places: Total number 8 comprising: RC-I 02 – RC –DE for two identified residents 01 – RC – PH for one identified resident

4.0 Inspection summary

An unannounced care inspection took place on 26 July 2018 from 09.15 to 16.00. Ruth Greer, Inspector, left the inspection at 13.00.

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

RQIA received information raising concerns in relation to the management and governance arrangements within Oriell House which included staff recruitment and selection, finances and the storage of information.

This inspection was undertaken to provide assurances in relation to the management and governance arrangements and the safety and wellbeing of residents in Oriell House.

In addition 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 staff supervision and appraisal, improvements made to the home's environment, care records and communication between residents, staff and other interested parties, listening to and valuing residents and taking account of the views of residents and displaying of information for residents and representatives regarding how to raise concerns.

Areas requiring improvement were identified relating to recruitment practices, risk assessment and care plan updates for residents who smoke, fire safety, records of meals provided, frequency of staff meetings, management of the home and availability of complaints information. Four areas have been stated for a second time these related to fire safety

recommendations, management of Access NI information, updating of the homes safeguarding policy and procedure and reporting of notifiable events. The updating of the homes complaints procedure has been carried forward to the next care inspection.

Residents said they were happy in the home and raised no areas of concern.

One staff member spoken with said there was a good standard of care provision for residents and staff worked well as a team.

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	7	6

Details of the Quality Improvement Plan (QIP) were discussed with Teresa Thompson, Registered Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent care inspection on 18 January 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspectors met with the registered person, eight residents, one care staff and one residents' visitor/representative.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned by residents, residents' representatives and staff within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal information

- Staff competency and capability assessments
- Staff training records
- Five staff files
- Four residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- NISCC registration information
- Meals provided records
- Accident, incident, notifiable event records
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Policies and procedures

Areas for improvements identified at the last careinspection were reviewed and assessment of compliance recorded as met or not met.

The findings of the inspection were provided to the person in charge at the conclusion of theinspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 January 2018

The most recent inspection of the home was an unannounced care inspection.

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

6.2 Review of areas for improvement from the last care inspection dated 18 January 2018

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.(2) (c) Stated: First time	The registered person shall ensure the following environmental issues are addressed: <ul style="list-style-type: none"> • emergency call bell system should be repaired • radiator cover should be repaired or replaced • shower chair and bath chair should be free from rust • basin removed and disposable containers made available to collect samples in line with IPC guidelines Ref: 6.3	Met
	Action taken as confirmed during the inspection: Inspection of the premises confirmed all the environmental issues had been addressed.	
Area for improvement 2 Ref: Regulation 19. (2) Schedule 4 14 Stated: First time	The registered person shall ensure there is a robust system in place to clearly demonstrate when, how and by whom fire safety recommendations have been addressed Ref: 6.3	Not met
	Action taken as confirmed during the inspection: Discussion with the registered person confirmed there was no record available to demonstrate when, how and by whom fire safety recommendations had been addressed. This area for improvement has been stated for a second time on the QIP appended to this report.	

<p>Area for improvement 3</p> <p>Ref: Regulation 30.(2)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that notifications of accidents, incidents and other reportable events are confirmed in writing within three working days.</p> <p>Ref: 6.3</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of records maintained in the home showed this had not been done. This area for improvement has been stated for a second time on the QIP appended to this report.</p>	<p>Validation of compliance</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 17.3</p> <p>Stated: Second time</p>	<p>The registered person shall ensure the complaints procedure is reviewed and updated in accordance with relevant legislation.</p> <p>Ref: 6.3</p>	<p>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p>Area for improvement 2</p> <p>Ref: Standard 27.8</p> <p>Stated: Second time</p>	
<p>The registered person shall ensure the metal strip used to delineate the areas between a bedroom and the adjoining toilet area is repaired without delay.</p> <p>Ref: 6.3</p>	<p>Met</p>	
<p>Action taken as confirmed during the inspection:</p> <p>Inspection of the environment confirmed this had been addressed.</p>		

