

# Inspection Report

15 June 2021



## Action on hearing Loss

**Type of service: Residential Care Home**

**Address: 1-2 Harkness Gardens**

**Londonderry, BT47 6GG**

**Telephone number: 028 7134 1005**

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Royal National Institute for Deaf People t/a Action on Hearing Loss</p> <p><b>Responsible Individual:</b> Mrs Sharon Ford</p>	<p><b>Registered Manager:</b> Mrs Maria Taylor – not registered</p>
<p><b>Person in charge at the time of inspection:</b> Maria Taylor, Manager 11am – 3.30pm Michelle Ryan-Doherty, Deputy Manager 3.30pm – 5.30pm</p>	<p><b>Number of registered places:</b> 6</p>
<p><b>Categories of care:</b> Residential Care (RC) MP – Mental disorder excluding learning disability or dementia. LD – Learning disability. SI – Sensory impairment.</p>	<p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 4</p>
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>This home is a registered Residential Home which provides social care for up to six persons. Residents' bedrooms are located over two floors. Residents have access to a communal lounge, dining room, a conservatory and a garden.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 15 June 2021 from 11am to 5.30pm by a care inspector.

The purpose of the inspection was to assess progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

RQIA did evidence that the management team had addressed the majority of the areas for improvement identified at the last inspection in March 2021. However, significant concerns were identified in relation to the governance, management and leadership of the home which resulted in RQIA making an adult safeguarding referral to the Trust.

Whilst systems had been initiated since the previous inspection, there was no effective oversight of the professional registration of staff, recruitment/induction, infection prevention and control (IPC) practice and measures, risk management, care records and the cleanliness/fitness of the environment.

RQIA had raised similar concerns with the responsible individual during a serious concerns meeting in March 2021 and had received assurances that action had or was planned to take place to address the areas of concern. No further enforcement action was taken at this time and the Quality Improvement plan (QIP) returned to RQIA confirmed the actions agreed.

As a consequence of this inspection a meeting was held on 29 June 2021 by RQIA with the intention of issuing three Failure to Comply Notices under The Residential Care Homes Regulations (Northern Ireland) 2005, in relation to:

- Regulation 10 (1) relating to governance
- Regulation 13 (7) relating to IPC practices
- Regulation 27 (2) (b) (c) (d) relating to fitness of the premises.

The meeting was attended via video conference by Mark Atkinson, Chief Executive Officer for the Royal National Institute for Deaf people (RNID), Sharon Ford, Responsible Individual, Maria Taylor, Manager and Anne Mercieca, Project Director, RNID.

At the meeting the home's representatives provided evidence of the actions that had been taken since the inspection to ensure the health and wellbeing of the service users; and both the Responsible Person and the Chief Executive provided assurances of action that would be taken to sustain the service and to ensure the improvements necessary to achieve full compliance with the required regulations.

Following consideration of the evidence presented and the assurances given the decision was made not to issue the three failures to comply notices. However, additional information was to be forwarded by email and RQIA would continue to monitor and review the quality of services and care provided by Action on Hearing Loss; and would carry out an unannounced inspection to assess the level of improvement and sustained compliance with regulations and standards as stated within the Quality Improvement Plan (QIP) issued as part of this report.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

Residents were seen to be relaxed and comfortable in their surrounding and in their interactions with staff. Comments received from residents and staff are included in this report.

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

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

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

The findings of the inspection were provided to the deputy manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

Five staff spoken with said that they were happy working in the home, that there was great teamwork and that they felt supported in their role by management. Staff said the manager was approachable; however, one staff member told us that they felt that some systems in the home were not always prioritised appropriately. This information was shared in detail with the responsible individual. There was no feedback from the staff online survey.

Residents mostly communicated with the use of sign language and appeared content in their interactions with staff.

