

Unannounced Care Inspection Report

13 April 2021



Ralphs Close

Type of Service: Residential Care Home (RCH)

**Address: Gransha Park, Clooney Road,
Londonderry, BT47 6TF**

Tel no: 028 71864332

Inspector: Jane Laird

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 16 residents with a learning disability. The home is divided into four areas (house 1, 2, 3 and 4).

3.0 Service details

Organisation/Registered Provider: Western Health and Social Services Trust (WHSCT)	Registered Manager and date registered: Maureen McGeehan Acting
Responsible Individual: Anne Kilgallen	
Person in charge at the time of inspection: Nicola O'Hara, senior care assistant, 10.15 – 11.00 Maureen McGeehan, manager, 11.00 – 17.40	Number of registered places: 16
Categories of care: Residential Care (RC) LD - Learning Disability	Number of residents accommodated in the residential home on the day of this inspection: 15

4.0 Inspection summary

An unannounced care inspection took place on 13 April 2021 from 10.15 to 17.40 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. In response to this RQIA decided to undertake an inspection to this home to assess progress with areas for improvement from the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing arrangements
- infection prevention and control (IPC) measures
- care delivery
- care records
- the home's environment
- management, leadership and governance arrangements.

It was positive to note that most of the areas for improvement that had been identified at the previous care inspection have been met with substantial progress identified in the overall management and leadership of the home. Two areas for improvement were partially met and have been stated for a second time in relation to remedial work to the environment and risk management. One area for improvement has not been met in relation to control of substances hazardous to health (COSHH) and has been stated for a second time.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*5	4

*The total number of areas for improvement includes three regulations which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Maureen McGeehan, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

Questionnaires and 'Tell us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- duty rota for all staff for weeks commencing 5 and 12 April 2021
- records confirming registration with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- four residents' care records
- a sample of governance audits/records
- staff competency and capability assessments for taking charge of the home in the absence of the manager
- incident and accident records
- staff medicines management competency assessments
- a sample of monthly monitoring reports from January 2021
- fire risk assessment

- a sample of documents relating to the premises and maintenance management of firefighting equipment, emergency lighting and fire doors.

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance was recorded as met, partially met and not met.

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 24 and 27 November 2020.

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 5 (1) (a) (b) Stated: First time	The registered person shall ensure that each resident or their representative is provided with an individual written agreement setting out the terms and conditions of their residency in the home.	Met
	Action taken as confirmed during the inspection: Review of a sample of residents' care records evidenced that an individual written agreement setting out the terms and conditions of their residency in the home was available.	
Area for improvement 2 Ref: Regulation 19 (2) Schedule 4 (1) Stated: Second time	The registered person shall ensure that each resident has a record of the furniture and personal possessions which they have brought into the room they occupy. (Records of residents' personal property should be kept up to date over time).	Met
	Action taken as confirmed during the inspection: Review of a sample of residents' records evidenced that a record of residents' furniture and personal possessions had mostly been maintained. This is discussed further in	

	section 6.2.3.	
Area for improvement 3 Ref: Regulation 20 (3) Stated: First time	<p>The registered person shall ensure competency and capability assessments are completed and up to date for staff who have responsibility of being in charge of the home in the absence of the manager.</p> <p>Action taken as confirmed during the inspection: Review of a sample of competency and capability assessments for staff who have responsibility of being in charge of the home in the absence of the manager were reviewed and up to date.</p>	Met
Area for improvement 4 Ref: Regulation 21 (1) (c) (ii) Stated: First time	<p>The registered person shall ensure a robust system is in place to ensure staff are registered with NISCC/NMC.</p> <p>Action taken as confirmed during the inspection: Review of governance records evidenced that a system for monitoring staff registration with NISCC/NMC were in place.</p>	Met
Area for improvement 5 Ref: Regulation 21 (1) (c) Stated: First time	<p>The registered person shall ensure that staff receive mandatory training relevant to their role and a record of this training is kept within the home and available for inspection.</p> <p>Action taken as confirmed during the inspection: Review of mandatory training records evidenced that this area for improvement has been met.</p>	Met
Area for improvement 6 Ref: Regulation 13 (7) Stated: First time	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • the correct use of PPE • hand hygiene • availability of PPE outside laundry/kitchen • storage of equipment residents clothing and towels 	Met

