

# Unannounced Care Inspection Report 9 July 2020



## Drumary House

**Type of Service: Residential Care Home**  
**Address: 44 Knockmore Road, Derrygonnelly, BT93 6GA**  
**Tel no: 028 6864 1736**  
**Inspector: Jane Laird**

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 17 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Potensial Ltd  <b>Responsible Individual(s):</b> Nicki Stadames	<b>Registered Manager and date registered:</b> Julie Murphy – pending registration
<b>Person in charge at the time of inspection:</b>  Eva Enright, Senior support worker	<b>Number of registered places:</b> 17
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 11

### 4.0 Inspection summary

An unannounced inspection took place on 9 July 2020 from 09.10 to 17.35 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

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

Significant concerns were identified during the inspection with regard to the management, leadership and governance arrangements within the home, health and welfare of residents' and IPC practices. Concerns were also identified regarding the management of weight loss for two individual residents which required a referral to the adult safeguarding team of the Western Health and Social Care Trust (WHSCT).

As a consequence, a meeting was held on 16 July 2020 in RQIA with the intention of issuing four failure to comply notices under The Residential Care Homes Regulations (Northern Ireland) 2005, in relation to:

- Regulation 9 (1) (2) (b) (i) relating to the fitness of the registered manager
- Regulation 10 (1) relating to the management, leadership and governance arrangements

- Regulation 13 (1) (a) (b) relating to the health and welfare of residents
- Regulation 13 (7) relating to IPC practices.

The meeting was attended via video conference by Ms Nicki Stadames, Responsible Individual, Noreen Mitchell, Regional Director, Mike Barton, Area Manager and Julie Murphy, Manager.

At the meeting the home's representatives discussed the actions that had been taken since the inspection and provided an action plan following the meeting. RQIA received some assurance that robust action had been taken regarding the fitness of the manager and that the infection prevention and control (IPC) practices within the home had been reviewed. However, they were unable to offer RQIA the necessary assurance in relation to the governance arrangements in the home and residents' health and welfare. Two failure to comply notices under Regulation 10 (1) and Regulation 13 (1) (a) (b) were issued, with the date of compliance to be achieved by 3 September 2020.

Despite enforcement action being taken, areas of good practice in relation to the compassionate and caring attitude of staff towards the residents were evidenced.

Residents described living in the home mainly in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents and staff during and after the inspection, are included in the main body of 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.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*3	*6

\*The total number of areas for improvement includes one standard which has been stated for a second time and one standard which has been carried forward to the next care inspection. Three regulations and four standards, which were not met have been subsumed into the failure to comply notices issued on 20 July 2020 and are discussed further in section 6.1 of this report.

Details of the Quality Improvement Plan (QIP) were discussed with Eva Enright, senior support worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

Two failure to comply notices under Regulation 10 (1) and Regulation 13 (1) (a) (b) were issued with the date of compliance to be achieved by 3 September 2020.

FTC Ref: FTC000104 with respect to Regulation 10(1)

FTC Ref: FTC000105 with respect to Regulation 13(1) (a) (b).

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

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

The following records were examined during the inspection:

- duty rota for all staff for weeks commencing 29 June 2020 and 6 July 2020
- records confirming registration with the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three residents' care records
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of monthly monitoring reports from April 2020
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance was recorded as met, not met or carried forward for review at the next care inspection.

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(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 2 March 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 20 (3) Stated: Second time	The registered person shall ensure that competency and capability assessments are completed for any person 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 competency and capability assessments evidenced that this area for improvement had been met.	
<b>Area for improvement 2</b> Ref: Regulation 16 (1) Stated: Second time	The registered person shall ensure that care plans are reflective of the residents' current needs and individual preferences.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of resident care records evidenced that this area for improvement had not been met and is discussed further in section 6.2.2.  <b>This area for improvement has not been met and has been subsumed into the failure to comply notices.</b>	
<b>Area for improvement 3</b> Ref: Regulation 14 (2)(a) Stated: First time	The registered person shall ensure that all parts of the residential care home to which residents have access are free from hazards to their safety.	<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 and is discussed further in section 6.2.5.	