Area for improvement 3 Ref: Standard 19.3 Stated: First time	The registered person shall ensure the documentation relating to recruitment are kept in compliance with the principals of AccessNI's Code of Practice. Ref: 6.3	Not met
	Action taken as confirmed during the inspection: Five recruitment records were reviewed, it was noted AccessNI certificates were contained in two of these, in breach of the code of practice. The appropriate information should be stored according to the principals of AccessNI's Code of Practice. This area for improvement has been stated for a second time on the QIP appended to this report.	
Area for improvement 4 Ref: Standard 11 Stated: First time	The registered person shall ensure the identified resident has a care review completed with the referring trust regarding the suitability of the identified residents placement. Ref: 6.3	Met
	Action taken as confirmed during the inspection: The responsible person confirmed a care review had taken place and appropriate action taken.	
Area for improvement 5 Ref: Standard E11 Stated: First time	The registered person shall ensure that each room accessed or used by residents should have a wall mounted thermometer. Ref: 6.3	Met
	Action taken as confirmed during the inspection: Inspection of the home confirmed that a wall mounted thermometer was in place in each room accessed or used by residents.	

Area for improvement 6 Ref: Standard 16.1 Stated: First time	The registered person shall ensure the adult safeguarding policy and procedure is reviewed and updated to reflect regional guidance and operational procedures. Ref: 6.3	Not met
	Action taken as confirmed during the inspection: Review of the adult safeguarding policy and procedure showed it had not been updated to reflect regional guidance and operational procedures. This area for improvement has been stated for a second time on the QIP appended to this report.	

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.

Following receipt of information an unannounced inspection took place to focus on the management and governance arrangements within the home with specific attention given to recruitment and selection procedures and staffing levels. The registered person confirmed, during the inspection, that two staff had recently left the home which included the acting manager and the cook. Following the inspection the registered person informed RQIA that two care staff had also left, however, the cook had returned to their post.

The registered person advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Following the recent resignations the registered person confirmed plans were in place to use agency staff as an interim measure until new permanent staff were recruited. The registered person confirmed interviews had been carried out for new permanent staff. The requirement to ensure all relevant information was obtained for potential new staff prior to commencing employment including full employment history, satisfactory references, and Access NI clearance was discussed with the registered person at length. In addition, the registered person was advised to ensure all agency staff complete a thorough induction with regard to commencing work in the home. The registered person was also advised to obtain confirmation from the recruitment agency that all pre-employment checks had been completed for any agency workers used. Following the inspection the registered person submitted weekly planned rotas for the home to RQIA. Review of the rotas showed the same agency staff were being used. The registered person advised this was to ensure the greatest consistency for residents in the home.

The registered person confirmed that the previous manager had left the home and the manager’s post was currently vacant. The need to ensure that an appropriately skilled and

qualified individual is recruited for the position was discussed with the registered person. This is further discussed in section 6.7 of this report.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A representative expressed the view that they hoped the staff changes would not impact on their relative. This was discussed with the registered person who provided assurances that all would be done to ensure residents care remained a priority and appropriate staffing levels would be maintained at all times. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the registered person evidenced that an induction programme was in place for all staff working in the home, relevant to their specific roles and responsibilities.

Discussion with one staff member confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the registered person 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure during a previous inspection confirmed that it complied with current legislation and best practice. Discussion with the registered person and review of five staff files identified that there were some areas for improvement. All files inspected contained the required information, however, it was noted in two files that staff had commenced employment before receipt of two satisfactory references. References were received after the recorded start dates. One file showed a staff member had commenced work before receipt of an enhanced AccessNI disclosure. The need to ensure all relevant information is obtained prior to making any offer of employment was discussed with the registered person at length. Recruitment practice was identified as an area for improvement to comply with the regulations.

