



**The Regulation and
Quality Improvement
Authority**

Announced Care Inspection

Name of Establishment: Gnangara Residential Care Home
Establishment ID No: 11143
Date of Inspection: 14 and 16 May 2014
Inspector Name: Angela Graham
Inspection No: 16718

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
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1.0 GENERAL INFORMATION

Name of Home:	Gnangara Residential Care Home
Address:	163 Sligo Road Drumawill Enniskillen BT74 7JZ
Telephone Number:	(028) 90 394 557
E mail Address:	kieran.lyons@foldgroup.co.uk
Registered Organisation/ Registered Provider:	Fold Housing Association
Registered Manager:	Mr Kieran Lyons
Person in Charge of the home at the time of inspection:	Mr Kieran Lyons
Categories of Care:	RC - DE
Number of Registered Places:	15
Number of Residents Accommodated on Days of Inspection:	14/05/14: 12 plus one resident in hospital 16/05/14: 12 plus one resident in hospital
Scale of Charges (per week):	£450.00
Date and type of previous inspection:	10 January 2014 Secondary Unannounced
Date and time of inspection:	14/05/14: 9.20am – 5.10pm 16/05/14: 12.05pm – 4.30pm
Name of Inspector:	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 registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

5.0 INSPECTION FOCUS

This announced care inspection was undertaken to Gnangara in response to some information received by RQIA from an anonymous individual on 6 May 2014. The individual had contacted RQIA to raise concerns in relation to care practices.

6.0 PROFILE OF SERVICE

Gnangara Residential Care Home is situated on the outskirts of the town of Enniskillen and is registered with RQIA to accommodate fifteen residents within the category of dementia.

The home is a purpose built single storey facility including furnished single bedrooms with en suite, lounges, dining rooms, bathrooms / toilets, and communal lounges with large screen televisions.

Externally the grounds provide a secure area for the residents with paved patio areas and shrub / flower beds. Visitor car parking spaces are available at the front and side of the home.

7.0 SUMMARY OF INSPECTION

This announced care inspection of Gngangara Residential Care Home was undertaken by Angela Graham on 14 May 2014 between the hours of 9.20am and 5.10pm and 16 May 2014 between the hours of 12.05pm and 4.30pm. On the 14 and 16 May 2014 the Registered Manager, Mr K Lyons was available during the inspection and for verbal feedback at the conclusion of the inspection.

This announced care inspection was undertaken to Gngangara in response to some information received by RQIA from an anonymous individual on 6 May 2014. The individual had contacted RQIA to raise concerns in relation to care practices.

The issues raised by the anonymous individual were shared by RQIA with a representative from the Western Health and Social Care Trust on 6 May 2014.

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.

Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated / expressed that they were happy and content with their life in the home and their relationship with staff. No concerns were expressed or indicated.

A number of residents' bedrooms and communal areas were viewed. The areas viewed presented as comfortable and adequately heated. Odours were present in a resident's bedroom, the corridor leading to the sitting room and the sitting room. A requirement has been made that the odours in the identified areas are eradicated and permanently eliminated.

Elements of three staff files were reviewed. The review evidenced that one staff member who was left in charge of the home in the absence of the registered manager did not have a competency and capability assessment in place. The registered manager informed the inspector that an agency senior care assistant had been left in charge of the home on a number of occasions. The registered manager confirmed that this agency staff member did not have a competency and capability assessment completed. A requirement has been made to ensure that a competency and capability assessment has been completed for all staff who are left in charge of the home in the absence of the registered manager.

Elements of four residents' care records were reviewed. The review evidenced that a nutritional risk assessment screening tool had been completed for these residents. However, there were no guidelines available to staff to inform them of the action to take in accordance with the outcome of the assessment.

The registered manager should ensure that guidelines that address the action to be taken in accordance with the outcome of the nutritional risk assessment screening tool be available to staff. Care plans should be drawn up in accordance with the directions outlined in these guidelines following the completion of the nutritional risk assessment tool.

