



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

**Name of Establishment:** Belmont Cottages Residential Care Home  
**Establishment ID No:** 1112  
**Date of Inspection:** 18 June 2014  
**Inspector's Name:** Angela Graham  
**Inspection No:** IN020038

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544



## 1.0 General Information

<b>Name of Home:</b>	Belmont Cottages Residential Care Home
<b>Address:</b>	Racecourse Road Londonderry BT48 7RD
<b>Telephone Number:</b>	(028) 7137 2350
<b>E mail Address:</b>	<a href="mailto:g.mclean@apexhousing.org">g.mclean@apexhousing.org</a>
<b>Registered Organisation/ Registered Provider:</b>	Mr Gerald Kelly
<b>Registered Manager:</b>	Mrs Gail McLean
<b>Person in Charge of the home at the time of Inspection:</b>	Residential Officer, Mr Patrick McBrearty
<b>Categories of Care:</b>	LD LD(E)
<b>Number of Registered Places:</b>	16
<b>Number of Residents Accommodated on Day of Inspection:</b>	16
<b>Scale of Charges (per week):</b>	£702.00
<b>Date and type of previous inspection:</b>	26 March 2014 Secondary Unannounced
<b>Date and time of inspection:</b>	18 June 2014 7 am – 3.50 pm
<b>Name of Inspector:</b>	Angela Graham

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## **3.0 Purpose of the inspection**

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## **4.0 Methods/Process**

Specific methods/processes used in this inspection include the following:

- Discussion with the residential officer
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

## **5.0 Inspection focus**

The focus of this inspection was to ensure, through a process of observation, discussion and feedback that the morning staffing levels were adequate to meet the residents' assessed needs.

## 6.0 Profile of service

Belmont Cottages Residential Care Home is registered to provide care for up to 16 adults who have a learning disability and a range of complex needs.

The home is operated by Apex Housing Association and is situated on the Racecourse Road, close to local shops, schools, churches and community facilities. It consists of four bungalows all linked with internal walkways set in mature and secure grounds with seating and patio areas provided.

The first three of these bungalows were opened in 1992, while the fourth was added towards the end of 2006.

Each bungalow is self-contained comprising of four bedrooms, sitting room, dining room, kitchen, laundry, bathroom, shower and toilet facilities. The bungalows are staffed separately and operate semi-independently, although staff co-operate and support each other as necessary between the bungalows. Residents identify with their own houses.

## 7.0 Summary of inspection

This secondary unannounced care inspection of Belmont Cottages was undertaken by Angela Graham on 18 June 2014 between the hours of 7am and 3.50pm. Mr Patrick McBrearty, Residential Officer was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements made as a result of the previous inspection were also examined. The recommendation made as a result of the previous inspection was not reviewed and will be reviewed during the next inspection. The detail of the actions taken by Registered Manager, Mrs McLean can be viewed in the section following this summary.

The focus of this unannounced inspection was to ensure, through a process of observation, discussion and feedback that the morning staffing levels were adequate to meet the residents' assessed needs.

During the inspection the inspector met with residents and staff discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Comments received from residents and staff are included in section 9.1 and 9.2 of the main body of the report.

At the beginning of the inspection there were five residents up, dressed in their day attire and seated in the lounge or dining room. Care staff confirmed that these residents had woken early and got up. Care staff also confirmed these residents required assistance with personal hygiene and dressing and had been showered and dressed from 6.30am onwards. No evidence was available in these residents' care records to support this practice. Care plans were not in place to address early rising for these residents.

A review of an identified resident's daily progress records dated 12 June 2014 evidenced that this resident had been showered and dressed at 5.45am. A requirement has been made that the registered person must ensure that the residential care home is conducted so as to make proper provision for the care and where appropriate, treatment and supervision of residents.

A requirement has also been made that the registered person must ensure that care plans on early rising are drawn up for residents who wish to rise early. These care plans should be discussed and agreed with the residents, their representatives and / or relevant multi disciplinary professionals. Written evidence should be held in this regard.

A review of two residents' daily progress records identified a range of behaviours that presented as challenging. There was no evidence in these residents' care records that relevant multi-disciplinary professionals were informed of these behaviours nor that care staff had sought guidance on the approach, response and management of the residents should these behaviours reoccur. The inspector discussed these residents with the residential officer. The residential officer confirmed that relevant multi-disciplinary professionals were not informed of these behaviours.

A requirement has been made that the registered person must appropriately liaise and report to the respective Trust any concerning behaviours displayed by a resident and seek guidance on the approach, response and management of the resident should this behaviour reoccur.

On the morning of inspection the inspector observed a resident that presented with behaviours which challenged staff. A review of a sample of this resident's daily progress records identified a number of incidents of behaviours which challenged staff and would have a negative / distressing impact on other residents in the home. Discussion took place with the residential officer in regard to the complex needs of this resident and how these needs were being managed.

A requirement has been made that the registered manager requests an urgent review of the residents needs through the trust care manager and relevant multidisciplinary professionals including the resident's representative to ascertain the appropriateness of this residents continued placement in the home.