	<b>This area for improvement has not been met and has been subsumed into the failure to comply notices.</b>	
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	<p>The registered person shall ensure there are suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between residents and staff.</p> <p><b>Action taken as confirmed during the inspection:</b>  Observation of the environment and staff practices evidenced that this area for improvement had not been met and is discussed further in sections 6.2.3.</p> <p><b>This area for improvement has not been met and has been subsumed into the failure to comply notices.</b></p>	<b>Not Met</b>
<b>Area for improvement 5</b> <b>Ref:</b> Regulation 32 (1)(b) <b>Stated:</b> First time	<p>The registered person shall give notice in writing to RQIA as soon as possible if it is proposed that a person ceases to manage the home.</p> <p><b>Action taken as confirmed during the inspection:</b>  Review of information relevant to the service evidenced that this area for improvement had been met.</p>	<b>Met</b>
<b>Area for improvement 6</b> <b>Ref:</b> Regulation 29 (3)(4)(5) <b>Stated:</b> First time	<p>The registered person shall complete a report on the monthly monitoring visits and this report shall be available for inspection in the home.</p> <p><b>Action taken as confirmed during the inspection:</b>  Review of a sample of monthly monitoring visits evidenced that this area for improvement had been met.</p>	<b>Met</b>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 9.3 <b>Stated:</b> Second time	<p>The registered person shall ensure that appropriate and timely action must be taken and recorded in regards to concerns identified during the care of the residents.</p> <p>Reference to this is made in regard to actions required in response to identified weight loss.</p>	<b>Not Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Review of a sample of residents' care records and recording charts evidenced that this area for improvement had not been met and is discussed further in section 6.2.2.</p> <p><b>This area for improvement has not been met and has been subsumed into the failure to comply notices.</b></p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 6.6 <b>Stated:</b> Second time</p>	<p>The registered person shall ensure that the post falls pathway is followed correctly when a resident sustains a fall.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with staff evidenced that there was no post falls pathway available within the home. This is discussed further in section 6.2.6.</p> <p><b>This area for improvement has not been met and has been subsumed into the failure to comply notices.</b></p>	<b>Not met</b>
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time</p>	<p>The registered person shall ensure the building is decorated to a standard acceptable for the residents.</p> <p><b>Action taken as confirmed during the inspection:</b>  <b>Due to the restrictions on contractors entering care homes during the COVID-19 pandemic the action required to ensure compliance with this standard was not reviewed as part of this inspection and has been carried forward to the next care inspection.</b></p>	<b>Carried Forward to next care inspection</b>
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time</p>	<p>The registered person shall ensure a daily menu is displayed in an area and format which residents can see and understand.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced that a daily menu was not displayed in an area or format which residents could see and</p>	<b>Not met</b>



	<p>understand. This is discussed further in section 6.2.6.</p> <p><b>This area for improvement has not been met and has been stated for a second time.</b></p>	
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure that working practices are systemically audited to ensure they are consistent with the home's documented policies and procedures and action is taken when necessary.</p>	<p><b>Not met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of a sample of audits, policies and procedures evidenced that this area for improvement had not been met. This is discussed further in 6.2.1.</p> <p><b>This area for improvement has not been met and has been subsumed into the failure to comply notices.</b></p>	
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that policies and procedures in place are in accordance with statutory requirements.</p>	<p><b>Not met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the policies and procedures available evidenced that this area for improvement had not been met. This is discussed further in 6.2.1.</p> <p><b>This area for improvement has not been met and has been subsumed into the failure to comply notices.</b></p>	

## 6.2 Inspection findings

### 6.2.1 Management, leadership and governance arrangements

During the inspection we identified deficits in the oversight, monitoring and governance arrangements in the home. Due to ineffective audit processes there was a failure to drive improvement resulting in a lack of compliance with the quality improvement plan (QIP) following the care inspection on 2 March 2020. The monthly monitoring reports provided to RQIA, by the senior support worker, did not evidence that the home had identified appropriately the concerns raised by RQIA during this inspection. At the meeting on the 16 July 2020 RQIA requested that the monthly monitoring report is completed in accordance with

Regulation 29 of the Residential Care Homes Regulations (Northern Ireland) 2005 and forwarded to RQIA by the fourth day of each month.

