

# Unannounced Care Inspection Report 25 July 2018



## Northwick House

**Type of Service: Residential Care Home**  
**Address: 1 Aghalun Road, Brookeborough, BT94 4EY**  
**Tel No: 028 8953 1630**  
**Inspector: Priscilla Clayton**

[www.rqia.org.uk](http://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 registered to provide care and accommodation for 15 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northwick House  <b>Responsible Individual(s):</b> Dorothy Johnston Carole Johnston	<b>Registered Manager:</b> Carole Johnston
<b>Person in charge at the time of inspection:</b> Susan Adams SCA – day 1 (25/07/18) Carole Adams Registered Manager (26/07/18) – Follow up inspection visit.	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	<b>Number of registered places:</b> Total number 15 comprising:  RC – I (11 residents) RC – DE (4 residents)

### 4.0 Inspection summary

An unannounced care inspection took place on 25 July 2018 from 10.45 to 16.30 with a follow up visit on 26 July 2018 from 09.30 to 11.40 hours.

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 the home's promotion of a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, infection prevention and control, and risk management.

Areas requiring improvement were in relation to further review and revision of the adult safe guarding policy, signing of care plans, completion of competency and capability assessment, provision of a policy on choking and improvement in identified environmental matters.

Residents said they were very happy in the home and confirmed that the care provided was safe, effective, compassionate and well led. No issues or concerns were raised or indicated.

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
<b>Total number of areas for improvement</b>	0	5

Details of the Quality Improvement Plan (QIP) were discussed with Carole Johnston, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of 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 06 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 registered manager, 15 residents and 3 staff.

A total of 10 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. Completed questionnaires were returned within the agreed timescale by six residents and two residents' representatives. No staff satisfaction questionnaires were returned within the 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
- Two staff files
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records

- Audits
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings/ representatives' meetings/ other
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Policies and procedures

An inspection of the premises was undertaken.

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 06 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 6 December 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 35.1 <b>Stated:</b> Second time	The registered person shall ensure the following matter is actioned:  Address stains on raised toilet seats.  Ref: section 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Raised toilet seats had been replaced.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 21.5 <b>Stated:</b> First time	The registered person shall review the adult safeguarding policy to ensure it is reflective of the current regional guidance.  Ref: section 6.4	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b>  Further review and revision is required as the current safeguarding policy provided for review did not fully reflect DOH guidelines. This recommendation has been stated for w second time.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 25.8 <b>Stated:</b> First time	The registered person shall ensure that staff meetings are undertaken on a quarterly basis.  Ref: section 6.5	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of staff meetings evidenced that these were being held no less than quarterly.	

### 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. Temporary/agency staff was not used in the home. When necessary, permanent staff work additional hours to cover staff leave. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

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 at the time of the inspection.

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.

Discussion with the registered manager and staff 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. One staff competency and capability assessment reviewed, dated August 2016 was incomplete and not signed in regard to the listed policies and procedures, and compiling of a care plan. The registered manager readily agreed to address this matter.

The registered manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005, Review of two staff employment records evidenced compliance with employment legislation.

The registered manager advised that Access NI enhanced disclosures was undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that Access NI information was recorded and managed in line with best practice.

A register of staff working in the home was available and contained all information as outlined within the legislation.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The revised adult safeguarding policy in place was reviewed and discussed with the registered manager. Further work is required to ensure the policy is consistent with the current regional

policy and procedures including the name of the safeguarding champion, onward referral arrangements, contact information and documentation to be completed. 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 will be required.

Staff demonstrated knowledgeable and understanding of adult safeguarding principles although they were unaware of who was the safeguarding champion. This was clarified by the registered manager who is the designated champion for the home. They were 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.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that no safeguarding incidents had been reported since the previous care inspection. The registered manager was aware that all suspected, alleged or actual incidents of abuse are promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation with written records retained.

The registered 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. A review of three care records identified residents' care needs and risk assessments which were obtained from the trust prior to admission.

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 no restrictive practices within the home and on the day of the inspection none were observed.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all 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.

IPC compliance audits were undertaken and action plans developed to address any deficits noted. These included three monthly hand hygiene and bi-monthly environmental audit.

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



Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends with action taken to minimise recurrence. The registered manager reported that they were aware of the “Falls Prevention Toolkit” and were using this guidance to improve post falls management within the home.

