

# Inspection Report

11 May 2021



## Drumary House

Type of Service: Residential Care Home  
Address: 44 Knockmore Road,  
Derrygonnelly, BT93 6GA  
Tel no: 02868641736

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Potensial Ltd  <b>Responsible Individual:</b> Miss Nicki Stadames	<b>Registered Manager:</b> Mr Chris Coulter – not registered
<b>Person in charge at the time of inspection:</b> Mr Chris Coulter	<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 care home on the day of this inspection:</b> 11
<b>Brief description of the accommodation/how the service operates:</b>  This is a registered Residential Home which provides social care for up to 17 persons. Resident bedrooms are located over two floors. Residents have access to communal lounges, a dining room and a garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 11 May 2021 from 10.30 am until 4.35 pm. The inspection was undertaken by a care inspector.

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

Evidence of good practice was found in relation to care delivery, teamwork and maintaining good working relationships.

Areas for improvement were identified in relation to staff induction records, the environment, the safe storage of thickening agents and speech and language therapist (SALT) recommendations. Two areas for improvement have been stated for a second time in relation to monthly monitoring reports and audits. Two areas for improvement have been stated for a third and final time in relation to care records and policy and procedures.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents and staff, are included in the main body of this report.

RQIA were assured that the delivery of care and service provided in Drumary House was safe, effective and compassionate and there were appropriate management arrangements within the home. RQIA were assured that the management team acknowledged the need for more robust oversight of the governance systems within the home to drive the necessary improvements.

The findings of this report will provide the management team with the necessary information to improve staff practice and the 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.

At the end of the inspection the manager was provided with details of the findings.

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

The inspector spoke with eight residents both individually and in small groups and four staff. No questionnaires were returned and we received no feedback from the staff online survey. Residents told us that they felt well cared for, enjoyed the food and that staff were helpful and friendly. One resident said "they are just great here."

Staff said that the manager was very approachable, there was great teamwork and that they felt supported in their role. One staff member said "the new manager is a great addition to our team."

## 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 care inspection on 8 December 2020		
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 13 (7)  <b>Stated:</b> First time	<b>Area for Improvement</b> 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 ongoing compliance.  With specific reference to: <ul style="list-style-type: none"> <li>• the correct use of PPE</li> <li>• hand hygiene</li> <li>• transportation of soiled clothing to the laundry</li> <li>• storage of resident equipment and towels.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment and staff practices evidenced that this area for improvement has been met.	
<b>Area for improvement 2</b>  Ref: Regulation 14 (2) (a)  <b>Stated:</b> First time	The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that residents are protected at all times from hazards to their health.	<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 3</b>  Ref: Regulation 27 (2) (b) (d)  <b>Stated:</b> First time	<b>Area for Improvement</b> The registered person shall ensure that the environmental issues identified during this inspection are addressed. With specific reference to: <ul style="list-style-type: none"> <li>• moisture damage to an identified bedroom ceiling</li> </ul>	<b>Met</b>

	<ul style="list-style-type: none"> <li>malodour within an identified bedroom and moisture damage to the bedroom floor.</li> </ul>	
	<p><b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced that this area for improvement has been met.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Regulation 29 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that reports produced following monthly monitoring visits are maintained within the home and accessible to residents, their representatives, staff and trust representatives. A copy of the report must also be forwarded to RQIA by the fourth day of each month until further notice.</p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of relevant documents and discussion with the manager 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 5.2.8 below.</p>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</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>	<b>Not met and subsumed to a regulation</b>
	<p><b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced surface damage to a number of door frames, skirting boards, and walls.</p> <p>This area for improvement has not been met and has been subsumed to a regulation.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 21 <b>Stated:</b> Second time</p>	<p>The registered person shall ensure that policies and procedures are centrally indexed, are subject to a systematic three yearly review and are available for staff and residents where applicable.</p>	<b>Partially Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of policy and procedure folders</p>	

	<p>evidenced that they were centrally indexed, however, a system for three yearly reviews was not evident and a number of policies were overdue.</p> <p>This area for improvement has not been fully met and has been stated for a third and final time.</p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that the frequency of urinary catheter care interventions are:</p> <ul style="list-style-type: none"> <li>• in accordance with the recommendations made by the continence nurse specialist</li> <li>• evidenced within recording charts</li> <li>• signed by relevant staff following each catheter care intervention.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Review of care records and recording charts evidenced that this area for improvement has been met.</p>	<b>Met</b>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that when the needs of a resident have changed, their care records are amended to accurately reflect these changes and any recommendations made by health care professionals.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of a sample of electronic and paper care records evidenced inconsistencies in record keeping.</p> <p>This area for improvement has not been met and has been stated for a third and final time.</p>	<b>Not met</b>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 28.5</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a risk assessment is carried out on the radiator within the identified ground floor toilet and the necessary action is taken to manage the risk.</p> <p><b>Action taken as confirmed during the inspection:</b> Observation of the environment and discussion with the manager evidenced that this area for improvement has been met.</p>	<b>Met</b>