The review also evidenced that three of the four nutritional risk assessment screening tools had not been completed on a monthly basis or more frequently as appropriate in line with the nutritional guidelines and menu checklist for residential and nursing homes. A

recommendation which had been made in this regard during the previous inspection had not been fully addressed and will be stated for the second time.

A review of one resident's weight record identified that the resident had lost 6.3 kg in a period of a month. The inspector discussed the action taken in regard to the resident's weight loss with the registered manager. The registered manager confirmed that the resident's social worker had visited the resident to review the resident's care on 9 April 2014. During this review the social worker noted the resident's weight loss and recommended a referral be made to a dietician. This referral was made on 9 April 2014 eight days after the weight loss had been identified by the care staff in the home. A requirement has been made that residents are referred to the dietician in a timely manner.

A sample of the reports of the monthly visits were reviewed. The most recent visit took place on 28 April 2014 and a written report was available in the home. The inspector observed a poster in the monthly monitoring folder informing residents and relatives of the care services manager visit to the home on 28 April 2014 therefore this visit was not unannounced. A requirement has been made that the responsible person must ensure that a visit in accordance with Regulation 29 must take place at least once a month or as agreed with the Regulation and Improvement Authority and must be unannounced.

The record of complaints was reviewed. The review evidenced that one complaint was not dealt with in accordance with Fold Housing Association 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.

Two recommendations were made in regard to reviewing and updating policies and procedures. The policies and procedures that require updating were the safeguarding of vulnerable adults and the resident / tenant attendance at external appointments.

A sample of accident / incident records were reviewed. Evidence was not available in three accident records to indicate that the residents' care managers had been informed of these accidents. Evidence was also not available in one accident record to indicate that the resident's representative had been informed of this accident. A recommendation has been made that the resident's care manager and representative be informed of any accidents / incidents involving the resident, where appropriate. If the resident's representative is not informed a reason should be recorded.

The review evidenced that two accident records contained insufficient information including where the accident occurred and details of the injury sustained. A recommendation has been made that the recording of accident records be improved upon to include a detailed account of the accident, the nature of the injury and any action taken following the accident.

The review also evidenced that an RQIA incident reporting form had been completed in regard to a resident accident; however a Fold Housing Association accident form had not been

completed. A recommendation has been made that the in the event of a resident accident an accident form must be completed.

A review of staff training records identified that on two occasions the content of the training was not recorded. A recommendation has been made to address this shortfall.

The registered manager confirmed that a resident had not attended a scheduled dental appointment due to care staff "being unable to escort the resident for various reasons". A requirement has been made that systems are put in place to ensure residents are facilitated to attend dental appointments.

Conclusion

Five requirements, seven recommendations and one restated recommendation were made as a result of the announced care inspection. Details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector wishes to thank the residents, registered manager and staff for their helpful discussions and assistance throughout the inspection process.

8.0 FOLLOW-UP ON PREVIOUS ISSUES

NO	REGULATION REF	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	27(2)(d)	<p>The registered person shall, having regard to the number and needs of the residents, ensure that all parts of the home are kept clean and reasonably decorated.</p> <p>The following maintenance issue must be addressed:</p> <p>Eradicate and permanently eliminate the odour in the identified bedroom.</p>	<p>The returned quality improvement plan and discussion with the registered manager confirmed that this requirement had been addressed. Inspection of the environment evidenced that this requirement had been addressed.</p>	Compliant
2	20(1)(c)(i)	<p>It is required that staff as appropriate are trained/updated in the safeguarding vulnerable adults.</p>	<p>The returned quality improvement plan and discussion with the registered manager confirmed that this requirement had been addressed. A review of staff training records identified that safeguarding vulnerable adults training had taken place in March and April 2014.</p>	Compliant