	<p>Action taken as confirmed during the inspection: Observation and discussion with staff evidenced that this area for improvement has been met.</p>	
<p>Area for improvement 7</p> <p>Ref: Regulation 15 (2) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans and risk assessments are reviewed regularly and updated to reflect the current needs of residents.</p> <p>With specific reference to ensuring care records contain:</p> <ul style="list-style-type: none"> the recommended diet/fluid consistencies as per the International Dysphagia Diet Standardisation Initiative (IDDSI) terminology dietary information held in the dining room, care plan and risk assessment to contain consistent information to reflect the speech and language therapist SALT assessment hospital passports to include the recommended dietary/fluid type to contain details regarding residents assessed elimination needs where a resident has been identified with weight loss a relevant care plan and risk assessment is implemented to monitor their weight. <p>Action taken as confirmed during the inspection: Review of a sample of care records evidenced that this area for improvement has been met. This is discussed further in section 6.2.4.</p>	<p>Met</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> walls and floor coverings around the base of identified toilets toilet seats are replaced to identified en-suites and communal bathroom moisture damage to identified walls within en-suites and to ceilings within identified bedrooms and a lounge are investigated and repaired. 	<p>Partially met</p>

	<p>Action taken as confirmed during the inspection: Review of the environment and discussion with the manager evidenced that this area for improvement has not been fully met and is discussed further in section 6.2.5.</p> <p>This area for improvement has not been fully met and has been stated for a second time.</p>	
<p>Area for improvement 9</p> <p>Ref: Regulation 27 (2) (b) (d)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • staining/lime scale is removed from shower heads and water taps throughout the home and a system for their regular cleaning is implemented • the laundry rooms and equipment such as washing machines and tumble dryers are maintained and clutter free • wash hand basins within laundry rooms are accessible to staff • cobwebs and debris from ceiling light fixtures are cleaned throughout the home. <p>Action taken as confirmed during the inspection: Observation of the environment and review of relevant cleaning records evidenced that this area for improvement has been met.</p>	Met
<p>Area for improvement 10</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that residents are protected at all times from hazards to their health.</p> <p>Action taken as confirmed during the inspection: Observation of the environment evidenced that this area for improvement has not been met and is discussed further in section 6.2.5.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	Not met

<p>Area for improvement 11</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: First time</p>	<p>The registered person shall, having regard to the number and needs of the residents, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>With specific reference to storage of:</p> <ul style="list-style-type: none"> • razors • kettles, microwaves • staff belongings <p>Action taken as confirmed during the inspection: Observation of the environment evidenced that whilst razors, kettles and microwaves were stored safely, staff belongings were accessible to residents within two areas of the home. This area for improvement has not been fully met and is discussed further in section 6.2.5.</p> <p>This area for improvement has not been fully met and has been stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 12</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • an assessment is completed on seals at the top of identified fire doors and remedial measures completed where necessary • fire doors are maintained to operate effectively • fire doors are not propped open • all staff receive fire awareness training twice yearly. <p>Action taken as confirmed during the inspection: Observation of the environment and review of relevant records evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 13</p> <p>Ref: Regulation 20 (1) (c) (i)</p>	<p>The registered person shall ensure that the newly appointed acting manager is provided with a robust induction programme.</p>	<p>Met</p>

Stated: First time	Action taken as confirmed during the inspection: Review of governance records and discussion with the manager evidenced that this area for improvement has been met.	
Area for improvement 14 Ref: Regulation 30 Stated: First time	<p>The registered person shall ensure that RQIA are notified of any event in the home in accordance with Regulation 30.</p> <p>Action taken as confirmed during the inspection: Review of accidents/incidents records evidenced that this area for improvement has been met.</p>	Met
Area for improvement 15 Ref: Regulation 30 Stated: First time	<p>The registered person shall ensure that reports produced following monthly monitoring visits are maintained within the home and accessible to residents, their representatives, staff and trust representatives.</p> <p>Action taken as confirmed during the inspection: Review of a sample of monitoring reports evidenced that this area for improvement has been met.</p>	Met
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 4.6 Stated: First time	<p>The registered person shall ensure that the resident or their representative is given written notice of all changes to the resident's agreement and these are agreed in writing by the resident or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Action taken as confirmed during the inspection: Review of a sample of resident agreements evidenced that this area for improvement has been met.</p>	Met
Area for improvement 2 Ref: Standard 4.2 Stated: First time	The registered person shall ensure that the content of the home's generic patient agreement is compared with the minimum content of a resident agreement as set out within standard 4.2 of the Residential Care Home Minimum Standards. The generic	Met