Staff files reviewed confirmed that AccessNI information was not always recorded and managed in line with best practice. Two staff files contained AccessNI certificates, which is a breach of the AccessNI Code of practice. This was identified as an area for improvement during the previous inspection and has been stated for a second time in the QIP appended to this report.

Arrangements were in place to monitor the registration status of staff with their professional body. The benefit of recording this information on a matrix was discussed with the registered person.

The review and updating of the adult safeguarding policy to ensure it is consistent with the current regional policy and procedures were discussed with the registered person. This was identified as an area for improvement during the previous inspection and has been stated for a second time in the QIP appended to this report. There was a safeguarding champion identified for the home. The necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered person advised there had been no recent safeguarding referrals and that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

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

The registered person advised there were restrictive practices within the home, notably the use of keypad entry system, pressure alarm mats and management of smoking materials etc. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required with the exception of smoking materials. This issue is addressed in section 6.5 of this report.

There was an infection prevention and control (IPC) policy and procedure in place. 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 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.

The registered person reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

"The Falls Prevention Toolkit" was discussed with the registered person and advice was given on the benefits of using this or a similar toolkit.

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 and appropriately heated. It was noted that new flooring had been laid in a number of bedrooms. The registered person confirmed plans were in place for two remaining rooms to be completed.

Inspection of the internal environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. Building debris was observed in the carpark at the back of the home. The registered person confirmed plans were in place to have the debris removed and that residents would not have access to the identified area.

The registered person provided information to confirm the home had an up to date Legionella risk assessment in place dated 22 December 2016. This information was shared with the estates inspector for the home.

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

Review of staff training records confirmed that staff completed fire safety training in April 2018, the registered person confirmed staff complete fire safety training twice annually. The need to ensure records were available to confirm all staff completed at least one fire drill per annum was discussed with the registered person. This was identified as an area for improvement to comply with the regulations. Fire safety records identified that fire safety checks on fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were not maintained on an up to basis and had last been completed on 26 June 2018. This was identified as an area for improvement to comply with the regulations. Following the inspection information was shared with the associated RQIA estates inspector regarding fire safety precautions in the home and the fire safety risk assessment in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal and improvements made to the home’s environment.

Areas for improvement

Four new areas for improvement were identified during the inspection these related to recruitment practices, risk assessment and care plan updates for residents who smoke, and fire safety. Three areas have been stated for a second time these related to fire safety recommendations, management of Access NI information and the updating of the home’s adult safeguarding policy and procedure.

	Regulations	Standards
Total number of areas for improvement	5	2

6.5 Is care effective?

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

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

Care records were stored safely and securely in line with General Data Protection Regulation (GDPR). Four care records were inspected they included an up to date assessment of needs, life history information, risk assessments and care plans. Records of regular statement of health and well-being of the resident were also available. 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 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.

A varied and nutritious diet was provided to meet the dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights. Records were maintained reflecting meals provided for residents. It was noted there were some omissions regarding recording what food was served at tea time. This issue was discussed with the registered person and identified as an area for improvement to comply with the standards.

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals this included for example residents completing satisfaction surveys on a monthly basis.

The registered person and staff member confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings were viewed, the most recent minutes available were for December 2017. The need to ensure staff meetings were held regularly and no less than quarterly was discussed with the registered person. This was identified as an area for improvement to comply with the standards.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the staff member 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.

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified during the inspection these related to recording of meals provided in sufficient detail and ensuring staff meetings are held at least quarterly.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

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

A range of policies and procedures was in place which supported the delivery of compassionate care.

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

The registered person and residents advised that consent was sought in relation to care and treatment. 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, the daily menu was displayed in the dining room area.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Records showed residents were consulted with, at least monthly, about the quality of care and environment. Satisfaction surveys were completed by residents with support from their identified keyworker. The need to ensure the views of residents and representatives were gathered formally and compiled to help form an annual quality review report was discussed with the registered person. The completion of an annual report shall be followed up at a future inspection.