NO	MINIMUM STANDARD REF	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	16.4	It is recommended that the registered manager reports all issues relating to safeguarding vulnerable adults to the relevant Trust's Designated Officer in a timely manner.	The returned quality improvement plan and discussion with the registered manager confirmed that this recommendation had been addressed. A review of a sample of accident / incident records evidenced that this recommendation had been addressed.	Compliant
2	5.2	It is recommended a validated nutritional screening tool be completed on the resident's admission to the home and reviewed on a monthly basis or more frequently as appropriate in line with the nutritional guidelines and menu checklist for residential and nursing homes for older people and for those providing community meals.	A review of elements of four care records identified that three of the residents' nutritional screening tool had not been updated on a monthly basis or more frequently as appropriate. Until addressed this recommendation has been stated for the second time.	Moving towards compliance
3	35.7	It is recommended that hand towels be wall mounted in residents' bedrooms.	The inspector did not review this recommendation. This recommendation will be reviewed during the next inspection.	To be validated at the next inspection

9.0 INSPECTION FINDINGS

9.1 Environment

A general inspection of the home environment was carried out and a number of residents' bedrooms and communal areas were viewed. The areas viewed presented as comfortable and adequately heated. Odours were present in a resident's bedroom, the corridor leading to the sitting room and the sitting room. A requirement has been made that the odours in the identified areas are eradicated and permanently eliminated.

The registered manager confirmed that he was currently in the process of replacing the floor covering in an attempt to eradicate the odour in the identified bedroom.

9.2 Residents' consultation

The inspector met with six residents individually and with others in groups. Residents were observed relaxing in the communal lounge area. 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:

"My dinner was lovely"

"Staff are good to me"

"I like it here"

"This is a grand place".

9.3 Staff consultation

The inspector spoke with three care staff and four ancillary staff members. One staff member raised a number of areas of concern. These concerns were immediately shared with a representative from the Western Health and Social Care Trust.

Comments received included:

"I think the residents are well cared for"

"There is a good staff team here"

"I have access to all the home policies and procedures"

"I would like to see the manager out on the floor a bit more. I know he has a lot of paper work to do"

"Residents always come first"

"I have been to safeguarding training recently and am aware of how to report concerns".

9.4 Staff competency and capability assessments

Elements of three staff files were reviewed. The review evidenced that one staff member who was left in charge of the home in the absence of the registered manager did not have a competency and capability assessment in place. The registered manager informed the inspector that an agency senior care assistant had been left in charge of the home on a number

of occasions. The registered manager confirmed that this agency staff member did not have a competency and capability assessment completed. A requirement has been made to ensure that a competency and capability assessment has been completed for all staff who are left in charge of the home in the absence of the registered manager.

9.5 Care records

Elements of four residents' care records were reviewed. The review evidenced that a nutritional risk assessment screening tool had been completed for these residents. However there were no guidelines available to staff to inform them of the action to take in accordance with the outcome of the assessment.

The registered manager should ensure that guidelines that address the action to be taken in accordance with the outcome of the nutritional risk assessment screening tool that is used in the home be available to staff. Care plans should be drawn up in accordance with the directions outlined in these guidelines following the completion of the nutritional risk assessment tool.

The review also evidenced that three of the four nutritional risk assessment screening tools had not been completed on a monthly basis or more frequently as appropriate in line with the nutritional guidelines and menu checklist for residential and nursing homes. A recommendation which had been made in this regard during the previous inspection had not been fully addressed and will be stated for the second time.

A review of one resident's weight record identified that the resident had lost 6.3 kg in a period of a month. The inspector discussed the action taken in regard to the resident's weight loss with the registered manager. The registered manager confirmed that the resident's social worker had visited the resident to review the resident's care on 9 April 2014. During this review the social worker noted the resident's weight loss and recommended a referral be made to a dietician. This referral was made on 9 April 2014 eight days after the weight loss had been identified by the care staff in the home. A requirement has been made that residents are referred to the dietitian in a timely manner.