	<p>agreement should be reviewed and updated accordingly.</p> <p>Action taken as confirmed during the inspection: Review of the generic written agreement evidenced that this area for improvement has been met.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 18.2 & Appendix 2</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the home has a written policy and procedure addressing transport services. A copy of the policy should be easily accessible for the relevant staff members and a copy should be kept for reference, in the vehicle used to provide transport services to patients.</p> <p>Action taken as confirmed during the inspection: A policy and procedure regarding transport services was available within the home and in the vehicle used to provide transport services to residents.</p>	Met
<p>Area for improvement 4</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the staff duty rota records the job role of staff working in the home, the hours worked and the person in charge in the absence of the manager.</p> <p>Action taken as confirmed during the inspection: Review of a sample of duty rotas evidenced that this area for improvement has been met.</p>	Met
<p>Area for improvement 5</p> <p>Ref: Standard 30.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure staff who manage medicines are competent.</p> <p>Action taken as confirmed during the inspection: Review of a sample of medicine competency assessments evidenced that this area for improvement has been met.</p>	Met
<p>Area for improvement 6</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the manager has oversight of the recruitment process including pre-employment checks and that a record of this oversight is maintained in the home for inspection.</p>	Met

	Action taken as confirmed during the inspection: A record of the recruitment process including pre-employment checks was available within the home.	
Area for improvement 7 Ref: Standard 12.4 Stated: First time	The registered person shall ensure a daily menu is displayed in an area and format which residents can see and understand. Action taken as confirmed during the inspection: A daily pictorial menu was displayed within each of the four houses. This is discussed further in section 6.2.3.	Met
Area for improvement 8 Ref: Standard 27 E32 Stated: First time	The registered person shall ensure that communal bathroom doors are accessible to residents without the use of a fob key. Action taken as confirmed during the inspection: Review of the environment evidenced that communal bathrooms were accessible to residents without the use of a fob key.	Met
Area for improvement 9 Ref: Standard 20 Stated: First time	The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home. With specific reference to: <ul style="list-style-type: none"> • Care records • IPC • Hand hygiene • Environment Action taken as confirmed during the inspection: Review of a sample of audits evidenced that this area for improvement has been met.	Met

6.2 Inspection findings

6.2.1 Staffing

On arrival to the home we were greeted by the senior care assistant and staff who were helpful and attentive. The senior care assistant explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and review of staff duty rotas evidenced that the planned staffing levels had been adhered to.

There was a pleasant and calm atmosphere throughout the home and we could see that there was enough staff to quickly respond to the needs of the residents and provide the correct level of support. The manager, who was off duty, arrived to the home at 11.00 hours to support the senior care assistant with the inspection process.

A discussion with staff confirmed that they felt supported in their roles and were satisfied with current staffing levels. Comments from staff included:

- “Love my job. ”
- “Very supported by the manager who is always there if you need her.”
- “Great team work.”
- “Lots of positive changes since the previous inspection.”
- “Lots of training.”

We reviewed four staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager’s absence. There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC).

There was an overview of staff training in place which included mandatory training and additional training where this was required.

Review of one staff recruitment and induction file evidenced that relevant pre-employment checks had been received prior to commencing employment in line with best practice and the record of induction was available within the employees file.

6.2.2 Infection prevention and control procedures

Upon arrival to the home the inspector’s temperature and contact tracing details were obtained in line with COVID-19 visiting guidelines. We were advised that this was completed on all visitors entering the home.

We found that there was an adequate supply of personal protective equipment (PPE) and hand sanitising gel throughout the home. Staff demonstrated an awareness of the various types of PPE and was observed applying and removing PPE correctly.

We observed one member of staff with nail polish and jewellery and discussed this with the staff member and the manager who acknowledged that this was not good practice. Prior to the completion of the inspection the staff member had removed the nail polish and jewellery and the manager agreed to monitor this going forward.

We discussed with the manager the location of PPE wall mounted dispensers within a communal bathroom beside a toilet and the potential IPC risk. The manager agreed to have these removed and to liaise with the IPC nurse within the Trust for advice regarding a more suitable location.