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, restrictive practices, infection prevention and control measures, recording and reporting of accidents and incidents, management of complaints, care records, risk management, governance audits and maintenance of duty rotas. There was a lack of reference to Northern Ireland specific guidance and legislation within the home's policies and procedures, for example, the Mental Capacity Act 2016 and COVID-19 guidance.

Records were not sufficiently robust to assure us that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). For example, one care staff had been working unregistered since April 2019. The manager was asked to review the registration status of all care staff immediately following the inspection and confirm to RQIA, in writing, any deficits identified and the action taken to address these. The importance of maintaining a robust system for monitoring staff registration and the potential impact of not doing so was discussed during the meeting in RQIA on the 16 July 2020. Written confirmation was provided by the manager on 31 July 2020 that all relevant staff are now registered with NISCC.

We discussed the management of complaints with the senior support worker who advised us of a complaint that was shared with the commissioning trust as part of the homes trust quarterly returns. On review of the home's complaints folder the complaint had not been recorded and we were unable to evidence the action taken by the manager to address the complaint and to establish if the complainant was satisfied with the outcome.

Prior to the inspection a review of the application submitted for the registration of the manager evidenced that the manager did not meet the criteria as specified in the Residential Care Homes Minimum Standards August 2011. During the meeting on 16 July 2020, the manager informed RQIA that she had enrolled in relevant training as detailed in the criteria and that a network of management support had been provided by the senior management team of Potensial Ltd.

The actions required to address the concerns identified are part of the failure to comply notices issued to the residential home on 20 July 2020 under Regulation 10 (1) and Regulation 13 (1) (a) (b) of the Residential care Homes Regulations (Northern Ireland) 2005.

### **6.2.2 Care Records**

The senior support worker advised us that care records were maintained in both paper and electronic formats for each resident and that both these records reflect the care needs of the residents.

However, review of three residents' care records evidenced that there was conflicting information recorded between the electronic and paper records which had the potential to compromise the delivery of safe and effective care. For example:

- inconsistencies in two identified residents records regarding the recommended moving and handling procedures
- risk assessments and care plans were not updated for a recently admitted resident

- insufficient information regarding catheter care for one identified resident
- inconsistencies in one resident's folder regarding the recommended consistency of fluid
- the International Dysphagia Diet Standardisation Initiative (IDDSI) terminology was not utilised within an identified resident's care plan following recommendations from a speech and language therapist
- risk assessments for one resident in relation to slips, trips and falls did not state the type of equipment recommended for use by the resident.

Specific examples were discussed in detail with the senior support worker who acknowledged the shortfalls in the documentation and following the inspection the manager agreed to complete an audit on all care records to ensure that care plans and risk assessments are reflective of the residents' current needs and individual preferences. As discussed in section 6.1 this was identified as an area for improvement at the previous care inspection and has been subsumed into the failure to comply notices.

We reviewed the management of weight loss for residents within the home which evidenced that records of residents' weights were recorded on a monthly basis. However, we identified that two residents, with a history of weight loss, had not been weighed for several months. Review of their care records evidenced that there was no risk assessment or care plan to manage weight loss. This was discussed with the senior support worker who advised that they were unable to weigh these residents due to them no longer being able to weight bear independently and not having the appropriate weighing device to suit their needs. The senior support worker was advised to submit a referral to the adult safeguarding team of the WHSCT regarding the residents we identified and to arrange an urgent care management review with the commissioning trust.

The actions required to address the concerns identified are part of the failure to comply notices issued to the residential home on 20 July 2020 under Regulation 10 (1) and Regulation 13 (1) (a) (b) of the Residential care Homes Regulations (Northern Ireland) 2005.

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

We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had access to online training and that the training provided them with the necessary skills and knowledge to care for the residents. During the inspection the senior support worker was unable to access the training records. Following the inspection the manager forwarded a record of mandatory training for all staff which confirmed that the majority of staff had received training in IPC.

Despite nearly all staff having completed training in IPC a number of deficits, which were not in keeping with best practice, were identified during the inspection. For example, we observed food deliveries being left on top of an 'offensive waste' bin outside the kitchen door on two occasions; urinal bottles, gloves and wipes were observed in communal bathrooms, beside a toilet and/or on top of the cistern lid; clean linen was placed on a raised toilet seat in a communal bathroom; a commode bucket was left on top of clean equipment in a resident's bedroom; staining to an identified resident's mattress and inconsistencies in the availability of liquid soap, paper towels or an appropriate pedal bin within bedrooms to facilitate hand hygiene.

