

Unannounced Care Inspection Report 15 May 2018



Hillside Residential Home

Type of Service: Residential Care Home
Address: 23a Old Mountfield Road, Omagh, BT79 7EL
Tel No: 028 8225 2822
Inspector: Bronagh Duggan

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with thirteen places that provides care for people living with mental health issues.

3.0 Service details

Organisation/Registered Provider: Knockmoyle Lodge Ltd Responsible Individual: Linda Beckett	Registered Manager: Karen Shields
Person in charge at the time of inspection: Karen Shields	Date manager registered: Acting-No Application Required
Categories of care: Residential Care (RC) MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	Number of registered places: 13

4.0 Inspection summary

An unannounced care inspection took place on 15 May 2018 from 10.20 to 17.45.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and 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 staff recruitment, induction, adult safeguarding, communication between residents, staff and other interested parties, the culture and ethos of the home and maintaining good working relationships.

Areas requiring improvement were identified in relation to the completion rates of staff supervision and appraisal, the environment, ensuring a system for NIAIC alerts, signing of care plans and review and updating of the homes Statement of Purpose and Residents Guide. In addition areas restated in the QIP from the previous inspection relate to the environment, availability of monthly monitoring visit reports and the three yearly systematic review of policies and procedures.

Residents said they were happy, the staff were very good, the food was good and they had no complaints.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	6

Details of the Quality Improvement Plan (QIP) were discussed with Karen Shields, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 December 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager, seven residents and two staff. The responsible individual was also present for a short period during the inspection.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Nine questionnaires were returned by residents. No staff questionnaires were returned by staff within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- One staff file
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of environment
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Fire safety risk assessment

- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or 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 the most recent inspection dated 7 December 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 7 December 2017

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
Area for improvement 1 Ref: Regulation 19. (3) (b) Stated: First time	The registered person shall ensure monthly monitoring visit reports are available for inspection.	Partially met
	Action taken as confirmed during the inspection: The most recent monthly monitoring visit reports available for inspection were December 2017, February 2018 and April 2018. This area for improvement has been stated for a second time in the QIP appended to this report.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 29.6 Stated: First time	The registered person shall implement a robust system to ensure all staff members complete at least one fire drill per annum.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of records showed a system was in place to ensure all staff members complete at least one fire drill per annum.	
Area for improvement 2 Ref: Standard 21.5 Stated: First time	The registered person shall ensure a systematic three yearly review of policies and procedures or more frequently if needed.	Not met
	Action taken as confirmed during the inspection: Discussion with the manager and review of policies and procedures in the home showed that a number of these had not been reviewed and updated on a three yearly basis. This has been stated for a second time in the QIP appended to this report.	
Area for improvement 3 Ref: Standard 27.8 Stated: Second time	The registered person shall ensure the environmental issues are acted on : <ul style="list-style-type: none"> • The wall and pipe covering area in the identified toilet area should be improved. Consideration should be given to the use of an easily wipeable surrounding surface. 	Not met
	Action taken as confirmed during the inspection: This had not been addressed. This has been stated as an area for improvement under the regulations.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection. Some omissions were noted in relation to the completion of supervision and appraisals. This was identified as an area for improvement.

Discussion with the manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. The staff file reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The adult safeguarding champion was identified. The role and function of the Adult Safeguarding Champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. The

manager confirmed one staff member was due to complete adult safeguarding training as part of their induction.

Discussion with the manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained. Appropriate action plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns.

The manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager advised there were restrictive practices within the home, notably the use of pressure alarm mats, door alarms, management of smoking materials etc. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The manager advised the homes Infection Prevention and Control (IPC) policy and procedure was currently being reviewed and updated. This shall be followed up at a future inspection. Staff training records evidenced that staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The "Falls Prevention Toolkit" was discussed with the registered manager and advice was given on the benefits of using this or a similar toolkit.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated with the exception however of two bedrooms which had malodour. This was discussed with the manager and identified as an area for improvement to comply with the standards. In addition paintwork for identified bedrooms should be improved upon and it was noted one bedroom was storing belongings in cardboard

boxes, appropriate furnishings should be made available. These were identified as areas for improvement to comply with the standards. In addition an area for improvement which was stated twice regarding wall and pipe covering area in an identified toilet area should be improved. Consideration should be given to the use of an easily wipeable surrounding surface. This has been identified as an area for improvement to comply with the regulations.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. fire safety.

The manager confirmed the home had an up to date Legionella risk assessment in place dated 2 September 2017 and any recommendations were being addressed.

The manager advised that if a resident in the home smokes a risk assessment would be completed and care plan put in place accordingly. Review of one of the care records inspected showed the risk assessment had been completed and corresponding plan of care included. The manager was advised to liaise with the home's fire safety risk assessor regarding any potential additional risks with regard to an identified resident's smoking habits. The need to ensure all reasonable steps are taken to reduce and minimise risk was discussed with the manager.

The home had an up to date fire risk assessment in place dated 29 August 2017 and all recommendations had been actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

The manager was advised to ensure a system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary. This was identified as an area for improvement to comply with the standards.

Residents spoken with during the inspection made the following comments:

- "It is exceptional here, my care and treatment has been so good. Everyone is so good."

Nine completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied/ satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, adult safeguarding, and infection prevention and control.

