

# Unannounced Care Inspection Report

## 23 March 2021



## Action on Hearing Loss

**Type of Service: Residential Care Home (RCH)**  
**Address: 1-2 Harkness Gardens, Londonderry, BT47 6GG**  
**Tel No: 028 7134 1005**  
**Inspector: Jane Laird**

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

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Assurance, Challenge and Improvement in Health and Social Care

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

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

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide residential care for up to 6 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Royal National Institute for Deaf People t/a Action on Hearing Loss  <b>Responsible Individual:</b> Sharon Ford	<b>Registered Manager and date registered:</b> Maria Taylor – Acting Manager since 1 February 2021
<b>Person in charge at the time of inspection:</b> Maria Taylor	<b>Number of registered places:</b> 6
Residential Care (RC) MP – Mental disorder excluding learning disability or dementia. LD – Learning disability. SI – Sensory impairment.	<b>Number of residents accommodated in the          residential home on the day of this          inspection:</b> 4

### 4.0 Inspection summary

An unannounced care inspection took place on 23 March 2021 from 10.50 to 17.15.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

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

Significant concerns were identified regarding the governance, management and leadership of the home. There was a lack of robust systems to regularly review the quality of care and other services provided by the home. This included, but is not limited to, the oversight and management of the home's environment, staff training, professional registration of staff, fire safety, IPC measures, care records, risk management, audits, and staff duty rotas. These deficits had the potential to impact on the health, safety and well-being of residents and quality of care delivered in the home.

As a consequence, a serious concerns meeting was held on 31 March 2021 by RQIA, to discuss our concerns. The meeting was attended via video conference by Ms Sharon Ford, responsible individual and Mrs Maria Taylor, manager.

At the meeting the responsible individual discussed the actions that had been taken since the inspection and provided an action plan confirming how they would address the deficits going forward.

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. It was agreed, despite the number of areas for improvement identified, that the responsible individual would be given a period of time to address the issues. A further inspection will be undertaken to ascertain the progress made in addressing the areas for improvement identified and the arrangements in place to monitor and ensure the improvements are sustained.

Areas for improvement identified are outlined in the quality improvement plan (QIP). Please refer to Section 7.0.

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

#### 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	11	*5

\*The total number of areas for improvement includes one standard which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Maria Taylor, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection by way of a serious concerns meeting at RQIA.

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.

## 5.0 How we inspect

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

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

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

The following records were examined during the inspection:

- duty rota for all staff for weeks commencing 15 and 22 March 2021
- records confirming registration with the Northern Ireland Social Care Council (NISCC)
- staff training records
- two patients' care records
- a sample of governance audits/records
- compliments and complaints
- monthly monitoring report for March 2021.

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

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 9 March 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time	The registered person shall ensure the manual handling risk assessment is retained on file and fall risk reflected within one care plan.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the identified resident's care records confirmed that this area for improvement had been met.	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time	The registered person shall ensure that two walls within shower rooms are made good.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced that this area for improvement had not been met. This is discussed further in section 6.2.5.  This area for improvement has not been met and has been stated for a second time.	

## 6.2 Inspection findings

### 6.2.1 Staffing Arrangements

On arrival to the home we were greeted by the manager and staff who were helpful and attentive. There was a pleasant and calm atmosphere throughout the home and we could see that there was enough staff to respond to the needs of the residents and to provide the correct level of support.

The manager confirmed that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated. Review of staff duty rotas evidenced a number of deficits with the maintenance of the rota. For example: the person in charge of the home in the absence of the manager was not recorded; the hours worked by staff were not clearly documented; abbreviations were being used without any code to signify what they represented and changes to the duty rota were not made in accordance with record keeping standards such as scoring out which did not allow the reading of the original entry. This was discussed with management and identified as an area for improvement.