<p><b>Area for improvement 6</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>• Hand hygiene</li> <li>• Environment</li> </ul> <p>A copy of the action plan and timeframes regarding refurbishment plans from the property audit to be submitted to RQIA along with the response to this QIP.</p>	<p><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of a sample of audits evidenced that the environmental audit had been completed along with IPC audits. There were no available hand hygiene or care record audits.</p> <p>A copy of the action plan and timeframes regarding refurbishment plans from the property audit was submitted to RQIA along with the response to this QIP.</p> <p>This area for improvement has not been fully met and has been stated for a second time.</p>		

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. The manager told us that the recruitment process was completed electronically and that a paper checklist is completed by the manager and retained within the employees file.

On review of one recruitment folder we were unable to establish the dates when references had been received or evidence that gaps in employment had been explored. The manager was unable to access the electronic records and acknowledged that the dates should have been recorded on the paper checklist and agreed to complete this going forward. Following the inspection, the manager provided written confirmation regarding the relevant pre-employment checks and we were satisfied that appropriate procedures had been completed.

The manager was unable to provide evidence of induction records for one employee who had recently commenced employment. The manager acknowledged the importance of maintaining records of initial induction and orientation to the home and agreed to implement this as a matter of priority. This was identified as an area for improvement.

Appropriate checks had been made to ensure that care workers maintained their registration with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling and adult safeguarding. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way and to provide residents with a choice on how they wished to spend their day, for example, residents who chose to get up later were able to have a lie in.

Staff said that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Staff reported that there was good team work, they felt well supported in their role, were satisfied with the staffing levels and with the level of communication between staff and management.

Residents said that they felt well looked after and that staff were attentive. One resident described the care as "they are very good to me here" and referred to the staff as "very nice".

There were safe systems in place to ensure staff are trained properly and also to ensure that residents' needs were met by the number and skill mix of the staff on duty.

### **5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?**

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on a yearly basis. Staff told us they were confident about reporting concerns regarding, for example, residents' safety or poor practice.

Staff confirmed they had completed specialised training to ensure they were aware of the Department of Health's (DoH) Deprivation of Liberty Safeguards (DoLS) and restrictive practices. Staff were aware of how to ensure that, if restrictive practices could not be avoided, best interest decisions were made safely for all residents but particularly those who were unable to make their own decisions. Staff knew where to access information regarding DoLS and demonstrated their knowledge of what constituted a restrictive practice.

Staff were observed to be prompt in recognising residents' needs and were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Residents said that they felt safe in the home.



A review of records, observation of practice and discussion with staff established that there were appropriate safeguards in place to support residents to feel safe and be safe.

### **5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?**

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, the kitchen and communal areas such as lounges and bathrooms. There was evidence that the environment had undergone some refurbishment works. However, a number of door frames, skirting boards and walls were damaged and as mentioned in section 5.1 above, this area for improvement has been subsumed into a regulation. The manager advised that these were on the home's refurbishment plan to complete. Following the inspection the regional manager provided written confirmation that refurbishment works had been scheduled to commence in July 2021.

Residents' bedrooms were personalised with items important to the resident and the manager advised that staff were assisting residents with personalising their rooms further. Bedrooms and communal areas were clean and tidy and residents could choose where to sit or where to take their meals. Staff were observed supporting residents to make these choices.

There was limited signage on doors throughout the home and we discussed this with the manager who agreed to review. Following the inspection written confirmation was received from the regional manager that appropriate signage had been added to doors.

Jugs of juice were available in lounges and residents were offered suitable drinks and snacks between their main meals. Staff were seen to ask residents in the communal lounges if they preferred to watch TV or listen to music; it was positive to see that residents opinions were sought and taken into account.

We observed a prescribed thickening agent in an unlocked cupboard within the kitchen which was easily accessible to residents. This was brought to the attention of staff who immediately removed the thickening agent to a secure location. We discussed this with the manager who agreed to monitor this during daily walk arounds and an area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

The home's environment will be improved through compliance with the areas of improvement identified.

### **5.2.4 How does this service manage the risk of infection?**

The manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and completed a health declaration on arrival. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Staff were observed wearing appropriate PPE and carrying out hand hygiene at relevant intervals throughout the inspection. A number of light/emergency pull cords were uncovered and could therefore not be effectively cleaned and an identified bedroom did not have any liquid soap or hand paper towels for staff to wash/dry their hands. The potential risks were discussed in detail with the manager who agreed to have these issues resolved. Following the inspection RQIA received both verbal and written confirmation from the manager and regional manager that the above issues had been addressed with ongoing monitoring to ensure sustained compliance.