The inspector reviewed a sample of the daily progress records of one identified resident who presented with a history of behaviours that challenge. The review identified two incidents of behaviours which challenged staff and would have a negative / distressing impact on other residents in the home. These incidents directly involved other residents and would be categorised as safeguarding events. The review also identified three entries in the resident's daily progress notes of unexplained bruising.

The inspector reviewed a sample of the daily progress records for a second resident. The review identified three incidents of behaviours which challenged staff and would be categorised as safeguarding events.

A sample of accident /incident records were reviewed. Evidence was not available that these incidents had been reported to relevant HSC Trust or RQIA in line with legislation and regional guidance.

A requirement has been made that the registered person must ensure that the Regulation and Improvement Authority are notified without delay of the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident.

A requirement has been made that the registered person must report to the relevant HSC Trust incidents of a safeguarding nature.

Elements of four care records were reviewed. A number of issues were identified as requiring attention. These issues include the completion of comprehensive care plans, reviewing and updating the assessment of need and improving record keeping.

Further requirements made as a result of the inspection include the management of complaints, the completion of accident / incident audits, staff training, reviewing staffing levels to ensure that staffing levels are sufficient to meet the assessed needs of the resident group and the maintenance of the staff duty roster.

The inspector observed a fire extinguisher sitting on the corridor floor in bungalow four. A requirement which had been made that fire extinguishers be refitted to the wall in accordance with supplier's advice during the previous inspection had not been addressed and will be stated for the second time.

Recommendations made as a result of the inspection include the completion of body mapping charts, as appropriate and a review of the procedures for the handover of report.

The inspector contacted Ms M Sands, Housing and Care Services Manager on the day of inspection. The inspector discussed the serious issues which were identified during the inspection including the staffing levels, early morning care practices, management of safeguarding vulnerable adult concerns and the management of behaviours that challenge. Ms Sands gave assurances that arrangements would be put in place to address the identified issues as a matter of urgency.

As a result of the serious issues which were identified during the inspection on 18 June 2014 the matters were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting. Mr G Kelly, Responsible Person and Mrs G McLean, Registered Manager were invited to attend a meeting at RQIA on 09 July 2014. Ms Y Cassidy, Housing and Care Service Manager was also in attendance. The issues identified during the inspection on 18 June 2014 were shared with Mr Kelly, Ms Cassidy and Mrs McLean who gave assurances to RQIA that arrangements were being put in place to address the identified issues as a matter of urgency.

Twelve requirements, one restated requirement and two recommendations were made as a result of the secondary unannounced care inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, residential officer and staff for their assistance and co-operation throughout the inspection process.



### 8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 26 March 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	27 (4) (b) (d) (i)	<p>The practice of wedging open fire doors must cease forthwith. Where fire doors are required to remain open for operational or other reasons, electromagnetic hold open devices which are linked to the home's automatic fire alarm and detection system should be provided. This is best achieved by the use of 'swing free' type devices. Northern Ireland Health Technical Memorandum (NIHTM) 84 - <i>fire risk assessment in residential care premises</i> issued by DHSSPSNI offers guidance on this. The registered manager / registered provider should refer to this guidance in liaison with the fire safety advisor / fire risk assessor.</p>	<p>Discussion with the residential officer confirmed that this requirement had been addressed. On the day of inspection no fire doors were observed wedged in the open position.</p>	Compliant
2	27 (4) (d) (iv)	<p>The registered person shall make adequate arrangements for the maintenance of all fire equipment.</p>	<p>The inspector observed a fire extinguisher sitting on the corridor floor in Bungalow four. Until addressed this requirement has been stated for the second time.</p>	Not compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	24.5	It is recommended that the policy on performance appraisal be reviewed and updated to include the areas highlighted within the report.	The inspector did not review this recommendation. This recommendation will be reviewed during the next inspection.	<b>To be validated at the next inspection</b>

## 9.0 Inspection Findings

### 9.1 Resident's consultation

The inspector met with three residents individually and with others in groups. In accordance with their capabilities, all residents indicated / expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

"I am happy here."

"I go out this morning to day care."

"Staff are nice".

"I like going out on the bus to get ice cream."

### 9.2 Staff consultation

The inspector spoke with the residential officer and five care staff members. Staff demonstrated awareness and knowledge of the needs of residents.

Comments received included:

"Residents' care is paramount."

"I have been to safeguarding vulnerable adults training recently."

"Staff work hard to ensure the residents needs are met."

"Staffing levels at the weekends are stretched. All the residents are in the home and at times you are cooking lunch or doing other tasks leaving it difficult to ensure the residents are properly supervised".

"Early morning is very busy with only two staff on duty."

### 9.3 Early morning routine

At the beginning of the inspection there were five residents up, dressed in their day attire and seated in the lounge or dining room. Care staff confirmed that these residents had woken early and got up. Care staff also confirmed these residents required assistance with personal hygiene and dressing and had been showered and dressed from 6.30am onwards. No evidence was available in these residents' care records to support this practice. Care plans were not in place to address early rising for these residents.