Two questionnaires from residents were received; one did not state whether the resident was satisfied or dissatisfied and the other indicated that the resident was satisfied overall but marked 'yes' and 'no' when asked if the care was good. This information was shared with the manager after the inspection.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 23 March 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> First time	The registered person shall ensure that the home is suitably staffed over each 24 hour period and that the home's Statement of Purpose reflects this arrangement. This refers particularly to the provision of 'awake' staff on duty overnight.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of staff duty rotas and discussion with staff evidenced that this area for improvement has been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 (1) (c) (ii)  <b>Stated:</b> First time	The registered person shall ensure a robust system is in place to ensure staff are registered with NISCC.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has not been fully met and has been stated for a second time. This is discussed further in section 5.2.1 below.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 20 (3)  <b>Stated:</b> First time	The registered person shall ensure competency and capability assessments are completed and reviewed regularly for any staff who have responsibility of being in charge of the home in the absence of the manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of governance records evidenced that this area for improvement has been met.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (i)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that staff receive mandatory and other training relevant to their role; and that a record of this training is available for inspection.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of a sample of training records evidenced that this area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all staff employed to work in the home are aware of and adhere to the Regional IPC guidelines and best practice requirements.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Observation of staff practices evidenced that this area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 27 (2) (t)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall, having regard to the number and needs of the residents, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• potential ligature risks from identified window dressings</li> <li>• the uneven floor surfaces between the corridor and identified shower room.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with staff evidenced that this area for improvement has been met.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 15 (2) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a system is put in place to regularly review the content and quality of residents' care records to ensure it reflects the assessed needs of the residents.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                  Review of a sample of care records and audits evidenced that this area for improvement has not been met and has been stated for a second time.                  This is discussed further in section 5.2.2 below.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 27 (2) (b) (c)(d)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that premises are kept in good state of repair, kept clean and reasonably decorated.                  With specific reference to ensuring:</p> <ul style="list-style-type: none"> <li>• toilet brushes are kept clean and replaced as required</li> <li>• the roof and wall within the conservatory are repaired</li> <li>• light fittings throughout the home are kept clean</li> <li>• light pull cords are covered to enable effective cleaning</li> <li>• the broken pull cord to operate the identified shower is replaced</li> <li>• stained or worn carpets are cleaned and/or replaced where required.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                  Observation of the environment and discussion with staff evidenced that this area for improvement has not been fully met and has been stated for a second time.                   This is discussed further in section 5.2.3 below.</p>	<p><b>Partially met</b></p>

<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 27 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that precautions against the risk of fire are adequately robust to ensure the safety and wellbeing of residents in the home.</p> <p>This includes but is not limited to ensuring that:</p> <ul style="list-style-type: none"> <li>• staff receive a minimum of twice yearly</li> <li>• fire awareness training</li> <li>• PEEP's are implemented and reviewed regularly for all residents</li> <li>• leaves and tree branches are removed from the front of the home</li> <li>• gaps in the ceiling surface around a light fitting are addressed.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation of the environment, review of relevant records and discussion with staff evidenced that this area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Regulation 20 (1) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the newly appointed acting manager is provided with a robust induction programme and a job description.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the manager's induction record evidenced that this area for improvement has not been fully met and has been and has been stated for a second time.</p> <p>This is discussed further in section 5.2.1 below.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 11</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the monthly quality monitoring visit reports are available within the home and are forwarded to the aligned RQIA inspector by the fourth day of every month until further notice.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Monthly monitoring reports were available within the home and had been forwarded to RQIA as requested.</p>	<p><b>Met</b></p>



<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> Second time	The registered person shall ensure that two walls within shower rooms are made good.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced that this area for improvement has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> First time	The registered person shall ensure the staff duty rota includes: <ul style="list-style-type: none"> <li>• the person in charge of the home in the absence of the manager</li> <li>• the hours worked by staff</li> <li>• abbreviations have clear codes to</li> <li>• reflect what they represent and provide</li> <li>• the hours worked by staff.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of staff duty rotas evidenced that this area for improvement has been met.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 6.7 <b>Stated:</b> First time	The registered person shall ensure that the access to the kitchen is reviewed and where necessary relevant MCA/DoLS documentation is received and residents care plans are updated to reflect agreed decision making by the commissioning Trust.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with staff evidenced that this area for improvement has been met.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time	The registered person shall ensure a daily menu is displayed in an area and format which residents can see and understand.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and the menu on display evidenced that this area for improvement has been met.	

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 20</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• Care records</li> <li>• IPC</li> <li>• Environment</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment and review of care records and a sample of audits evidenced that this area for improvement has not been met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.5 below.</p>	<p><b>Not Met</b></p>
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## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job and improvements had been made since the last inspection. For example, staff had received training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Staff said teamwork was good and that they were all working hard to keep residents safe. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the residents.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. It was observed that there were enough staff on duty to respond to the needs of the residents in a timely way.

Review of staff recruitment and induction evidenced gaps in the system to ensure that all the required pre-employment checks were in place and that the manager had oversight of the content of these checks prior to the person commencing their employment. Details were discussed with the management team and an area for improvement was identified. During the meeting on the 29 June 2021 the management team provided assurances that a system was in place to ensure that the manager had oversight of the recruitment and induction process for the home.