The manager said that cleaning schedules included frequent touch point cleaning and this was carried out by both domestic and care staff on a regular basis. The manager also said that any issues observed regarding IPC measures or the use of PPE were immediately addressed.

Visiting and care partner arrangements were managed in line with the DoH and IPC guidance. Policies regarding visiting and the care partner initiative had been developed and the manager advised that these would be updated to reflect the most recent guidelines.

There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

#### **5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.**

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, daily routines, wishes and preferences.

It was observed that staff respected resident privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. This was good practice.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA. There was evidence of appropriate onward referral as a result of reduced mobility, for example, residents were referred to their GP, or for occupational therapist assessment.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed. Staff had made an effort to ensure residents were comfortably seated. There was a variety of drinks available. Residents said that they had enjoyed their meal and the company of others.

Staff were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of residents' individual nutritional and support needs and how care records were important to ensure that modified food and fluids were provided to residents who needed this based on recommendations made by the Speech and Language Therapist (SALT). The International Dysphagia Diet Standardisation Initiative (IDDSI) terminology was documented throughout residents' care plans.

However, there were inconsistencies in care records regarding the recommended type of diet/fluids for two residents and staff were unsure of the correct IDSSI terminology. We further

identified that a referral to SALT had not been completed for one resident with a change in their swallowing ability. This was discussed in detail with the manager and an area for improvement was identified. Following the inspection the manager confirmed in writing that a referral had been made to SALT in respect of the identified resident and that a review of all residents' dietary requirements had been completed and updated for all staff to view.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were clearly identified and communicated across the staff team and care was delivered effectively to meet the needs of residents. The management of dietary records and staffs correct use of the IDDSI terminology will be improved through compliance with the area of improvement identified.

### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?**

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents' needs. These plans included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

As mentioned in section 5.1 above there were a number of inconsistencies within the electronic and paper copy care records to direct the appropriate care. This was discussed in detail with the manager and an area for improvement has been stated for a third and final time.

Daily records were kept of how each resident spent their day and the care and support provided by staff. Referrals to, or visits from, any healthcare professional was recorded, along with the outcome, for example, if staff contacted the GP regarding a resident.

### **5.2.7 How does the service support residents to have meaning and purpose to their day?**

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges.

Residents' needs were met through a range of individual and group activities such as arts and crafts, music and outdoor walks. Where residents preferred to spend time in their rooms, staff engaged residents in one to one activities.

Observation of life in the home and discussion with staff and residents established that staff engaged with residents individually or in groups; residents were afforded the choice and opportunity to engage in social activities, if they wished.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

There were suitable systems in place to support residents to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

### 5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff said that the manager was approachable and accessible.

There had been a change in the management of the home since the last inspection. Mr Chris Coulter has been the manager in this home since January 2021. The manager said they felt well supported by senior management and the organisation.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager completed regular audit of falls, IPC and the home's environment. However, as mentioned above in section 5.1 above, care record and hand hygiene audits had not been completed. This was discussed with the manager and an area for improvement has been stated for a second time.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

Policies and procedures were reviewed and as mentioned in section 5.1 above, this area for improvement has not been fully met and has been stated for a third and final time.

The home was visited each month by a representative of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. However, as mentioned in section 5.1 above, these reports were not available on request during the inspection and had not been forwarded to the inspector within the required timeframe. This area for improvement has been stated for a second time.

Whilst there were systems were in place to monitor the quality of care and services provided areas for improvement have been identified to drive improvement in the home.

## 6.0 Conclusion

Residents looked well cared for and were seen to be content and settled in the home. Staff treated residents with respect and kindness. The home was clean and tidy and RQIA were provided with written confirmation from the regional manager that refurbishment works had been scheduled to commence in July 2021.

As a result of this inspection four new areas for improvement were identified. These related to staff induction records, the environment, the safe storage of thickening agents and speech and language therapist (SALT) recommendations. Two areas for improvement have been stated for a second time in relation to monthly monitoring reports and audits. Two areas for improvement have been stated for a third and final time in relation to care records and policy and procedures. Details can be found in the Quality Improvement Plan (QIP).

RQIA were assured that the delivery of care and service provided in Drumary House was safe, effective and compassionate and there were appropriate management arrangements within the home. RQIA were assured that the management team acknowledged the need for more robust oversight of the governance systems within the home to drive the necessary improvements.