A review of an identified resident's daily progress records dated 12 June 2104 evidenced that this resident had been showered and dressed at 5.45am. A requirement has been made that the registered person must ensure that the residential care home is conducted so as to make proper provision for the care and where appropriate, treatment and supervision of residents.

A requirement has also been made that the registered person must ensure that care plans on early rising are drawn up for residents who wish to rise early. These care plans should be discussed and agreed with the residents, their representatives and / or relevant multi disciplinary professionals. Written evidence should be held in this regard.

### 9.4 Care records

Elements of four care records were reviewed. A number of issues were identified as requiring attention, these issues were fully discussed with the residential officer during the inspection feedback. These issues were as follows:

### **Resident A**

- The assessment of need had had not been reviewed since 17 August 2012. This assessment had not been updated as changes occurred in regard to the resident's behaviour;
- The assessment of need identified that the resident required night sedation and had a unsettled sleep pattern however a care plan had not been developed;
- The resident was assessed as being at high risk of falls however a care plan had not been developed to address this risk;
- A continence assessment was in place, the date of the last review was 14 March 2013 however a care plan had not been developed to address continence management;
- The resident presented with a range of behaviours that presented as challenging however a care plan had not been developed; and
- The resident required assistance with personal care however a care plan had not been developed.

### **Resident B**

- The resident was assessed as being at high risk of falls however a care plan had not been developed to address this risk;
- A continence assessment was in place, the date of the last review was 14 March 2013 however a care plan had not been developed to address continence management; and
- The resident required assistance with personal care however a care plan had not been developed.

### **Resident C**

- The assessment of need had had not been reviewed since 29 March 2013 and gave conflicting information regarding the resident's sleep pattern;
- The resident was assessed as being at high risk of falls however a care plan had not been developed to address this risk;
- The resident presented with a range of behaviours that presented as challenging however a detailed care plan had not been developed in regard to the management of these behaviours;
- The resident had a unsettled sleep pattern however a care plan had not been developed;
- A continence assessment was in place, the date of the last review was 14 March 2013 however a care plan had not been developed to address continence management; and
- The resident required assistance with personal care however a care plan had not been developed.

### **Resident D**

- The resident presented with a range of behaviours that presented as challenging however a detailed care plan had not been developed in regard to the management of these behaviours;
- The resident had a unsettled sleep pattern however a care plan had not been developed; and
- The resident required assistance with personal care however a care plan had not been developed.

A requirement has been made that the registered person must ensure that a written care plan is prepared in consultation with the resident or resident's representative as to how the resident's needs in respect of his care, health and welfare are to be met and the resident's care plan is kept under review.

A requirement has been made that the registered person must ensure that the assessment of the resident's needs is kept under review and revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.

A sample of entries in residents' daily progress records were reviewed. The review identified that a number of entries lacked detail and the information recorded was unclear. The review also identified statements such as "in good enough form", "unsettled form" and "slight outburst".

A requirement has been made that the registered person must ensure that the records maintained in respect of each resident includes a contemporaneous note of all care and services provided to the resident, including a record of his / her condition and any treatment or other intervention. The requirement must address the use of the specific meaning of terms used in care records and ensure these are reviewed and improved to clearly reflect behaviours presented, changes to usual routines and how staff responded.

## **9.5 Management of behaviours that challenge**

A review of two residents' daily progress records identified a range of behaviours that presented as challenging. There was no evidence in these residents' care records that relevant multi-disciplinary professionals were informed of these behaviours nor that care staff had sought guidance on the approach, response and management of the residents should these behaviours reoccur. The inspector discussed these residents with the residential officer. The residential officer confirmed that relevant multi-disciplinary professionals were not informed of these behaviours.

A requirement has been made that the registered person must appropriately liaise and report to the respective Trust any concerning behaviours displayed by a resident and seek guidance on the approach, response and management of the resident should this behaviour reoccur.

On the morning of inspection the inspector observed a resident that presented with behaviours which challenged staff. A review of a sample of this resident's daily progress records identified a number of incidents of behaviours which challenged staff and would have a negative / distressing impact on other residents in the home. Discussion took place with the residential officer in regard to the complex needs of this resident and how these needs were being managed.

A requirement has been made that the registered manager requests an urgent review of the residents needs through the trust care manager and relevant multidisciplinary professionals

including the resident's representative to ascertain the appropriateness of this residents continued placement in the home.

## **9.6 Safeguarding vulnerable adults**

The inspector reviewed a sample of the daily progress records of one identified resident who presented with a history of behaviours that challenge. The review identified two incidents of behaviours which challenged staff and would have a negative / distressing impact on other residents in the home. These incidents directly involved other residents and would be categorised as safeguarding events. The review also identified three entries in the resident's daily progress notes of unexplained bruising.

The inspector reviewed a sample of the daily progress records for a second resident. The review identified three incidents of behaviours which challenged staff and would be categorised as safeguarding events.