A record was available to confirm that the manager had received her own induction to the home and organisation. However, the record did not contain any information regarding the date the

induction commenced, when each area had been completed and/or validated by the line manager. This was an area for improvement which had been identified at the previous inspection and has been stated for a second time.

There was evidence that a system had been implemented since the previous care inspection to monitor the Northern Ireland Social Care Council (NISCC) professional registration status of care workers. However, there was no evidence that identified staff had had their applications to register with NISCC progressed since the last inspection and it was concerning that care staff continued to work unregistered.

During the meeting on 29 June 2021 assurances were provided by the responsible individual that this deficit had been addressed. The responsible individual also acknowledged that a record of communication with staff and NISCC, since the last inspection regarding the application process, should have been maintained for inspection. This area for improvement has been stated for a second time.

### 5.2.2 Care Delivery and Record Keeping

Staff were observed to respond to requests for assistance in a caring and compassionate manner and demonstrated a detailed knowledge of residents' wishes, preferences, how to meet residents' assessed needs and how to provide comfort if required.

Whilst compassionate care was observed, the inspector was required to intervene on behalf of one resident to ensure their needs were met. RQIA also made a referral to the Trust's Adult Safeguarding Team. Details were discussed with the responsible individual and assurances were provided following the inspection on the action taken to address RQIA's specific concerns. In addition RQIA undertook an announced finance inspection on 18 June 2021. Details of the finance inspection will be available in a separate report.

Review of residents' care records identified deficits. For example, daily evaluation records lacked sufficient details on the day to day events for each resident, risk assessments were not available within two residents' care files and care plans for one named resident did not address a specific care need. During the meeting on the 29 June 2021 the responsible individual confirmed the actions taken to improve the quality and accuracy of record keeping and care planning and that a system of regular monitoring had been implemented. An area for improvement, stated previously in March 2021 has been stated for a second time.

### 5.2.3 Management of the Environment and Infection Prevention and Control

Whilst we observed compassionate care delivery, shortfalls were identified in regards to the management of risk to residents in the home. For example, sharp edges including wood nails were exposed in bedrooms, screw nails were evident inside a resident's wardrobe and a razor blade was identified within an unlocked cupboard. This was discussed in detail with the management team and an area for improvement was identified. During the meeting on the 29 June 2021, the responsible individual confirmed that the identified risks had been removed.

Concerns were identified because one bedroom window on the first floor was wide open and windows are usually restricted to help prevent accidents. Discussion with the management team confirmed that the resident was able to remove the window restrictor. There was no

record of regular checks on window restrictors to ensure they were in good working order, safe and secure. The management team were asked to address this matter immediately given the potential risk of harm to residents.

During the meeting on the 29 June 2021, the manager confirmed that a risk assessment had been completed and the responsible individual advised that a review of all window restrictors would be completed to ensure that the restrictors were suitable and that they could not be tampered with or removed easily. The aligned RQIA estates inspector for the home was notified of the above findings and an area for improvement was identified.

Observation of the environment evidenced that there had been some improvements made since the previous inspection, however, a number of curtains, walls, furniture and fixtures were either worn and/or damaged and in need of repair/replacement. On review of the environmental audit these issues had not been identified and were discussed in detail with the management team as an area for improvement. During the meeting on the 29 June 2021 the responsible individual provided assurances that a refurbishment plan was due to commence on the 5 July 2021.

In addition, vacant bedrooms had not been properly cleaned after they were vacated and they were not fully furnished as bedrooms. This was an area for improvement identified at the previous inspection which has been stated for a second time. During the meeting on the 29 June 2021, the responsible individual provided assurances that all rooms had been cleaned and that new furniture/fittings would be installed as part of the refurbishment plan due to commence on the 5 July 2021.

IPC practice and measures were not effectively managed in accordance with best practice guidelines. There was a lack of managerial understanding regarding the importance of hand washing following contact with bodily fluids and the need for appropriate staff hand washing facilities. Staff hand washing facilities were not available where personal care was being delivered. For example, there was no liquid hand soap, paper towels and/or waste bin within residents' bedrooms or in one communal shower for staff to wash their hands. An alcohol sanitising gel dispenser, dispensed a brown sticky substance which was evidently not alcohol gel.

RQIA were concerned that management did not understand or recognise their role and responsibility in providing appropriate equipment for staff to be able to adhere to IPC best practice. This was discussed in detail during the inspection and with the responsible individual and the manager at the meeting on the 29 June 2021. Assurances were provided that IPC measures had been reviewed with action taken to address concerns identified during the inspection and ongoing monitoring by management. In order to ensure sustained compliance with guidelines and regulations an area for improvement was identified.