## 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).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	5*

\* The total number of areas for improvement includes one regulation and one standard that have been stated for a second time and two standards which has been stated for a third and final time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Chris Coulter, 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 29</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 reports produced following monthly monitoring visits are maintained within the home and accessible to residents, their representatives, staff and trust representatives.</p> <p>A copy of the report must also be forwarded to RQIA by the fourth day of each month until further notice.</p> <p>Ref: 5.1 and 5.2.8</p> <p><b>Response by registered person detailing the actions taken:</b> Reg 29 visit reports are completed by the Nominated Individual or their delegate representative and are shared with the Area Manager, Registered Manager and stored both electronically and in paper format in the service. The Registered Manager did have all apart from one on file on day of inspection and Area Manager confirmed this as part of Monthly Audit in late April 2021. The Nominated Individual will ensure the reports are forwarded to RQIA within the specified timeframe each month.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (2) (b) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 August 2021</p>	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed and that the home is decorated to an acceptable standard.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• door frames</li> <li>• skirting boards</li> <li>• paint work to walls.</li> </ul> <p>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Decorating Contractors have been commissioned to carry out repair and redecoration within the home. A schedule of works has been agreed and work will commence on 15<sup>th</sup> July 2021 for a period of two weeks. The ground floor will be redecorated and all door frames and skirting board repaired, painted and all doors to have the addition of a protective guard applied to the lower portion of each door frame to minimise future damage and be aesthetically pleasing. This will vastly improve the fabric of the building to the benefit of all.</p>

<p><b>Area for improvement 3</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> With immediate effect</p>	<p>The registered person shall review the management of residents' nutritional cares needs to ensure that :</p> <ul style="list-style-type: none"> <li>• the recommended SALT dietary/fluid type is documented as per the IDDSI terminology within the residents' care records</li> <li>• relevant staff are aware of residents' dietary needs as per SALT recommendations and IDDSI terminology</li> <li>• relevant advice/referral is sought from SALT when/where there is a change to a residents swallowing ability .</li> </ul> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has made a referral to SALT in respect of clarification regarding IDDSI terminology to ensure the correct information is on file and known by all staff at all times</p> <p>Care and Support Plans will reflect the SALT / ISDDI recommendations at all times and be signed off by staff to confirm they have read and understood.</p> <p>Where and when there is a change in an individual's needs regarding swallowing, professional advice and support will be sought without delay and all information documented and shared with all</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 6.6</p> <p><b>Stated:</b> Third time final time</p> <p><b>To be completed by:</b> 11 July 2021</p>	<p>The registered person shall ensure that when the needs of a resident have changed, their care records are amended to accurately reflect these changes and any recommendations made by health care professionals.</p> <p>Ref: 5.1 and 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has re-introduced an File Audit tool to record all updated information, advice and needs. This then allows for timely review and update of the individual's care and supports and risk assessments.</p> <p>As part of Area Manager Monthly Audit, this will be cross referenced to ensure compliance and recorded in the report</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 21</p> <p><b>Stated:</b> Third and final time</p> <p><b>To be completed by:</b> 11 July 2021</p>	<p>The registered person shall ensure that policies and procedures are centrally indexed, are subject to a systematic three yearly review and are available for staff and residents where applicable.</p> <p>Ref: 5.1 and 5.2.8</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 20</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 11 July 2021</p>	<p><b>Response by registered person detailing the actions taken:</b> As confirmed during the last inspection, the policy files have been centrally indexed. A systematic review of policies is underway, although delayed by the pandemic. I can confirm all out of date policies have been removed from the folders and priority placed on the review, update and reissue of said policies</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>• Hand hygiene</li> </ul> <p>Ref: 5.1 and 5.2.8</p> <p><b>Response by registered person detailing the actions taken:</b> An improved care record audit tool has been implimented by the Registered Manager (shared with RQIA Inspector post inspection)</p> <p>Hand Hygiene: Updated handwashing posted displayed at each handwashing sink. Registered Manager had spoken with all staff and will cover again in next staff meeting (22/06/21). Hand washing video to be watched during meeting, hand hygiene demonstration to take place.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23.1</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 initial induction and orientation records are maintained in the employees file for inspection.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager is fully aware of the safer recruitment, pre-employment and new starter protocols which are set out in Potens Recruitment and Selection Policy. He will ensure these are followed at all times. I can confirm that the new starter reviewed during last inspection has recieved the orientation to service and both the Potens and</p>



	NISCC Induction is underway in-line with policy and timescales.
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 32</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 prescribed thickening agents are stored securely.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager moved the thickening agent on day of inspection to secure storage in the medication room. All staff have been verbally informed of the need to keep it securely locked always and this will also be on the agenda for staff meeting on 22/06/21 and will be recorded in the minutes. This will be monitored as part of the daily walkabout of the service by the Manager.</p>

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



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