A sample of accident / incident records were reviewed. Evidence was not available that these incidents had been reported to relevant HSC Trust or RQIA in line with legislation and regional guidance.

A requirement has been made that the registered person must ensure that the Regulation and Improvement Authority are notified without delay of the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident.

A requirement has been made that the registered person must report to the relevant HSC Trust incidents of a safeguarding nature.

As previously stated, a review of one resident's daily progress identified three entries in these progress notes of unexplained bruising. Discussion with the residential officer confirmed body mapping charts were not completed as appropriate. A recommendation has been made in this regard.

## **9.7 Staffing**

Between the hours of 7am and 7.45am, the inspector observed residents unsupervised on a number of occasions when care staff were providing personal care to residents. The residents that were left unsupervised had complex needs including behaviours that challenge.

The inspector discussed care staffing levels with care staff. During discussion with care staff concerns were raised in regard to the supervision of residents during early morning periods and at weekends, during periods throughout the day when all residents are in the home.

A requirement has been made that the registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.

The requirement must address the following issues:

- the care staffing levels are appropriate to ensure the health and welfare of the resident group; and
- the care staffing levels are appropriate to ensure adequate supervision of the resident group.

## **9.8 Staff training**

Review of staff training records evidenced that staff had attended safeguarding vulnerable adults training during 2013 and that staff had attended further training in this area during April and May 2014.

Considering that a number of safeguarding issues had not been reported to the relevant HSC Trust or RQIA in line with legislation and regional guidance, a requirement has been made that further training in safeguarding vulnerable adults be provided to the care staff team. This training should be sufficiently comprehensive to ensure that the care staff team are knowledgeable in the identification and management of safeguarding issues.

A requirement has also been made that training in the reporting of notifications in accordance with Regulation 30 of the Residential Care Homes Regulations (Northern Ireland) 2005 be provided to the care staff team.

Considering the concerns highlighted under section 9.4 of this report in regard to the standard of records, a requirement has been made that training on record keeping be provided to the care staff team.

## **9.9 Staff duty rosters**

A review of the night staff duty roster for 17 June 2014 identified that two care staff members were rostered on duty from 8pm – 8am. Two care staff members were on duty at the beginning of the inspection. However one of these care staff members was not rostered on duty for 17 June 2014. The night staff duty roster for 17 June 2014 did not accurately reflect the care staff working in the home on the morning of the inspection.

The inspector discussed this issue with the residential officer. The residential officer informed the inspector that the care staff member working in the home on the morning of the inspection and not recorded on the staff duty roster for 17 June 2014 had “swapped shifts” with a colleague. However the staff duty roster had not been updated to reflect this arrangement. The registered person must ensure that the staff duty roster accurately records the staff on duty. A requirement has been made to address this issue.

## **9.10 Complaints**

The record of complaints was reviewed. The review evidenced that one complaint was not dealt with in accordance with Apex Housing management of complaints policy. There was no evidence of acknowledgment of the complaint and no recorded outcome with regard to the complaint investigation or action taken (if any).

A requirement has been made that the registered person must ensure that any complaint made under the complaints procedure is fully investigated. The investigation must be undertaken within 28 days after the date on which the complaint was made, or a shorter period as may be reasonable in the circumstances. The registered person must also inform the person who made

the complaint of the investigative process and the outcome and action (if any) that is to be taken.

### **9.11 Environment**

The inspector viewed the home and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised.

The inspector observed a fire extinguisher sitting on the corridor floor in bungalow four. A requirement which had been made that fire extinguishers be refitted to the wall in accordance with supplier's advice during the previous inspection had not been addressed and will be stated for the second time.

### **9.12 Accident / incident records**

The inspector discussed accident / incident audits with the residential officer. The residential officer informed the inspector that detailed accident / incident audits had not been undertaken.

A requirement has been made that the registered person must ensure that detailed accident / incident audits be undertaken.

Following each accident / incident the audit must address the following issues:

- A root cause analysis must be undertaken to determine the circumstances and identify causes.
- A post incident review should be completed confirming the specific action taken to reduce and minimise risks to residents.

### **9.13 Staff handover arrangements**

The inspector observed the handover of report from the night care staff member to the residential officer coming on duty at 7.45am. This handover of report took place in the residents' dining area. Three residents were present during this handover period. The inspector discussed the handover arrangements with the residential officer. The residential officer informed the inspector that handover was carried out in the dining area to ensure that the residents were supervised during this period.

A recommendation has been made that the registered manager reviews the procedures for the handover of report to ensure confidentiality is maintained at all times.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with the Residential Officer, Mr P McBreaty as part of the inspection process.



The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Angela Graham**  
**The Regulation and Quality Improvement Authority**  
**Hilltop**  
**Tyrone & Fermanagh Hospital**  
**Omagh**  
**BT79 0NS**



**Quality Improvement Plan**

**Unannounced Care Inspection**

**Belmont Cottages Residential Care Home**

**18 June 2014**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the Residential Officer, Mr P McBrearty, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.