9.6 Visits by the registered provider

The procedure for monitoring the quality of services provided by the home was discussed with the registered manager. The registered manager informed the inspector that monthly visits were undertaken on behalf of the responsible person and copies of reports for these visits were available in the home. The registered manager confirmed that when action was required to be taken this was identified in the report and progress reviewed by the responsible person's representative at the next monthly visit.

A sample of the reports of the monthly visits were reviewed. The most recent visit took place on 28 April 2014 and a written report was available in the home. The inspector observed a poster in the monthly monitoring folder informing residents and relatives of the care services manager visit to the home on 28 April 2014 therefore this visit was not unannounced. A requirement has been made that the responsible person must ensure that a visit in accordance with Regulation 29 must take place at least once a month or as agreed with the Regulation and Improvement Authority and must be unannounced.

9.7 Complaints

The record of complaints was reviewed. The review evidenced that one complaint was not dealt with in accordance with Fold Housing Association 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.

9.8 Policies and procedures

The inspector reviewed the resident / tenant attendance at external appointments policy dated 14 August 2010. A recommendation has been made that this policy be reviewed to provide additional details in regard to the care staff roles and responsibilities in facilitating external appointments and transport arrangements.

The registered manager confirmed that policies and procedures in relation to the safeguarding of vulnerable adults were available in the home. Review of policies and procedures identified that procedures to guide staff on how to respond, report and record a safeguarding vulnerable adult incident were in place. A recommendation has been made that this policy be reviewed to include the immediate reporting of any suspected, alleged or actual allegation to the relevant Trust including out of hours contact details. Procedures for responding to allegations made against staff and how to report poor practice also known as 'whistle blowing' were also available.

9.9 Accident / incident records

A sample of accident / incident records were reviewed. Evidence was not available in three accident records to indicate that the residents' care managers had been informed of these accidents. Evidence was also not available in one accident record to indicate that the resident's representative had been informed of this accident. A recommendation has been made that the resident's care manager and representative be informed of any accidents / incidents involving the resident, where appropriate. If the resident's representative is not informed a reason should be recorded.

The review evidenced that two accident records contained insufficient information including where the accident occurred and details of the injury sustained. A recommendation has been made that the recording of accident records be improved upon to include a detailed account of the accident, the nature of the injury and any action taken following the accident.

The review also evidenced that an RQIA incident reporting form had been completed in regard to a resident accident however a Fold Housing Association accident form had not been completed. A recommendation has been made that the in the event of a resident accident, an accident form must be completed.

9.10 Staff training

A review of staff training records identified that on two occasions the content of the training was not recorded. A recommendation has been made to address this shortfall.

9.11 Delivery of care

The registered manager confirmed that a resident had not attended a scheduled dental appointment due to care staff "being unable to escort the resident for various reasons". A requirement has been made that systems are put in place to ensure residents are facilitated to attend dental appointments.

The registered manager confirmed that this issue had been shared with a representative from the Western Health and Social Care Trust.

9.12 Observation of care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with the Registered Manager, Mr K Lyons 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

Announced Care Inspection

Gnangara Residential Care Home

14 and 16 May 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 Registered Manager, Mr Kieran Lyons 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	20 (3)	<p>The registered manager shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.</p> <p>Ref: Section 9.4</p>	One	This has been actioned and all competency assessments held on file.	From the date of this inspection
2	13 (1)(b)	<p>The registered person shall ensure that the residential care home is conducted so to make proper provision for the care and where appropriate, treatment and supervision of residents.</p> <p>Ref: Section 9.5 and 9.11</p>	One	This has been addressed and provisions have been put in place.	From the date of this inspection
3	27 (2)(d)	<p>The registered person shall, having regard to the number and needs of the residents, ensure that all parts of the home are kept clean and reasonably decorated.</p> <p>The following maintenance issue must be addressed: Eradicate and permanently eliminate the odour in the identified bedroom, corridor and sitting room.</p> <p>Ref: Section 9.1</p>	One	<p>All parts of the home have had improvements made in regards to decorative items and soft furnishings.</p> <p>The identified bedroom had flooring replaced, and the Social room flooring is being replaced, works are in progress with Fold's maintenance department. Therefore, eliminating the odour in the corridor.</p> <p>All carpeted areas are</p>	21 May 2014