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 clean and appropriately heated. Areas identified for improvement included;

- Removal of several packs of incontinence garments stored under the stairs within the hallway
- Improve the carpet within the lounge which was heavily stained in several areas
- The eradication of secondary smoke travelling from the smoke room and the potential risk to the health of non smokers within the lounge should be addressed. Ensure the ventilation within the smoke room is always switched on when the room is in use by smokers
- The upholstery on one chair positioned within the main hallway requires attention as the covering was torn
- Corridor wall on the first floor, opposite room six requires attention as this was very marked and unsightly
- Review residents pillows to ensure these are fit for purpose
- The hold open device on the dining room door was broken and requires attention
- The heavy opening of the lounge and dining room doors require attention

The home retained a policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly. For example; Control of Substances Hazardous to Health (COSHH), fire safety, hot surfaces, manual handling and smoking.

The home had an up to date Legionella risk assessment which was dated 20/09/17. No outstanding issues were noted.

It was established that two residents smoked. A review of the care records of these residents identified that risk assessment and corresponding care plans had been completed in relation to smoking.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary. A log of visits to the website was maintained.

The registered manager and review of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date.

The home had an up to date fire risk assessment which was dated 20/02/18. No recommendations for improvement were made.

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. 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.

Residents, staff and one resident’s visitor spoken with during the inspection made the following comments:

- “Care staff are very good” (relative)
- “I would recommend this home. Safe home Enough staff to meet the needs of residents” (staff)
- Happy with the staffing, yes I feel safe here” (resident)

One resident’s relative indicated that a room down stairs would be more suitable for his relative as having to use the lift caused anxiety and concern if there was to be a fire. Another matter raised included the provision of a medical check- up. These matters were discussed with the registered manager who advised that a care review meeting had been scheduled and all matters would be discussed.

Eight completed questionnaires were returned to RQIA from residents (6), and residents’ relatives (2). Respondents described their level of satisfaction with this aspect of care as very satisfied.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, infection prevention and control, and risk management.

**Areas for improvement**

Matters identified for improvement related to environmental issues as cited within page 8. Further review and revision of the adult safeguarding policy has been stated for a second time and the completion of one staff’s competency and capability assessment dated August 2017.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

**6.5 Is care effective?**

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

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

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR)

Three care records reviewed 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 were complemented with risk assessments; manual handling, nutrition and falls were reviewed and updated on a regular basis or as changes occurred. The registered manager agreed to ensure staff refrains from leaving spaces within recorded daily evaluations.

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. Care plans reviewed were not signed by the resident and/or their representative. The registered manager agreed to undertake a review of care plans to identify those which are not signed and seek signatures from residents or their representative as appropriate. Should residents or their relative choose not to sign this is recorded.

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. For example; they were involved in the development of their care plan, what time they wished to get up each morning and go to bed, choice at meal times and where they wished to sit and preference in regard to participate in scheduled activities.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The meals planned for the day were displayed with choice recorded. Dining room tables were nicely set with condiments and drinks provided. Meals were nicely presented with adequate sized portions served. Staff supervised and assisted residents as required in a professional unhurried manner. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care plans and associated risk assessments.

The registered manager advised that a choking policy/procedure had been developed but was unable to locate this during the inspection. The registered manager explained that this would be made available to staff.

Discussion with the registered manager and staff confirmed that any wound care was managed by community nursing services. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner. Care intervention for pain was found to be managed appropriately.

The registered 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 medications, fire safety, training, environmental cleanliness, accidents/incidents and complaints accidents, care reviews, residents meetings 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 and the annual quality review report dated 2017. Annual satisfaction questions were distributed

during 2017 with responses analysed and where necessary action taken to address issues raised. Overall positive responses were returned.

A suggestion box was situated within the front entrance hall where any issues or ideas for improvement can be posted by any person entering the home.

The registered 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.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered 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; reports of visits by Registered Provider, RQIA inspection reports, annual satisfaction survey report/annual quality review report and minutes of residents meetings were available on request for residents, their representatives any other interested parties to read.

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

Residents, staff, visiting professionals and residents' visitors/representatives spoken with during the inspection made the following comments:

- “We have adequate resources to provide good care. Staffing satisfactory, training provided and good supply of necessary aids and appliances” (staff)
- “Yes the staff know what care I need and I get the best care possible, I am very comfortable here” (resident)

Eight completed questionnaires were returned to RQIA from residents (6), residents' representatives (2). Respondents described their level of satisfaction with this aspect of care as very satisfied.

All residents spoken with gave positive responses to the provision of care. No issues or concerns were raised.