In addition, the home's Statement of Purpose indicated that there was 'waking night staff' however, on discussion with staff and review of the duty rota there were no waking staff at night. Not only was the home operating outside of their Statement of Purpose, they did not consider the potential risks associated with this type of practice. This was discussed with the manager and an area for improvement was identified. During the meeting on the 31 March 2021, the responsible individual confirmed that waking night staff had been reinstated.

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

- "Happy working here."
- "Positive changes by new management."
- "Good induction."
- "Great teamwork here."
- "Love working here."

We also sought staff opinions and views via the online survey. There was one response received from a member of staff who was very satisfied with the service provision overall and made the following comment:

- "Harkness Gardens has been the best place I have worked, the team are amazing and the residents well looked after."

Review of records identified that relevant registration checks for the Northern Ireland Social Care Council (NISCC) had not been completed nor was there evidence to confirm that a robust system was in place to check and monitor the registration status of staff with NISCC. In addition, the names of staff working within the home were not all included on the checklist and staff who no longer work within the home remained on the checklist. This was identified as an area for improvement. During the meeting on the 31 March 2021, full details of staff registration was provided by the responsible individual.

Competency and capability assessments for the person taking charge in the absence of the manager were either not completed and/or available for inspection, RQIA were concerned as some of the staff taking charge of the home were working alone particularly on night duty. This was identified as an area for improvement. During the meeting the responsible individual and manager agreed to ensure that staff working alone who took charge of the home in the absence of the manager would have a competency assessment completed as a matter of priority.

Staff mandatory training records evidenced that training was overdue for the majority of staff and other training such as the Mental Capacity Act (MCA) (Northern Ireland) 2016 deprivation of liberty safeguards (DoLS) had not been completed by most staff. Whilst we acknowledged that management had recently communicated with staff regarding completing their training, RQIA were concerned that this had not been appropriately monitored. This was identified as an area for improvement. During the serious concerns meeting on 31 March 2021 the manager provided assurances that mandatory training sessions were planned and compliance would be monitored to ensure full compliance.



### **6.2.2 Infection prevention and control (IPC) measures**

There were robust systems in place to ensure that contact details of any visitors to the home were obtained and their temperature checked in line with current COVID-19 guidelines.

On discussion with the manager about staff breaks it was identified that staff did not have a designated break area and described how they had their meals within the residents' kitchen. We discussed the importance of implementing zones within the home for staff to ensure that the regional COVID-19 guidance is adhered to without impacting on the residents' areas. Following the inspection written confirmation was received on the 9 April 2021 from the responsible individual that the staff sleep over room was now being used to accommodate staff breaks.

We found that there was an adequate supply of PPE and hand sanitising gel within the home. However, PPE was observed to be stored within communal bathrooms/shower rooms where there was a toilet. We also observed that staff were not adhering to appropriate IPC measures, including the wearing of jewellery, long sleeve tops and nail polish. Following discussion with staff it was evident that they were not required to change their clothing prior to commencing and/or following completion of their shift. RQIA were concerned that management and staff did not understand or recognise their role and responsibility in identifying and challenging poor IPC practices and an area for improvement was identified.

### **6.2.3 Care delivery**

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. Residents were well presented and appeared comfortable interacting with staff in a positive manner.

Four questionnaires were returned from residents who were mostly satisfied with the provision of care overall. However, some of the response to some of the questions required RQIA to discuss the details with the responsible individual and manager to address.

We observed that the kitchen doors were locked and residents could not access the kitchen without seeking permission from staff. On discussion with staff they confirmed that this was to prevent residents from entering the kitchen due to the COVID-19 pandemic. This had not been recorded and/or considered as a deprivation of residents' liberty. Details were discussed with the manager and identified as an area for improvement. During the meeting on the 31 March 2021 RQIA were given assurances that this was being reviewed and that relevant Mental Capacity Act (MCA) (Northern Ireland) 2016 deprivation of liberty safeguards (DoLS) training was being arranged for staff as part of their mandatory training.