				hoovered daily and are rota washed daily if required.	
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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
4	24 (3)	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.	One	This has been actioned and all staff advised of the complaints procedure.	From the date of this inspection
5	29 (2)(3)	<p>Ref: Section 9.7</p> <p>Where the registered provider is an organisation or partnership, the home shall be visited in accordance with this regulation by –</p> <p>(a) the responsible individual or one of the partners, as the case may be;</p> <p>(b) another of the directors or other persons responsible for the management of the organisation or partnership; or</p>	One	Actioned	From the date of this inspection

	<p>(c) an employee of the organisation or the partnership who is not directly concerned with the conduct of the home. Visits shall take place at least once a month or as agreed with the Regulation and Improvement Authority and shall be unannounced.</p> <p>Ref: Section 9.6</p>			
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Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	9.3	The registered manager should ensure that guidelines that address the action to be taken in accordance with the outcome of the nutritional risk assessment screening tool that is used in the home be available to staff. Care plans should be drawn up in accordance with the directions outlined in these guidelines following the completion of the nutritional risk assessment tool.	One	This has been actioned and all staff informed.	30 June 2014
2	16.1	Ref: Section 9.5 It is recommended that the safeguarding of vulnerable adults' policy be reviewed to include the immediate reporting of any suspected, alleged or actual allegation to the relevant Trust including out of hours contact details.	One	Refresher training has been actioned within the home by the RM. External training has been organised, and all staff have been informed of the protocols, contacts within the Trust have been displayed and all relevant documentation provided.	From the date of this inspection
3	8.2	Ref: Section 9.8 It is recommended that the resident's care manager and the resident's representative be informed of any accidents / incidents involving the resident, where appropriate.	One	Actioned	From the date of this inspection
		Ref: Section 9.9			

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
4	21.1	<p>It is recommended that the resident / tenant attendance at external appointments policy be reviewed to provide additional details in regard to the care staff roles and responsibilities in facilitating external appointments and transport arrangements.</p> <p>Ref: Section 9.8</p>	One	The SCW and Care staff teams have all been made aware of the correct procedure and requirement in respect of planning and ensuring resident attendance at external appointments.	31 July 2014
5	23.6	<p>It is recommended that a record is kept in the home of all training. The record should include:</p> <ul style="list-style-type: none"> • The names and signatures of those attending the training event • The date(s) of the training • The name and qualification of the trainer or training agency • The content of the training programme. <p>Ref: Section 9.10</p>	One	Actioned	From the date of this inspection
6	8.2	<p>It is recommended that the recording of accident records be improved upon to include a detailed account of the accident, the nature of the injury and any action taken following the accident.</p>	One	This has been communicated to the SCW team and guidance provided by the RM.	From the date of this inspection

	Ref: Section 9.9				
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Recommendations These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
7	8.2	It is recommended that in the event of a resident accident an accident form must be completed. Ref: Section 9.9	One	Actioned	From the date of this inspection
8	5.2	It is recommended a validated nutritional screening tool be completed on the resident's admission to the home and reviewed on a monthly basis or more frequently as appropriate in line with the nutritional guidelines and menu checklist for residential and nursing homes. Ref: Section 9.5	Two	Actioned	From the date of this inspection
9	35.7	Carried forward for review at a future inspection. It is recommended that hand towels be wall mounted in residents' bedrooms.	Two	Actioned	30 June 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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Deirdre Carr
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Fiona McAnespie

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Ryan	23/7/14
Further information requested from provider			