#### **5.2.4 Quality of Life for Residents**

Observation of residents and discussion with staff confirmed that residents were able to choose how they spent their day. For example, residents could go out with their families, remain in their bedroom or go to a communal room when they requested. Staff supported residents with trips out in the company vehicle, trips to the cinema and a local food outlet.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. The manager discussed the challenges with communication due to residents not being able to use a telephone and reduced

wi-fi signal for video calls and that this was currently being reviewed. Visiting to the home was by appointment only. There were no care partner arrangements in the home as no requests had been made but the manager was aware of the process should any requests be made.

### **5.2.5 Management and Governance Arrangements**

There had been no change to the management arrangements since the last care inspection. The manager told us she felt supported by the responsible individual and the organisation.

Audits reviewed did not capture the deficits identified during the inspection in relation to IPC and the environment. Where deficits had been identified there was no action plan, time frame, person responsible and/or management follow up. There were no audits in place to monitor or manage the quality/content of care records. This was an area for improvement at the previous inspection was has been stated for a second time.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual. Copies of the report were available in the home and whilst they provided an overview of the conduct of the home, they failed to identify the areas of concern evidenced during this inspection.

During the meeting on the 29 June 2021 the responsible individual confirmed that the monthly monitoring visits had been undertaken remotely due to the COVID-19 pandemic and would be less robust than an onsite visit. The responsible individual provided assurance, following discussion that going forward these visits would be carried out by a representative of the organisation who lived locally. RQIA requested that a copy of the monitoring report be forwarded to RQIA on a monthly basis until further notice.

## **6.0 Conclusion**

Residents were seen to be content and settled in the home and in their interactions with staff. Staff treated residents with respect and kindness.

However, significant concerns were highlighted in regards to the lack improvement in the managerial oversight and governance processes within the home since the last inspection in March 2021; health and welfare of residents; infection prevention and control practices; management of the environment and risk management.

At a meeting on 29 June 2021 RQIA were assured by the responses from the responsible individual and the manager, that there was an increased awareness of the importance of robust managerial oversight and governance arrangements; and we were informed of the actions taken since the inspection to address the matters identified.

Following these assurances it was decided not to issue the three failure to comply notices but that RQIA would continue to monitor and review the quality of service provided in Action on Hearing Loss and will carry out an unannounced care inspection to assess the level of improvement with the QIP issued and sustained compliance with these regulations.

**7.0 Quality Improvement Plan/Areas for Improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011).

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	9*	1*

\* The total number of areas for improvement includes four regulations and one standard that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Michelle Ryan-Doherty, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (ii)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure a robust system is in place to ensure staff are registered with NISCC.</p> <p>Ref: 5.1 and 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Staff highlighted during inspection now endorsed by previous endorser and awaiting final sign off by NISCC. NISCC have been contacted to begin process of identifying and registering an endorser going forward. RQIA will be kept informed of progress with regards to this.</p> <p>All new staff will begin process with management on first day of induction</p> <p>All current staff will be reviewed bi-annually. All staff will be required to produce a copy of their certificate highlighting date of commencement. These will be checked by management for registration in July and January of each year to ensure all staff remain registered and no issues have arisen</p> <p>Changes recommended during inspection to existing monitoring system now in place i.e Individual Registration numbers added to quick check sheet as well as initial date of registration and renewal date for easy read</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 15 (2) (a) (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 15 July 2021</p>	<p>The registered person shall ensure that a system is put in place to regularly review the content and quality of residents' care records to ensure it reflects the assessed needs of the residents.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Care records now reviewed by management on a monthly basis to ensure they are of a good quality and contain all necessary information relevant and required for each individual.</p> <p>This covers aspects such as risk assessments, individual personal preferences, daily records, etc.</p> <p>In addition to this key workers will continue to audit and review care plans with regards to review dates and outcomes. Keyworkers will review all support plans quarterly in line with support planning, assessment and review policy</p> <p>Management complete in line with complaby policy a monthly self- assesment tool which helps to highlight any outsyanding issued within the service. This is overseen/reviewed by senior management</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (2) (b) (c) (d)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that premises are kept in good state of repair, kept clean and reasonably decorated.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> <li>• light fittings throughout the home are kept clean</li> </ul> <p>Ref: 5.1 and 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Over the last number of weeks the interior of the premises has undergone an extensive refurbishment including painting, replacement of some floors. window blinds and soft furnishings. All previous cloth based light shades have been replaced with more suitable metal based alternative.</p> <p>All broken furniture has been removed and if required replaced</p> <p>Each Monday morning a complete environmental check of the building is conducted and recorded by Management highlighting issues both inside and outside of the bulding. These issues are addressed following that check for either repair, note or additional support.</p> <p>If possible minor issues are addressed either immediately or as soon as possible for repair. If additional thrid party support id requires such as tradesmen or Habinteg, contact is made immediately.</p> <p>A daily walk through of the building once PWS are up highlights any cleaning issues and these are addressed on the day. A further walk through is also conducted at the end of the day to ensure these works have been carried out.</p> <p>Monthly health and safety audits are also conducted by management</p> <p>A maintance book is available within the main office for staff to report an issues they identify and this is checked daily</p>