We observed the serving of the lunch time meal and saw that staff attended to the residents' needs in a prompt and timely manner. However the daily menu displayed in the kitchen was not in a format suitable for residents to read nor could residents' access it. This was discussed with the manager and an area for improvement was made.

On discussion with the manager it was evident that there was no system in place for residents to isolate when they returned from social leave, in accordance with the COVID-19 guidance. During the meeting on the 31 March 2021 the manager advised that guidance had been sought from the Public Health Agency and appropriate systems implemented. RQIA were satisfied that appropriate action had been taken.



Shortfalls were identified in regards to the management of risk to residents in the home. For example, the pull cords suspended from window blinds were not identified as being potential ligature risks and we identified a potential trip hazard due to uneven floor surfaces, between a shower room and a corridor. Whilst we acknowledge that some of this was addressed following the inspection, a monitoring system was needed to ensure potential risks to patients were identified and eliminated as far as possible. This was identified as an area for improvement.

#### **6.2.4 Care Records**

Review of residents' care records identified deficits. For example, risk assessments and care plans had not been reviewed within the required timeframe; a care plan for one resident was noted to lack sufficient detail regarding a specific preference and the folders for the care records were disorganised making them difficult to review. This was identified as an area for improvement.

During the meeting on the 31 March 2021 the manager confirmed the actions taken to improve the quality and accuracy of record keeping and care planning through regular monitoring and training.

#### **6.2.5 The home's environment**

Observations throughout the home evidenced that there was a lack of oversight in relation to ensuring the cleanliness and fitness of the environment. For example, a system recently introduced by the management team to record the regular cleaning of communal toilets had not been consistently completed by staff. Several unclean areas in the home, were identified; this included patient equipment, toilet brushes, the floor surface within a cupboard and multiple carpets. Light fittings required to be thoroughly cleaned and dust and cobwebs were observed to a number of ceilings. We further identified two mattresses that were unclean, one of which was within a spare bedroom where clothing was draped over the head board of the bed to dry.

Also, as displayed notices were not laminated and some light pull cords were not covered, these could not be effectively cleaned. In addition to the concerns identified with the poor standard of cleanliness damp patches were observed in the conservatory area with the plaster damaged to the wall. Details of all the issues identified were discussed with the manager and an area for improvement was identified. During the meeting on the 31 March 2021, the manager advised that one of the mattresses had been removed from the home and that all areas of the home had received a thorough clean.

Two shower rooms identified at the last inspection still required to be repaired or replaced. This area for improvement has been stated for a second time.

Of particular concern, precautions and systems were not in place to manage fire safety measures and risk. For example, training records identified that fire safety training had not been completed since 24 November 2019; and residents' Personal Emergency Evacuation Plans (PEEPs) were either not in place or had not been reviewed as required on an annual basis. Dry leaves and branches from trees were gathered outside the front of the home and a gap was evident to the ceiling where a light fitting was not secured. Details were discussed with the manager and an area for improvement was identified.

## 6.2.6 Management, leadership and governance arrangements

Based on the inspection findings, discussion with management and review of governance records it was evident that the governance and management arrangements were insufficiently robust to ensure the health and welfare of the residents accommodated within Action on Hearing Loss. As a result, several areas for improvement were identified as detailed throughout this report.

It was also concerning that the acting manager had not received a thorough induction and/or a job description. This was identified as an area for improvement.

Audits that were available did not capture the deficits identified during the inspection in relation to infection prevention and control (IPC) and the environment and there were no audits in place to monitor or manage care records. This was discussed with the manager and an area for improvement was identified in relation to quality governance audits.

We requested a copy of the Regulation 29 monthly monitoring reports prior to the 9 March 2021 report and were advised by the manager that these were not available within the home and that they did not have access to them. We discussed the importance of maintaining these records within the home for residents, their representatives, staff and trust representatives with management and an area for improvement was identified.