**Statutory Requirements**

**This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005**

No	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	30 (1) (d)	<p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident.</p> <p>Ref: Section 9.6</p>	One	<p>All identified incidents were reported on 19th June. Staff meeting held on 26th June and staff reminded of importance of documentation and recording and particularly recording of behaviours. OIC is monitoring daily reports of accident/incidents.</p> <p>Bespoke refresher training for staff on the reporting and recording of accidents and incidents was carried out on the 6<sup>th</sup> August 2014 and a further session is programmed for 28<sup>th</sup> August 2014. Training covered types of communication – daily reports, care plans, care reviews, incident reports, the relationship between the communication book and accident/incident reporting forms and regulatory requirements.</p> <p>Safeguarding training and procedures for the management of safeguarding</p>	From the date of this inspection

				<p>issues was revisited for all Belmont staff at the training session.</p> <p>The Trust Learning Disability Designated Senior Officer provided a talk on safeguarding reporting and follow up on 01.08.14 for the OIC who shared this information with staff.</p> <p>Body mapping charts are implemented and being completed where appropriate.</p>	
2	16 (1) (2) (b)	<p>The registered person shall ensure that a written care plan is prepared in consultation with the resident or resident's representative as to how the resident's needs in respect of his care, health and welfare are to be met and the resident's care plan is kept under review.</p> <p>Ref: Section 9.3 and 9.4</p>	One	<p>Care plans had been completed by staff at the time of the Inspection however, some were with Care Managers for signature. A hard copy care plan is now placed on file while awaiting return of signed care plans in order to ensure records are complete at all times.</p> <p>Resident A - Care review previously held 25.02.13, no care manager in place from February 2014, OIC contacted Trust on an ongoing basis and new Care Manager was identified in June 2014.</p>	From the date of this inspection

				<p>Care needs assessment, care plans and review of risk assessments undertaken on 02.06.14– further discussion was held on 04.07.14 with Care Manager &amp; Senior Social worker and care plan documentation was reviewed and updated to include residents sleep pattern, early morning routine, risk of falls, continence management, personal care. This was signed by Care Manager. A referral was been made to the Behaviour Support Team on 08.07.14.</p> <p>Resident B - A care review was held on 24.06.14 and residents care assessment, care plan and risk assessment has been updated to include risk of falls, early morning routine, continence management and personal care. The Care Manager signed to confirm Resident B is suitable for placement at Belmont. An active behaviour programme is in place including self harming.</p> <p>Resident C - Care review</p>	
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				<p>previously held 29.03.13. No Care Manager in place from February 2014, OIC contacted Trust on an ongoing basis and new Care Manager was identified in June 14.</p> <p>Care assessment, care plans and review of risk assessments undertaken on 02.06.14– further discussion held on 04.07.14 with Care Manager &amp; Senior Social worker and care plan documentation was reviewed and updated to include sleep pattern, early morning routine, risk of falls, continence management, personal care. This was signed by the Care Manager. A referral was made to the behaviour support team on 06.06.14.</p> <p>Resident D -Care assessment, care plans and review of risk assessments have been reviewed by the resident's new Care Manager. The care plan documentation was reviewed and updated to include sleep pattern, early morning routine, personal care and signed by the Care Manager. A referral was made to the behaviour</p>	
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				<p>support team on 24.06.14.</p> <p>No response has been received in relation to the Behaviour Support referrals to date. A fortnightly update is provided to the Trust and a request was made for follow up on the Behaviour support referrals and return of signed copies of care plans to the Head of Learning Disability Services &amp; Social Work Lead on 25.07.14 and again on 08.08.14 for Behaviour support Referrals.</p> <p>Bespoke refresher training for staff in relation to record keeping was carried out on 6<sup>th</sup> August 2014 and a further session is programmed for 28<sup>th</sup> August 2014. Training covered communication types-daily reports, care plans, care reviews, accident and incident recording, reporting and regulatory requirements.</p>	
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3	15 (2) (a) (b)	<p>The registered person shall ensure that the assessment of the resident's needs is kept under review; and revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.</p> <p>Ref: Section 9.4</p>	One	<p>Discussion with Care Managers/Social Workers takes place when a resident's care need changes and updated care plan/risk assessments are sent to the Care Manager for signature. A hard copy care plan is placed on file while awaiting return of signed care plans.</p> <p>Resident A - Care review previously held 25.02.13, no care manager in place from February 2014, OIC contacted Trust on an ongoing basis and new Care Manager was identified in June 2014.</p> <p>Care needs assessment, care plans and review of risk assessments undertaken on 02.06.14– further discussion was held on 04.07.14 with Care Manager &amp; Senior Social worker and care plan documentation was reviewed and updated to include residents sleep pattern, early morning routine, risk of falls, continence management, personal care. This was signed by Care Manager. A referral</p>	From the date of this inspection
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				<p>was been made to the Behaviour Support Team on 08.07.14.</p> <p>Resident B - A care review was held on 24.06.14 and residents care assessment, care plan and risk assessment has been updated to include risk of falls, early morning routine, continence management and personal care. The Care Manager signed to confirm Resident B is suitable for placement at Belmont. An active behaviour programme is in place including self harming.</p> <p>Resident C - Care review previously held 29.03.13. No Care Manager in place from February 2014, OIC contacted Trust on an ongoing basis and new Care Manager was identified in June 14.</p> <p>Care assessment, care plans and review of risk assessments undertaken on 02.06.14– further discussion held on 04.07.14 with Care Manager &amp; Senior Social worker and care plan documentation was</p>	
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				<p>reviewed and updated to include sleep pattern, early morning routine, risk of falls, continence management, personal care. This was signed by the Care Manager. A referral was made to the behaviour support team on 06.06.14.</p> <p>Resident D -Care assessment, care plans and review of risk assessments have been reviewed by the resident's new Care Manager. The care plan documentation was reviewed and updated to include sleep pattern, early morning routine, personal care and signed by the Care Manager. A referral was made to the behaviour support team on 24.06.14.</p> <p>No response has been received in relation to the Behaviour Support referrals to date. A fortnightly update is provided to the Trust and a request was made for follow up on the Behaviour support referrals and return of signed copies of care plans to the Head of Learning Disability Services &amp; Social Work Lead on 25.07.14 and on 08.08.14</p>	
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				<p>for Behaviour Support referrals.</p> <p>Bespoke refresher training for staff in relation to record keeping was carried out on 6th August 2014 and a further session is programmed for 28th August 2014. Training covered communication types-daily reports, care plans, care reviews, accident and incident recording, reporting and regulatory requirements.</p>	
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<b>Statutory Requirements</b>					
<b>This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005</b>					
<b>No</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
4	19 (2) Schedule 4 (7)	The registered person shall ensure that a copy of the duty roster of persons working at the home, and a record of whether the staff duty roster was actually worked be maintained.  Ref: Section 9.9	One	Duty rota in place – Requests from staff for changes are provided in advance before the rota is completed. Emergency requests when facilitated are updated immediately and a new rota printed off. The processes for requesting and recording changes to the rota were discussed with staff at a meeting on 26.06.14.	From the date of this inspection
5	14 (4)	The registered person shall make arrangements, by training staff or by other measures, to prevent residents being harmed or suffering abuse or being placed at risk of harm or abuse.  Ref: Section 9.6	One	Safeguarding Vulnerable Adult training is carried out by the OIC annually using the WHSCT Adult Safeguarding Training pack. The OIC has deemed competency following attendance at the Train the Trainer programme carried out by the Health & Social Care Board and sponsored by DHSSPSNI in association with the NI Adult Safeguarding Partnership.  Bespoke refresher training for staff in relation to record keeping was carried out on 6th	From the date of this inspection