Since the previous inspection designated rooms had been allocated for staff breaks. There was no signage on any of the doors regarding the maximum number of staff to occupy the room at any given time. During the inspection the manager had signs made and agreed to display these on the appropriate doors.

6.2.3 Care delivery

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. Residents were well presented, and had been supported by staff in maintaining their personal care in a timely and discreet manner. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

We observed the serving of the lunch time meal and saw that staff attended to the residents' needs in a prompt and timely manner. However, two resident's meals were not in accordance to their assessed needs as recommended by the speech and language therapist (SALT). We discussed this with the manager who agreed to review how the meals are prepared prior to leaving the kitchen and to purchase relevant equipment if required to ensure that meals are appropriate for the residents. This was identified as an area for improvement.

A daily pictorial menu was displayed within each dining room which offered a choice of two main meals. However, the food that was served was not reflective of the menu. This was discussed with the manager who agreed to monitor this during daily walk arounds and an area for improvement was identified.

Review of four residents' record of furniture and personal belongings identified that three had been updated within in January 2021. One record had not been updated since August 2020 and the manager agreed to have this completed. We further identified that not all records of furniture and personal belongings were signed and/or dated by two staff members. This was discussed with the manager and an area for improvement was identified.

6.2.4 Care records

Since the previous care inspection the layout of residents care files had been reviewed by the manager and was divided into a number of sections which was organised and easy to follow. We reviewed four resident's care records which evidenced that the majority of care plans were person centred and reviewed regularly. However, one resident's hospital passport did not contain information regarding a specific aspect of their care which had the potential to impact on their health and wellbeing. This was discussed with the manager and following the inspection written confirmation was received from the manager on the 15 April 2021 that the resident's hospital passport had been updated.

We further identified that personal emergency evacuation plans (PEEP's) had not been completed for any of the residents and discussed this with the manager as an area for improvement. Following the inspection on the 26 April 2021 the manager provided written confirmation that all residents PEEP's had been completed.

6.2.5 Environment

Since the last inspection positive improvements had been made to various areas within the home and multiple en-suite walls had been redecorated. Toilet seats had been replaced within a communal bathroom and identified en-suites. Moisture damage to ceilings throughout the home had been investigated and painting was scheduled to commence. The manager further advised that floor coverings had been ordered for identified en-suites and confirmed that additional refurbishment was scheduled to other areas within the home such as walls, skirting boards and ceilings. Whilst we acknowledge that improvements have been made, a number of remedial works remained outstanding; therefore this area for improvement has been stated for a second time.

We observed a toilet roll holder which was no longer in use and presented as a potential hazard due to where it was situated close to a toilet within a resident's en-suite. We also identified pipes exposed below a wash hand basin in a communal bathroom and surface damage to a wall within one of the laundry rooms. This was discussed with the manager who agreed to have these issues reviewed and an area for improvement was identified.

An unoccupied bedroom was being used as a store room. We discussed the importance of rooms being used for what they were registered as. The manager advised that this was a temporary measure during the COVID-19 pandemic and that the room would revert to the original registration. Following the inspection written confirmation was received from the manager regarding the temporary change of purpose for the room.

Review of the fire risk assessment carried out on the 23 November 2020, evidenced that a number of actions identified had not been signed off as completed. The manager advised that most of these actions had been completed and agreed to forward relevant details of the action taken as per the recommendations within the fire risk assessment. This was identified as an area for improvement.

We observed multiple occasions where chemicals were accessible to residents. For example, a cleaning store with multiple chemicals was unlocked, a cleaning trolley was left unattended within a resident's bedroom and chemicals were identified within an unlocked linen store. This area for improvement has been stated for a second time.

We observed a key in the lock of a door of a staff room and the door to a staff changing room unlocked with staff belongings easily accessible within both rooms. As mentioned in section 6.1 above specific to risk management this area for improvement has not been fully met and has been stated for a second time.

6.2.6 Governance and management arrangements

All staff spoken with commented positively about the manager and described her as supportive and approachable. A clear management structure was evident within the home and as

mentioned above substantial progress has been made in the overall management and leadership of the home since the previous care inspection.

We reviewed a number of audits in relation to IPC, hand hygiene, PPE and care records. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

An inspection of accidents and incident reports confirmed that these were effectively documented and reported to other relevant organisations in accordance with the legislation and procedures.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. Copies of the report were available for residents, their representatives, staff and trust representatives. Where areas for improvement were identified, there was an action plan in place with defined timeframes.