During the serious concerns meeting on 31 March 2021 RQIA were provided with assurances through discussion, that the registered individual and manager now had an increased awareness in the importance of a robust governance system and process. We were told that since the inspection a new system of governance had been implemented to monitor the progress with audit outcomes which would focus on the quality of the service provision as well as the care delivered.

As stated previously RQIA were provided with an action plan as part of the serious concerns meeting held. We were satisfied that the appropriate action had been taken to address the immediate issues identified with ongoing review dates to address all of the actions required to bring the home into compliance with the regulations and standards.

### Areas for improvement

Fifteen new areas for improvement were identified during the inspection. Details can be found throughout the body of the report and in the Quality Improvement Plan (QIP).

	Regulations	Standards
<b>Total number of areas for improvement</b>	11	4

## 6.3 Conclusion

Significant concerns were highlighted in regards to the lack of managerial oversight and governance processes within the home; health and welfare of residents; IPC practices; the environment; risk management and fire safety practices.

At a meeting on 31 March 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. It was agreed that the responsible individual would be given a period of time to address the issues.

RQIA will continue to monitor and review the quality of service provided in Action on Hearing Loss. A further inspection will be undertaken to assess the progress made in addressing the areas as detailed in the QIP.

## **7.0 Quality improvement plan**

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

The registered provider should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

## **7.1 Areas for improvement**

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

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<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) (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 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.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> From Monday 29<sup>th</sup> March 2021 an "awake" staff has been on duty overnight. This will remain in place going forward with an awake staff member in the building at all times. This is reflected in the current Statement of purpose (completed 29/3/21)</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (ii)</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 a robust system is in place to ensure staff are registered with NISCC.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> All existing staff are registered with NISCC and some staff are in the process of completing their registration. All existing staff have produced an up to date NISCC certificate. New staff working on the process.</p> <p>Going forward all staff will be expected to initiate the registration process with NISCC on commencement of post and all certs will be monitored and reviewed every 6 months (completed end April 2021)</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20 (3)</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 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.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Competency assessments carried out on all staff relating to fire safety, medication, accidents and emergency at work, abuse, infection control, challenging behaviour, policies and procedures and the People we support. These will be reviewed on an annual basis beginning at the start of each calendar year.</p>

	This process will commence for each new staff member on commencement of post. (Completed End March 2021)
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 20 (1) (c) (i) <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	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.  Ref: 6.2.1  <b>Response by registered person detailing the actions taken:</b> All staff are now compliant on mandatory core training and this is reviewed monthly to ensure all staff continue to remain compliant. Specific other training is being identified and staff are being encouraged to participate in this upskill and continue with their own learning (completed end April 2021)
<b>Area for improvement 5</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	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.  Ref: 6.2.2  <b>Response by registered person detailing the actions taken:</b> All staff have been informed of RNID and HSC policy on IPC and are advised that bare below the elbow is best practice. Staff now change coming on shift and again at end of shift and a space has been made for them to do so. (Completed end March 2021).
<b>Area for improvement 6</b> <b>Ref:</b> Regulation 27 (2) (t) <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	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.  With specific reference to: <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> Ref: 6.2.3  <b>Response by registered person detailing the actions taken:</b> Current up to date Risk assessments have been reviewed and updated and will be reviewed bi annually or as situations new or previous develop to ensure risk is minimised. (completed end April 2021)  Window blinds all have child safety hooks applied to prevent