Areas for improvement

Four areas for improvement were identified during the inspection in relation to completion rates for supervision and appraisal, the environment, and ensuring a system was in place to access NIAIC alerts.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with data protection. A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. The need to ensure care records were signed by residents was discussed with the manager, if residents were unable or unwilling to sign this should also be recorded. This was identified as an area for improvement to comply with the standards. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet is provided, residents spoken with confirmed they had a good choice of meals and were satisfied with the food provided. Systems are in place to regularly record residents' weights and any significant changes in weight are responded appropriately. There are arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of the environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents’ meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection. The manager was advised to ensure staff meetings are undertaken at least quarterly. The most recent staff meeting was held on 1 May 2018.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, latest RQIA inspection reports, resident meeting minutes.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Residents spoken with during the inspection made the following comments:

- “Meals are very good. They are regular, a good choice, nutritious, can’t say anything bad.”

Nine completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied/ satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between residents, staff and other interested parties.

Areas for improvement

One area for improvement was identified during the inspection this related to ensuring care records are signed by residents.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The manager and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and ensuring confidentiality was protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, were met within the home. Residents are supported to attend services and ministers/lay groups would visit the home.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. The daily menu and staff duty rota were displayed in prominent parts of the home for residents to view.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, suggestion box, visits by the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read. The manager confirmed the report for 2017/2018 was due to be completed. This shall be followed up at a future inspection.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example outings to local arts centre, music events, visiting local shops as well as in house activities such as nail therapy, quizzes, bingo, and tea parties for special events. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents and staff spoken with during the inspection made the following comments:

- “It’s a great place couldn’t be better. The staff are all first class, can’t complain about anything. The food is very nice, aye its powerful”. (resident)
- “This place has saved my life, I wouldn’t be here only for it. I take my tablets I wasn’t taking them at home. The food is good, there is always someone about, staff are very good. (I have) been out to country nights.” (resident)
- “I am getting on the best here, can’t complain, have whatever I need that’s for sure.” (resident)
- “The residents are very happy here which is the main thing. It’s their home, if there is anything they want they are supported to do it.” (staff)
- “We go out to Streull Arts centre, to country music concerts, I am going on holiday in September. The food is very good, it’s like a hotel there is a good choice.” (resident)

Nine completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied/ satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The manager confirmed that policies and procedures were due to be systematically reviewed this was identified as an area for improvement during the previous inspection and has been stated for a second time in the QIP appended to this report.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident’s

Guide and information on display in the home. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example mental health first aid.

Visits by the registered provider were undertaken however some omissions were noted this was identified as an area for improvement during the previous inspection and has been stated for a second time in the QIP appended to this report.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The need to review and update the homes Statement of Purpose and Residents Guide to reflect the recent organisational changes was discussed with the manager. In addition any restrictive practices in use in the home should also be reflected. This was identified as an area for improvement to comply with the standards. Discussion with the registered provider identified that they had understanding of their role and responsibilities under the legislation. The manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

The manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

Residents spoken with during the inspection made the following comments:

- “Karen is excellent, she is very visible. She really cares.”

Nine completed questionnaires were returned to RQIA from residents. Eight respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied, one respondent was unsatisfied.

Comments received from completed questionnaires were as follows:

- “Could not ask better.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents and maintaining good working relationships.

Areas for improvement

Three areas for improvement were identified these related to the availability of regulation 29 monthly monitoring visit reports and the systematic three yearly review of policies which were identified during the previous inspection and to ensure the homes Statement of Purpose and Residents Guide were reviewed and updated.

	Regulations	Standards
Total number of areas for improvement	1	2

7.0 Quality improvement plan

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

The registered provider/manager 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 care 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.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27.(2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 15 July 2018</p>	<p>The registered person shall ensure the wall and pipe covering area in the identified toilet area should be improved. Consideration should be given to the use of an easily wipeable surrounding surface.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Work in progress</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 19.(3) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 15 June 2018</p>	<p>The registered person shall ensure monthly monitoring visit reports are available for inspection.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: The newly appointed registered person will ensure regulation 29 will be completed monthly.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 24</p> <p>Stated: First time</p> <p>To be completed by: 15 July 2018</p>	<p>The registered person shall ensure staff supervision and appraisal are maintained on an up to date basis.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: New system in place to ensure supervisions and appraisals are up to date.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 15 July 2018</p>	<p>The registered person shall ensure the environmental issues are addressed:</p> <ul style="list-style-type: none"> • the malodour should be addressed in the two identified bedrooms • paintwork should be improved upon in the two identified bedrooms • appropriate furniture / storage should be made available to replace the cardboard boxes used in the identified bedroom <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Carpet cleaned in one of the identified rooms, new flooring put down in the other room, now awaiting painting to be carried out. Bedroom decluttered & storage put in place.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 28.4</p> <p>Stated: First time</p> <p>To be completed by: 15 July 2018</p>	<p>The registered person shall ensure there is a system in place to receive and act on information from the Northern Ireland Adverse Incident Centre (NIAIC).</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This system has been implemented.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 15 July 2018</p>	<p>The registered person shall ensure care records are signed by residents or their representative where appropriate. When a resident or their representative is unable or unwilling to sign this should be recorded.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: This has been addressed all residents aware of careplan and have signed new consent forms.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20.7, 20.9</p> <p>Stated: First time</p> <p>To be completed by: 15 August 2018</p>	<p>The registered person shall ensure the homes Statement of Purpose and Residents Guide is reviewed and updated to reflect organisational changes and any restrictive practices used in the home.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Both the statement of purpose and Residents guide have been updated.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 21.5</p> <p>Stated: Second time</p> <p>To be completed by: 15 September 2018</p>	<p>The registered person shall ensure a systematic three yearly review of policies and procedures or more frequently if needed.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Policies and procedures are currently being updated.</p>

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



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