Records showed residents were supported to engage in meaningful activities, for example, attending a local day centre, games and quizzes. Visitors were welcome to the home. Activities provision shall be followed up in greater detail at a future care inspection.

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

- "I am getting on well, the food is lovely. The staff are good." (resident)
- "Nice to get dinner set down to me. Staff are good and enough on duty. I like this place." (resident)
- "I am happy enough, have whatever I need." (resident)
- "It has been good here, I am moving out today going somewhere nearer to home." (resident)
- "(My relative) is here two years, is very happy. I come all the time take her out for coffee. I have been told staff have just left, I am anxious that my (relative) will miss the familiar faces. Yes I would approach the owner if there was something I'm not happy with." (representative)
- "I love working here, it's completely different from a big home, because there's only eight residents it's more homely." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to 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 person confirmed there was currently no manager employed in the home. The registered person confirmed she was acting manager until a manager is appointed. The need to ensure a suitable individual was appointed with the qualifications, skills and experience to fulfil the requirements of the post was discussed at length with the registered person. In addition the registered person was advised of her responsibility to ensure all recruitment was carried out in keeping with relevant recruitment legislation and to ensure the appointed individual can meet the specific criteria as set out in the DHSSPS Residential Care Homes Minimum Standards, August 2011. The need to appoint an appropriate individual to manage the residential home was identified as an area for improvement to comply with the regulations. The registered person advised that she was in the home most days providing ongoing governance in 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.

Complaints information reviewed showed that full records were not available, this issue was discussed with the registered person who was unable to locate relevant information to show how two complaints logged had been investigated, communication with the complainant, the outcome and the complainant's level of satisfaction. This was identified as an area for improvement to comply with the standards.

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 not effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The reporting of notifiable events was identified as an area for improvement during the previous inspection and has been stated for a second time in the QIP appended to this report.

Discussion with the registered person confirmed that information in regard to current best practice guidelines was made available to staff. The registered person advised plans were in place for staff to complete training relating to swallow awareness.

The benefit of the registered person undertaking monthly monitoring visits and formalising in a report was discussed with the registered person who confirmed she was in day to day contact with the home under ordinary circumstances. The need to ensure there were regular monitoring arrangements in place to help ensure the availability of information for inspection including, for example, complaints information was discussed with the registered person. The registered person advised that a laptop had been removed from the home by an identified member of staff. The registered person was advised to ensure the return of the equipment without delay in order to safeguard against any potential data protection issues. The registered person was advised to consult with the Information Commissioner's Office (ICO) regarding this.

Discussion with the staff member on duty confirmed that she would feel happy to approach the registered person if she had any concerns.

The registered person was advised that RQIA should be informed in writing of any changes to the management structure of the home and also what the management arrangements were until a registered manager is in place. The registered person advised that permanent care staff would be taking the lead on shifts where agency staff were being used. The registered person confirmed that every effort would be made to ensure the situation was managed to minimise any impact on the residents by ensuring stable and predictable staffing levels.

Discussion with the registered person and staff member on duty confirmed there were no financial concerns with regards to the day to day running of the home; this was part of the information that had been received by RQIA. It was noted that improvements had been made to the environment and the registered person confirmed that further improvements were planned.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this.

Discussion with one staff member 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 inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. The registered person was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the displaying of information for residents and representatives regarding how to raise concerns.

Areas for improvement

Two new areas for improvement were identified during the inspection these related to recruiting a manager for the home and ensuring all relevant complaint information is available. Reporting of notifiable events has been stated as an area for improvement for a second time.