	<p>ligature and strangulation risk.Going forward all window dressings and blinds will have these fitted as standard Completed 2/4/2021</p> <p>Bathroom floor evened and joined between bathroom and hall. (Completed 5/5/21)</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><b>To be completed by:</b> 23 April 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: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> All care plans now updated to current format. These will be reviewed on a monthly basis with other changes being made as and when required (completed 30/4/21)</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> 23 May 2021</p>	<p>The registered person shall put a system in place to ensure the 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>• 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> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> new cleaning rota put into place and checked weekly (Completed 12/4/2021)</p> <p>toilet brushes are replaced with silicon drip toilet brushes which will be changed regularly (completed 26/4/2021)</p> <p>the conservatory roof has had a specialist clean to maintain integrity (completed 14/5/21 Wall has been replastered and repaired</p> <p>Light fittings have all been cleaned and now form part of a weekly regular cleaning rota (Completed 29/3/21)</p> <p>All light pull cords have been replaced with wipe down PVC pull cords (Completed 8/4/21)</p>

	All carpets have been steam cleaned (Completed 12/4/21)
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 27 (4)</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 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 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>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have received face to face fire training (Completed 8&amp;9/4/21) Online fire training also completed by all staff. A process incorporating this will be implemented for all staff going forward</p> <p>All PEEPs reviewed updated and included both in Care plans and within each bedroom. Will also be included in monthly Listen to Me meetings. (Completed end March 2021)</p> <p>Front of house cleaned and tidied and excess leaves removed (completed 27/3/21) Front and back paving powerhosed and trees cut back (Completed 21/4/21)</p> <p>Light fixture repaired and refixed to ceiling (completed 1/3/21)</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><b>To be completed by:</b> 1 April 2021</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>Ref: 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> New manager currently working through NISCC management induction programme. Supervision and 1-1 support given weekly by telephone on operational priorities and challenges, staffing issues, needs of PWS and quality monitoring</p>



	<p>Telephone training given on various job roles such as financial management, new staff induction, recruitment and selection.</p> <p>Quality monitoring and self assessment, reading of policy and procedures</p> <p>Job description given to new manager</p> <p>Orientation and guidance on RQIA policy legislation and portal</p> <p>Level 5 training commenced</p>
<p><b>Area for improvement 11</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 April 2021</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>Ref: 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> Monthly monitoring Reg 29 available for inspection and up to date (completed April 2021)</p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 23 May 2021</p>	<p>The registered person shall ensure that two walls within shower rooms are made good.</p> <p>Ref: 6.1 and 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Shower room 1 retiled and refitted (completed 11/5/21) Shower room 2 in progress for completion 26/5/21 The delay in this has been caused by issues with the tiler</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 25.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 April 2021</p>	<p>The registered person shall ensure the staff duty rota includes:</p> <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 reflect what they represent and provide the hours worked by staff.</li> </ul> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b></p>

	New duty rota in operation as per recommendations above (Completed 29/3/21)
<b>Area for improvement 3</b> <b>Ref:</b> Standard 6.7 <b>Stated:</b> First time <b>To be completed by:</b> 23 April 2021	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. Ref: 6.2.3  <b>Response by registered person detailing the actions taken:</b> Access to the kitchen is no longer limited. Existing care plans relating to the kitchen and have been reviewed and updated (completed end April 2021)
<b>Area for improvement 4</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time <b>To be completed by:</b> 23 April 2021	The registered person shall ensure a daily menu is displayed in an area and format which residents can see and understand. Ref: 6.2.3  <b>Response by registered person detailing the actions taken:</b> Weekly pictorial menus are available for view in the dining room. daily pictorial menus are also displayed (completed 2/4/21)
<b>Area for improvement 5</b> <b>Ref:</b> Standard 20 <b>Stated:</b> First time <b>To be completed by:</b> 23 April 2021	The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.  With specific reference to: <ul style="list-style-type: none"> <li>• Care records</li> <li>• IPC</li> <li>• Environment</li> </ul> Ref: 6.2.6  <b>Response by registered person detailing the actions taken:</b> Weekly IPC now carried out by registered manager (Commenced 12/4/21) Weekly Environmental checks carried out by manager (commenced 12/4/21)  Each resident now has an up to date care plan with all relevant documentation available for review These will be reviewed Monthly

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



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Assurance, Challenge and Improvement in Health and Social Care