				<p>August 2014 and a further session is programmed for 28th August 2014. Training covered communication types-daily reports, care plans, care reviews, accident and incident recording, reporting and regulatory requirements.</p> <p>Safeguarding training and procedures for the management of safeguarding issues was revisited for all Belmont staff at the training sessions. The Trust Learning Disability Designated Senior Officer provided a talk on safeguarding reporting and follow up on 01.08.14 for the OIC who shared this information with staff.</p> <p>All identified incidents were reported on 19<sup>th</sup> June and the OIC monitors accident/incident and safeguarding reports on a daily basis. The use of body mapping charts are implemented where appropriate.</p>	
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<b>No</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
6	20 (1 ) (c) (i)	<p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents ensure that the persons employed by the registered person to work at the home receive appraisal, mandatory training and other training appropriate to the work they are to perform.</p> <p>The registered person must ensure that the following training is provided and fully embedded into practice:</p> <ul style="list-style-type: none"> <li>• Further training in safeguarding vulnerable adults is to be provided to the care staff team. This training should be sufficiently comprehensive to ensure that the care staff team are knowledgeable in the identification and management of safeguarding issues.</li> <li>• Record keeping</li> <li>• The reporting of notifications in accordance with Regulation 30 of the Residential Care Homes Regulations (Northern Ireland) 2005.</li> </ul> <p>Ref: Section 9.8</p>	One	<p>As stated in the report Safeguarding training was held during 2013 and in April/May 2014. Further training on safeguarding was carried out on 06.08.14 and a further session is programmed for 28.08.14. The Trust Learning Disability Designated Senior Officer provided a talk on safeguarding reporting and follow up on 01.08.14 for the OIC who shared this information with staff.</p> <p>Bespoke refresher training for staff in relation to record keeping was carried out on 6th August 2014 and a further session is programmed for 28th August 2014. Training covered communication types-daily reports, care plans, care reviews, accident and incident recording, reporting and regulatory requirements.</p>	4 weeks from the date of the inspection and on-going.