Areas of good practice

Evidence of good practice was found in relation to the friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.

Areas for improvement

Six new areas were identified for improvement. These were in relation to the provision of meals in accordance with SALT recommendations, the menu is reflective of the meals served, a record of residents property is signed by two staff, the completion of personal emergency evacuation plans, the environment and completion of the actions within the fire risk assessment.

	Regulations	Standards
Total number of areas for improvement	2	4

6.3 Conclusion

There was evidence of appropriate leadership and management structures within the home and residents appeared to be content and settled in their surroundings. Staff were knowledgeable regarding the needs of residents and how to access relevant services to ensure that the needs of residents are met. We were satisfied that the appropriate action had been taken to address any immediate issues identified during the inspection with ongoing review dates to address all other actions.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Maureen McGeehan, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider 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 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 27 (2) (b) Stated: Second time To be completed by: 13 June 2021	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> walls and floor coverings around the base of identified toilets moisture damage to identified walls within en-suites and to ceilings within identified bedrooms and a lounge are investigated and repaired. <p>Ref: 6.1 and 6.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All environmental issues are being address. The walls and ceilings have been washed down and sealed. The flooring on two on suites has been laid the other on suite flooring will be laid by the 11 June 21.</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that residents are protected at all times from hazards to their health.</p> <p>Ref: 6.1 and 6.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The manager of Ralphs Close met with the manager of support services regarding the cleaning store room not being locked. The manager of Ralphs Close was assured that this would always be locked in the future. The manager will continue to do spot checks in her daily walk rounds. When the manager is not in the deputy managers will complete the spot checks.</p>
Area for improvement 3 Ref: Regulation 27 (2) (t) Stated: Second time To be completed by: With immediate effect	<p>The registered person shall, having regard to the number and needs of the residents, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>With specific reference to storage of:</p> <ul style="list-style-type: none"> staff belongings <p>Ref: 6.1 and 6.2.5</p>

	<p>Response by registered person detailing the actions taken: The risk assessment to manage health and safety within the home has been completed and will be up dated when necessary.</p> <p>Staff belongings are locked away in the temporary staff rooms, these rooms will be kept locked and the key situated behind the front desk when not in use. This is spot checked and monitored by the manager and senior staff daily.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that personal emergency evacuation plans are implemented for individual residents to ensure the safety and wellbeing of residents in the home.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: All residents have an individualised personal evacuation plan in their care files.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the fire risk assessment recommendations are actioned accordingly and signed/dated by the manager when completed.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: The fire risk assessment has been completed; recommendations have been actioned and signed by manager.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12.9</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that meals are served in accordance with SALT recommendations to meet each resident's needs.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: All SALT recommendations are adhered to meet each individual's needs. This continues to be discussed in the 10 am morning meetings. Also the manager and the deputy manager, are doing spot checks at mealtimes to ensure consistency of meals.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.14</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the daily menu is reflective of the meals served and any variations to the menu are recorded.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken:</p>

To be completed by: With immediate effect	The manager has discussed the importance of the menus matching the meals with staff at the 10am morning meetings. The manager has also put signs up in each dining room to ensure staff coordinate the visual menus with the kitchen staff on a daily basis.
Area for improvement 3 Ref: Standard 15.5 Stated: First time To be completed by: 13 May 2021	The registered person shall ensure that records of residents' furniture and personal possessions are signed and dated by the staff member undertaking the reconciliation and countersigned by a senior member of staff on at least a quarterly basis. Ref: 6.2.3
	Response by registered person detailing the actions taken: This has been completed in each file. The Senior staff in each house have begun to do peer auditing of files and this is something that will be checked/monitored in each audit.
Area for improvement 4 Ref: Standard 27 Stated: First time To be completed by: 13 May 2021	The registered person shall ensure that the environmental issues identified during this inspection are addressed. With specific reference to: <ul style="list-style-type: none"> • toilet roll holder in identified en-suite • exposed pipes below a wash hand basin in an identified communal bathroom • surface damage to a wall within an identified laundry room. Ref: 6.2.5
	Response by registered person detailing the actions taken: The toilet roll holder has been removed. The pipes will be insulated by 11/06/2021 The surface damage in the laundry room will be replaced by the 25/06/2021

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



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