As discussed in section 6.1 an area for improvement which was identified at the previous care inspection in relation to IPC had not been addressed and has been subsumed into the failure to comply notices.

The senior support worker confirmed that COVID-19 tests had been carried out on all residents and staff and that any resident being admitted to the home or returning from a stay in hospital would be tested prior to admission. Staff confirmed that both resident and staff temperatures were obtained twice daily and a record of residents' temperatures was provided during the inspection. However, staff were not aware of the guidance specific to isolation for a recently admitted resident. This was discussed with the senior support worker and the appropriate measures were taken. During the meeting on the 16 July 2020 the management team advised that all staff and residents would be retested for COVID-19.

On arrival to the home we observed that staff were not wearing face masks in accordance with the COVID-19 guidance for nursing and residential care homes and during the inspection one staff member was observed wearing their face mask incorrectly. On discussion about staff breaks it was identified that staff did not have a designated area and described how they had their meals within the resident areas.

We discussed the importance of implementing zones within the home for staff to ensure that the regional guidance is adhered to. However, on review of the COVID-19 information folder it was evident that the most recent regional guidance was not available within the folder. Following the inspection written confirmation was received regarding the temporary change of purpose for two bedrooms; one for staff breaks and the other for the storage of personal protective equipment (PPE).

We reviewed the most recent IPC audit carried out in April 2020. The audit did not identify any of the IPC issues identified during this inspection. We advised management on the importance of adequate and robust IPC audits to identify deficits and to be addressed accordingly.

The actions required to address the concerns identified are part of the failure to comply notices issued to the residential home on 20 July 2020 under Regulation 10 (1) and Regulation 13 (1) (a) (b) of the Residential care Homes Regulations (Northern Ireland) 2005.

#### **6.2.4 Staffing Arrangements**

Discussion with staff confirmed that they were satisfied with current staffing arrangements. Staff told us they liked working in the home and felt there was good management support. Comments from staff included:

- "Very supported by management."
- "Great team work here and staff are very hard working."
- "I love my job."
- "We all work well together."
- "The new manager has brought some positive changes."

We also sought staff opinion on staffing via the online survey. There were no responses received within the time frame allocated.

The senior support worker informed us of the daily staffing levels within the home and that these levels were reviewed regularly to ensure the assessed needs of the residents were met. We also reviewed the staff duty rota but we were unable to determine the planned staffing levels as the rota was not clearly or accurately recorded in keeping with the care standards. For example, the hours worked by staff and staff designations/roles were not clearly recorded.

On observation of the residents' level of dependency we were concerned regarding the staffing levels at night which had the potential to compromise the delivery of safe and effective care. The senior support worker informed us of the planned staffing levels for the home and said that one carer at night was sufficient with a second carer available on call within the home if required as the dependency levels for residents were less at night than during the day. We requested an urgent review of the staffing levels and format for recording the duty rotas.

The actions required to address the concerns identified are part of the failure to comply notices issued to the residential home on 20 July 2020 under Regulation 10 (1) and Regulation 13 (1) (a) (b) of the Residential care Homes Regulations (Northern Ireland) 2005.

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

The environment was fresh smelling, neat and tidy although some areas were observed to be better maintained than others. As discussed in section 6.1 above refurbishment plans to redecorate the home have not been achieved due to the current COVID-19 restrictions. This will be reviewed at a future inspection.

We identified a number of unnecessary risks to residents within the environment and brought these to the immediate attention of the senior support worker. For example, wardrobes were not secured to bedroom walls within identified bedrooms, a fire exit door was blocked with a resident's chair, cleaning chemicals were accessible to residents within an unlocked bedroom, door saddles at the entrance/exit of each bedroom door were raised creating a potential tripping hazard, a radiator within a communal bathroom was very hot to touch and exposed pipework was observed in an unlocked store and an identified resident's bedroom. It was again concerning that the monthly health and safety audits reviewed from January 2020 did not identify any of the risks identified by RQIA.