<b>Statutory Requirements</b>					
<b>This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005</b>					
<b>No</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
7	13 (1) (a)	<p>The registered person shall ensure that the residential care home is conducted so as to promote and make proper provision for the health and welfare of residents.</p> <ul style="list-style-type: none"> <li>The registered person must appropriately liaise and report to the respective Trust any concerning behaviours displayed by a resident and seek guidance on the approach, response and management of the resident should this behaviour reoccur.</li> <li>It is required that the registered manager requests an urgent review of an identified residents needs through the trust care manager and relevant multidisciplinary professionals including the resident's representative to ascertain the appropriateness of this residents continued placement in the home.</li> </ul> <p>Ref: Section 9.5</p>	One	<p>Care review held for Resident C on 02.06.14 attended by family &amp; Trust Senior Social worker. Needs assessed as suitable to continue placement in Belmont.</p> <p>A further meeting with new Care Manager and Senior Social Worker held on 04.07.14 to discuss her assessed needs and behaviour support programme referral of 06.06.14.</p> <p>Trust have stated that Resident C is suitable for placement at Belmont and the review was signed by the Care Manager and Trust Senior Social Worker - suitability is based on adequate supervision and on the basis of the accident/incidents reported in relation to this resident.</p> <p>Referrals were made to the Behaviour Support Team for</p>	From the date of this inspection



			<p>the following residents Resident D - 24.06.14</p> <p>Resident A - 08.07.14. No contact has been received from the Trust Behaviour Team and follow up on the referrals was requested by the Trust in the fortnightly action plan forwarded to the Trust Head of Services &amp; Social Work Lead on 25.07.14 and again on 08.08.14 for Behaviour Support referrals.</p>	
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<b>Statutory Requirements</b>					
<b>This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005</b>					
<b>No</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
8	13 (1) (b)	<p>The registered person shall ensure that the residential care home is conducted so as to make proper provision for the care and where appropriate, treatment and supervision of residents.</p> <p>Ref: Section 9.3</p>	One	<p>Details of the early morning routine and sleep pattern were contained within the care plan documentation at the time of the inspection. Care plans were reviewed and additional details in relation to early morning routine included within the care plan.</p> <p>Referrals have been made to Behaviour Support Team for the following residents Resident D on 24.06.14</p> <p>Resident C on 06.06.14</p> <p>Resident A on 08.07.14. No contact has been received from the Trust Behaviour Team and follow up on the referrals was requested by the Trust in the fortnightly action plan forwarded to the Trust Head of Services &amp; Social Work Lead on 25.07.14 and again on 08.08.14 for behaviour Support referrals.</p>	From the date of this inspection

				<p>Care reviews held for resident C on 02.06.14 and 04.07.14 attended by family &amp; Trust Senior Social worker.</p> <p>Resident A - Care Plan Needs Assessments reviewed with Trust Senior Social Worker and Trust Social Worker 04.07.14.</p> <p>Resident D – Care plan reviewed by Trust Social Worker and signed off. Medication has been reviewed and sleep pattern more settled at present.</p> <p>Resident B– Care Plan review held on 24.06.14 with Trust Care Manager and resident was assessed as suitable for Belmont.</p>	
9	14 (2) (c)	<p>The registered person must ensure that residents receive care which is safe and effective.</p> <p>Preventative measures must be implemented to reduce the number of accidents and incidents occurring in the home.</p> <p>Following each accident /incident</p> <ul style="list-style-type: none"> <li>• A root cause analysis must be</li> </ul>	One	<p>A refresher training session for staff on record keeping, reporting and recording of accidents and incidents &amp; safeguarding was held on 06.08.14 with a further session programmed for 28.08.14.</p> <p>A review of current accident/incident systems</p>	31 July 2014

		<p>undertaken to determine the circumstances and identify causes.</p> <ul style="list-style-type: none"> <li>• A post incident review should be completed confirming the specific action taken to reduce and minimise risks to residents.</li> </ul> <p>Ref: Section 9.12</p>		<p>including the post incident review form and use of an audit form to further identify and analyse trends is programmed for August.</p>	
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<b>Statutory Requirements</b>					
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<b>No</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
10	19 (1) (a) Schedule 3 (3) (k)	The registered person shall maintain in respect of each resident a record which includes a contemporaneous note of all care and services provided to the resident, including a record of his / her condition and any treatment or other intervention.  Ref: Section 9.4	One	A record is maintained for each resident which includes details of the care and services provided to the resident.  Resident A - Care review previously held 25.02.13, no Care Manager in place from February 2014, OIC contacted Trust on an ongoing basis and new Care Manager was identified in June 2014.  Care needs assessment, care plans and review of risk assessments undertaken on 02.06.14– further discussion was held on 04.07.14 with Care Manager & Senior Social worker and care plan documentation was reviewed and updated to include residents sleep pattern, early morning routine, risk of falls, continence management, personal care. This was signed by Care Manager. A referral was been made to the	From the date of inspection