<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 20 (1) (c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the newly appointed acting manager is provided with a robust induction programme.</p> <p>Ref: 5.1 and 5.2.1</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 20 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b>                  Manager working through RNID induction document for completion by the end of August probation.                  Monthly supervision now in place and a specified person identified to help identify and target key areas for learning.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>                  Manager has reviewed HR requirements for recruitment and is working closely with HR in relation to recruitment of all new staff and legislative role.                  On line training on recruitment and selection has also been completed</p> <p>Management team work in line with the RNID recruitment and selection policy and procedures to ensure safe recruitment</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the all parts of the residential care home to which residents have access are free from hazards to their safety.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All identified hazards such as nails, screws in wall and broken furniture have been removed In line with (Area for improvement 3) Harkness Gardens will now be maintained to the highest standard possible. Daily checks will ensure that the building is kept clean and safe from spillages etc as well as helping to identify any immediate areas of concern</p> <p>Weekly enviromental checks will help to ensure any larger issues are identified as addressed as a matter of urgency.</p> <p>Monthly audits will help ensure that issues are being addressed and help identify patterns of concern that can then be managed better, Monthly walk throughs by responsible individual(reg 29) will ensure management are highligting and dealing with issues and maintining the premises to the hightest standard.</p> <p>Staff will also be made aware of the importance of this through supervision and team meetings</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 27 (2) (b) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>• window restrictors are reviewed and fitted where necessary with robust tamper proof fixings</li> <li>• regular checks of all window restrictors are commenced.</li> </ul> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Window restrictors checked weekly in line with enviromental checks.</p> <p>Habinteg have been contacted to look at alternative to existing restrictors. This issue remains under review by Habinteg and alternatives</p>

<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 27 (2) (b) (c) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 August 2021</p>	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> As identified during inspection, all nails etc have been removed from wood frames, walls etc. The safety razor identified has been removed and the cupboard in question is checked daily. The owner (resident) has been spoken to and advised that all toiletries are to be kept with her own room unless she is using the bathroom as this is a shared space.</p> <p>Current window restrictors are now checked weekly by manager and a discussion and review has commenced with the Housing association to look at alternatives. The resident in question has been relocated to a downstairs bedroom.</p> <p>All pre existing curtains, curtains poles, furniture, fixtures and fittings have been removed and replaced inline with previous agreed refurb plan.</p> <p>New furniture and fittings in vacant bedrooms and are ready from occupancy from 7<sup>th</sup> August</p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor compliance with IPC measures; including staff practice.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Liquid handsoap, sanitizer, paper and paper towels now available in each bedroom. Sanitizer stationpoints altered to adhere to a more IPC safe practice. PPE stations also outside all bathroom and within easy reach of all bedrooms.</p> <p>Weekly infection control and environmental audits continue to take place with some adaptations made to pre existing proforma to reflect inspection recommendations</p> <p>Hand audits have also been implemented.</p> <p>Easy read information is displayed in all bathrooms and kitchen space to the PWS to be aware of the need to handwash</p> <p>Risk assessments and guidance are available to all staff on the Intranet and this includes an extensive infection, prevention and control policy and this has been highlighted to staff. IPC will be added as a standing issue for all team meetings</p>

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 20</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 15 July 2021</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home. With specific reference to:</p> <ul style="list-style-type: none"> <li>• Care records</li> <li>• IPC</li> <li>• Environment</li> </ul> <p>Ref: 5.1 and 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Weekly audits are conducted and logged for all care records, IPC and environmental issues.</p> <p>The monthly manager self assessment tool highlights and identifies area for concern and any actions required</p> <p>Any items identified or which continue to be highlighted within monthly audits will be addressed by the management through supervision or additional with individuals or the team as a whole to ensure highest possible standards are maintained.</p>

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



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