The actions required to address the concerns identified are part of the failure to comply notices issued to the residential home on 20 July 2020 under Regulation 10 (1) and Regulation 13 (1) (a) (b) of the Residential care Homes Regulations (Northern Ireland) 2005.

### **6.2.6 Care delivery**

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. It was positive to observe that residents were offered choice throughout the day. For example, some residents were enjoying a lie in on the day of inspection and were later assisted to have a shower at their request.

Residents were well presented, and had been supported by staff in maintaining their personal care in a timely and discreet manner. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy in Drumary House. Residents appeared comfortable around staff and were observed approaching staff with specific requests or just to chat. Comments from residents included:

- “Everyone is nice here.”
- “They are all great.”
- “Great place.”
- “Food is good.”
- “I am very happy here.”

We also sought resident and relatives’ opinion on staffing via questionnaires. Twelve questionnaires were returned. Nine from residents and one from a relative. The respondents were very satisfied with the service across all four domains. Two questionnaires were returned which did not state if they were from residents or relatives. These respondents were also very satisfied across all four domains.

We observed the serving of the lunch time meal and saw that staff attended to the residents’ needs in a prompt and timely manner. We saw that staff wore the appropriate PPE and sat beside residents when assisting them with their meal. Four weekly pictorial menus were displayed within the dining room which had been created by staff with the assistance of the residents and was commended by the inspector. However, a daily menu was not provided and an area for improvement as discussed in section 6.1 which was identified at the previous care inspection has been stated for a second time.

We identified a number of potentially restrictive interventions such as; floor alarms in a number of bedrooms, a lap belt on an identified resident’s wheelchair and enhanced supervision. However, resident’s care records did not reflect that the correct procedures had been followed in relation to the potential restrictive interventions; such as specific risk assessments and care plans and evidence of discussion with the resident/their representative and the care manager from the commissioning Trust.

We discussed the implementation of the Deprivation of Liberty Safeguards (DoLS) in respect of a named resident and it was further discussed that while DoLS training had been provided to staff the training was based on the Guidance for England and not Northern Ireland.

During the inspection we asked the senior support worker to provide us with a record of all accidents/incidents which had occurred within the home since the previous care inspection. The senior support worker advised us that all accident/incidents were logged onto the computerised system under the individual resident’s care records but the system did not allow for an overview of all accidents occurring in the home. This was concerning as we were unable to review and trace accidents and incidents notified to RQIA nor were we assured that the manager was able to review overall trends or patterns of accidents emerging over time.

In addition we evidenced that a residents care plans and risk assessments had not been reviewed following a fall and on discussion with staff it was evident there was no post falls pathway available regarding the management of falls. As discussed in section 6.1 an area for improvement which had been identified at the previous inspection in relation to post falls management had not been met and has been subsumed into the failure to comply notices.

The actions required to address the concerns identified are part of the failure to comply notices issued to the residential home on 20 July 2020 under Regulation 10 (1) and Regulation 13 (1) (a) (b) of the Residential care Homes Regulations (Northern Ireland) 2005.

### 6.3 Conclusion

Based on the inspection findings and following a meeting in RQIA on 16 July 2020, two Failure to Comply notices were issued under Regulation 10 (1) in regards to the management, leadership and governance arrangements in the home and Regulation 13 (1) (a) (b) in regards to the health and welfare of residents. Compliance with these notices is to be achieved by 3 September 2020.

Notices under Regulation 9 (1) (2) (b) (i) and Regulation 13 (7) were not issued due to the assurances provided at the meeting on 16 July 2020. Following the meeting an action plan was received by RQIA from Noreen Mitchell, regional director.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Eva Enright, senior support worker, 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 DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 June 2020</p>	<p>The registered person shall ensure the building is decorated to a standard acceptable for the residents.</p> <p>Ref: 6.1</p>
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12.4</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 daily menu is displayed in an area and format which residents can see and understand.</p> <p>Ref: 6.1 and 6.2.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> Post inspection, menu formats were reviewed with the residents and displayed photos and written format - which enables all to understand the food available and choices that can be made for mealtimes. " of the residents also wanted to be part of the daily menu to display in the kitchen for all to see and make any changes as necessary. This is supported by staff and recorded in records</p>

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





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