				<p>Behaviour Support Team on 08.07.14.</p> <p>Resident B - A care review was held on 24.06.14 and residents care assessment, care plan and risk assessment has been updated to include risk of falls, early morning routine, continence management and personal care. The Care Manager signed to confirm Resident B is suitable for placement at Belmont. An active behaviour programme is in place including self harming.</p> <p>Resident C - Care review previously held 29.03.13. No Care Manager in place from February 2014, OIC contacted Trust on an ongoing basis and new Care Manager was identified in June 14.</p> <p>Care assessment, care plans and review of risk assessments undertaken on 02.06.14— further discussion held on 04.07.14 with Care Manager &amp; Senior Social worker and care plan documentation was reviewed and updated to</p>	
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				<p>include sleep pattern, early morning routine, risk of falls, continence management, personal care. This was signed by the Care Manager. A referral was made to the behaviour support team on 06.06.14.</p> <p>Resident D -Care assessment, care plans and review of risk assessments have been reviewed by the resident's new Care Manager. The care plan documentation was reviewed and updated to include sleep pattern, early morning routine, personal care and signed by the Care Manager. A referral was made to the behaviour support team on 24.06.14.</p> <p>No response has been received in relation to the Behaviour Support referrals to date. A fortnightly update is provided to the Trust and a request was made for follow up on the Behaviour support referrals and return of signed copies of care plans to the Head of Learning Disability Services &amp; Social Work Lead on 25.07.14 and on 08.08.14 for Behaviour support referrals.</p>	
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				<p>Bespoke refresher training for staff in relation to record keeping was carried out on 6th August 2014 and a further session is programmed for 28th August 2014. Training covered communication types-daily reports, care plans, care reviews, accident and incident recording, reporting and regulatory requirements.</p>	
11	24 (3) (4)	<p>The registered person shall ensure that any complaint made under the complaints procedure is fully investigated. The investigation must be undertaken within 28 days after the date on which the complaint was made, or a shorter period as may be reasonable in the circumstances. The registered person must also inform the person who made the complaint of the investigative process and the outcome and action (if any) that is to be taken.</p> <p>Ref: Section 9.10</p>	One	<p>The complaint identified was an informal complaint and dealt with under the relevant section of the complaints policy.</p> <p>The staff member is required to log the following details: name/address of complainant; details of complaint and date raised; your name and scheme/department; details of investigation; action taken/required and status.</p> <p>Where customers are dissatisfied with the response to the informal complaint, they will be advised that they may register a formal complaint.</p> <p>A brief explanation is given of</p>	From the date of inspection



				<p>the formal complaints procedure and the complaints leaflet issued.</p> <p>In respect of the complaint identified the person making the informal complaint has been notified of the outcome and the complaints book log updated to reflect this.</p>	
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<b>Statutory Requirements</b>					
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<b>No</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
12	20 (1) (a)	<p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>Ref: Section 9.7</p>	One	<p>Staffing arrangements have been increased on a temporary basis effective from 18.06.14 until the Trust have completed a review of the residents assessed needs.</p> <p>Staffing increased from 2 staff to 3 staff on night duty (8pm – 8am) and increased from 5 staff to 6 staff on duty during the day at the weekend (8am – 8pm) with effect from 18.06.14.</p> <p>The organisation has commenced a review of staffing levels at weekends and nights.</p> <p>The review will involve a number of stages including consultation and engagement with staff, review of current staffing arrangements, review of residents care needs and contact with the Trust</p>	From the date of this inspection

13	27 (4) (d) (iv)	<p>The registered person shall make arrangements for the maintenance of all fire equipment.</p> <p>Ref: Section 9.11</p>	Two	<p>Fire extinguishers are checked on a monthly basis by scheme staff. Fire alarm system are checked weekly by scheme staff. Regular fire drills are held and staff attend fire training twice per year.</p> <p>Fire extinguishers are also checked yearly by Ulster Fire Extinguishers, ADT inspect the fire panel and fire detectors quarterly and a Fire Risk assessment is carried out annually by external company HBE Fire Risk Management. This was completed in December 2013.</p> <p>A new cover has been ordered for the fire extinguisher in cottage 4 to prevent a resident removing it from its hook. The resident's care plan identifies this behaviour and that covers are to remain in place to try to reduce the likelihood of it occurring.</p> <p>Staff will continue to monitor resident and replace any fire extinguishers on their hook immediately when removed by</p>	<p>From the date of this inspection</p>
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				the resident.	
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<b>Recommendations</b>					
<b>These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.</b>					
<b>No</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	25.7	It is recommended that the registered manager reviews the procedures for the handover of report to ensure confidentiality is maintained at all times.  Ref: Section 9.13	One	The handover procedure was reviewed and all staff are aware of the procedure to follow in the morning and evening handovers to ensure confidentiality is maintained at all times.	From the date of inspection
2	6.2	It is recommended that body mapping charts be completed as appropriate.  Ref: Section 9.6	One	Body mapping charts are now in place and used as required by staff when recording marks/bruises on residents	From the date of inspection
3	24.5	<b>Carried forward for review at a future inspection.</b>  It is recommended that the policy on performance appraisal be reviewed and updated to include the areas highlighted within the report.	One	The Performance Appraisal system section has been updated within the Training & Development policy on 21.05.14 to include the areas highlighted in the report.	31 July 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Gail McLean
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Ellen Hall

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Angela Graham	08/09/14
Further information requested from provider			