	Regulations	Standards
Total number of areas for improvement	2	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Margaret Teresa Thompson, Registered Person, 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 providers 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 19. (2) Schedule 4 14 Stated: Second time To be completed by: 26 September 2018	<p>The registered person shall ensure there is a robust system in place to clearly demonstrate when, how and by whom fire safety recommendations have been addressed</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: New Health and Safety file available that clearly shows routine inspections and any follow up repairs carried out by BS Fire Alarms Ltd.</p>
Area for improvement 2 Ref: Regulation 30.(2) Stated: Second time To be completed by: 27 July 2018	<p>The registered person shall ensure that notifications of accidents, incidents and other reportable events are confirmed in writing within three working days.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: All reportable events prior to this inspection have now been reported to both RQIA and HSC care managers, specifically choking which occurred on 15/7/18 and fall which occurred on 21/7/18. No reportable events since this inspection however all reportable events will be confirmed via RQIA web portal within three working days and to care manager as soon as is possible.</p>
Area for improvement 3 Ref: Regulation 21 (1) (b) Schedule 2 Stated: First time To be completed by: 27 July 2018	<p>The registered person shall ensure all relevant information and documentation relating to the recruitment process is obtained prior to working in the home.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All relevant information obtained for new staff - cleaner, care assistant and manager</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 26 August 2018</p>	<p>The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical conditions and subsequent prescribed interventions, as well as current safety guidance.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: New support plans written for residents who smoke.</p>
<p>Area for improvement 5</p> <p>Ref:Regulation 27. (4) (d)</p> <p>Stated: First time</p> <p>To be completed by:27 July 2018</p>	<p>The registered person shall ensure all fire safety checks are completed and maintained on an up to date basis.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All fire safety checks recorded and stored in downstairs office. Checks have been added to daily delegation sheets to ensure completed.</p>
<p>Area for improvement 6</p> <p>Ref:Regulation 27 (4) (f)</p> <p>Stated: First time</p> <p>To be completed by:26 September 2018</p>	<p>The registered person shall ensure all staff participate in a fire evacuation drill at least once a year and ensure action taken on problems or defects is recorded.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: New fire evecuation log in place to keep detailed record of same.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 8. (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 26 September 2018</p>	<p>The registered person shall appoint an individual to manage the residential care home where there is no registered manager in respect of the home.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Julie Wallace has been appointed as Acting Manager as of 20th August.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 17.3 Stated: Second time (Carried forward) To be completed by: 18 February 2018	The registered person shall ensure the complaints procedure is reviewed and updated in accordance with relevant legislation. Ref: 6.2
	Response by registered person detailing the actions taken: Complaints procedure updated September 2018 in conjunction with Strategic Thinking Ltd.
Area for improvement 2 Ref: Standard 19.3 Stated: Second time To be completed by: 26 September 2018	The registered person shall ensure the documentation relating to recruitment are kept in compliance with the principals of AccessNI's Code of Practice. Ref: 6.2
	Response by registered person detailing the actions taken: All personnel files have been audited to meet Access NI Code of Practice.
Area for improvement 3 Ref: Standard 16.1 Stated: First time To be completed by: 26 September 2018	The registered person shall ensure the adult safeguarding policy and procedure is reviewed and updated to reflect regional guidance and operational procedures. Ref: 6.2
	Response by registered person detailing the actions taken: Adult Safeguarding Policy and Procedure updated September 2018 in conjunction with Strategic Thinking Ltd.
Area for improvement 4 Ref: Standard 12.11 Stated: First time To be completed by: 27 July 2018	The registered person shall ensure a record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each resident is satisfactory. Ref: 6.5
	Response by registered person detailing the actions taken: New meal diaries implemented 24/9/18.
Area for improvement 5 Ref: Standard 25.8 Stated: First time To be completed by: 26 August 2018	The registered person shall ensure staff meetings take place on a regular basis and at least quarterly. Ref: 6.5
	Response by registered person detailing the actions taken: Staff meeting planned for start of October 2018.

Area for improvement 6 Ref: Standard 17.10 Stated: First time	The registered person shall ensure records are kept of all complaints and these include the details of all communication with complainants, the result of any investigations and the action taken. Ref: 6.7
To be completed by: 26 August 2018	Response by registered person detailing the actions taken: New complaints policy and procedure has been implemented. Currently no complaints since last inspection.

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



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