### **Areas of good practice**

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

**Areas for improvement**

Areas identified for improvement included the availability of the home’s policy/procedure on choking and signing of one care plan and review of others to ensure compliance with minimum standards.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**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 registered 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 registered manager, 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 confidentiality were protected.

Discussion with staff and residents confirmed that residents’ spiritual and cultural needs were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls and nutrition where appropriate.

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, daily informal discussions, 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.

Discussion with staff, residents and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. Discussion with residents advised that they had visits from the local community school children, clergy and went out with family and friends.

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

- “All residents are treated with respect and are kept full informed” (staff)
- “Always ask if its ok to assist me with something” (resident)
- “Staff very kind, always pleasant”

Four completed questionnaires were returned to RQIA from residents (6), residents’ representatives (2). Respondents described their level of satisfaction with the compassionate aspect of care as “very 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
<b>Total number of areas for improvement</b>	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 registered manager was off duty on the first day (25 July 2018) of the inspection. Susan Adams, the Senior Care Assistant was in charge. A follow up inspection visit took place on 26 July 2018 to meet with the registered manager and review records which were not available the previous day. The senior care assistant outlined the management arrangements 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 registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

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. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. 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 registered manager advised that learning from accidents and incidents was disseminated to all staff and action plans developed to improve practice.

There was a system to ensure safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. For example; Northern Ireland Social Care Council (NISCC) guidelines and best practice, DoH guidelines and policies/procedures, Nutritional Guidelines and Northern Ireland Clinical Excellence (NICE). Staff were provided with ongoing mandatory training with records retained. Training provided was monitored by the registered manager to ensure staff attendance.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider/s responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the current RQIA certificate of registration and employer's liability insurance certificate, dated 6 October 2017, were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered 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.

Residents, staff, visiting professionals and residents' visitors/representatives spoken with during the inspection made the following comments:

- "The manager is approachable and supportive, we have a good team here" (staff)
- "Yes the manager is always here to see to things"

Eight completed questionnaires were returned to RQIA from residents (6) and residents' representatives (2). Respondents described their level of satisfaction with this aspect of care as very satisfied.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified within this domain of care.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Carol Johnston, Registered 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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 25.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2018</p>	<p>The registered person shall ensure that one staff competency and capability assessment reviewed, dated August 2016, is fully completed, dated and signed by both parties. Review of other competency and capability assessments of any other persons given responsibility of being in charge of the home for any period of time in the registered manager's absence.</p> <p>Ref 6.4 Competency assessment was reviewed on 25/06/18. Any areas not signed and dated, have now been done.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 21.5</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 October 2018</p>	<p>The registered person shall review the adult safeguarding policy to ensure it is reflective of the current regional guidance.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> Policy has been updated to reflect current guidelines.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 November 2018</p>	<p>The registered person shall ensure that the listed environmental areas are addressed;</p> <ul style="list-style-type: none"> <li>• Removal of several packs of incontinence garments stored under the stairs within the hallway</li> <li>• Attention required to improve the carpet within the lounge which was stained in several areas</li> <li>• The eradication of secondary smoke smell within the lounge and ensure the ventilation within the smoke room is always switched on when the room is used</li> <li>• The upholstery on one chair positioned within the main hallway requires attention as the covering was torn</li> <li>• Corridor wall on the first floor, opposite room six requires attention as this was very marked and unsightly</li> <li>• Review residents pillows to ensure these are fit for purpose</li> </ul> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b></p> <ul style="list-style-type: none"> <li>• Products have been removed from under the stairs</li> <li>• New carpet has been ordered for the lounge area.</li> <li>• Staff are ensuring that the ventilation fan is on at all</li> </ul>

	<p>times and when appropriate, the window is opened.</p> <ul style="list-style-type: none"> <li>• Arrangements are ongoing to have several chairs recovered or replaced.</li> <li>• Currently in talks with a building contractor re the wall as it is a result of a chimney problem</li> <li>• New pillows have been purchased for all bedrooms.</li> </ul>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2018</p>	<p>The registered person shall undertake a review of care plans to identify those which are not signed and seek signatures from residents or their representative. Should residents or their relative choose not to sign this is recorded.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>          Relatives or residents will be asked to sign care plans. A review of this is being carried out in order to determine what care plans currently need to be signed. This will be completed within the timescale.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2018</p>	<p>The registered person shall ensure that the policy on choking is retained on file and made available to staff.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>          A separate policy on choking is now available in the policy folder.</p>

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



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