



Unannounced Care Inspection Report 26 September 2018



Slieveleague

Type of Service: Residential Care Home
Address: 34 Cullion Road, Edenmore, Tempo, BT94 3AR
Tel No: 028 8954 1327
Inspector: Priscilla Clayton

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 eight beds that provides care for older residents, those under and over the age of 65 years with a physical disability, dementia and mental health illness.

3.0 Service details

Organisation/Registered Provider: Slieveleague Responsible Individual: John James Wesley Kerr	Registered Manager: Patricia Grimes
Person in charge at the time of inspection: Patricia Grimes	Date manager registered: 7 December 2015
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	Number of registered places: 8 Approved to accommodate a maximum of two places for day care.

4.0 Inspection summary

An unannounced care inspection took place on 26 September 2018 from 10.10 to 16.00 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.

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

Areas identified for improvement related to stair gate review, GDPR training, replacement of touch open waste paper bins in bathroom/toilets, review and revision of care plan in regard to smoking, inclusion of staff names within minutes and notification of burst pipe and change / removal of bath.

Residents said they enjoyed living in Slieveleague where the care provided was very good.

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	0	6

Details of the Quality Improvement Plan (QIP) were discussed with Patricia Grimes, registered 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.

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, eight residents, two staff, and one visitor.

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. One completed questionnaire was returned from one resident's representative. No questionnaires were returned from staff within the agreed timescale.

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

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- One staff employment record
- Two residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings
- 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

- Input from independent advocacy services
- Programme of activities
- 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 22 February 2018

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 22 February 2018

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
Area for improvement 1 Ref: Standard 19.2 Stated: First time	The registered person shall ensure that a staff recruitment checklist is completed prior to the commencement of employment. Ref: section 6.4	Met
	Action taken as confirmed during the inspection: Check list available was completed as recommended.	
Area for improvement 2 Ref: Standard 28.1 Stated: First time	The registered person shall ensure that fire exits are kept clear and free from obstructions. Ref: section 6.4	Met
	Action taken as confirmed during the inspection: All fire exits were observed to be clear of obstruction.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that are 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. Agency staff were not used in the home as permanent staff work additional time to provide cover when required. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns or issues were raised regarding staffing levels during discussion with residents, one visitor and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, current staff appraisals (annual) and supervision (six monthly) were reviewed during the inspection. Staff update training in the new General Data Protection Regulations (GDPR) was recommended.

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 was 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 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.

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 registered manager is the designated safeguarding champion for the home. The registered manager was aware of the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019.

Staff who spoke with the inspector 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 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 care records identified that resident care needs and risk assessments 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 restrictive practices in use within the home included the use of pressure floor alarm mats, bed rail and one safety stair gate positioned on the first floor. The registered manager explained that the restrictive items in use were in place for safety reasons and had been discussed and agreed with the social worker. The registered manager stated that the risk assessment and use of the stair safety gate would be further discussed at the forthcoming scheduled review meeting with the resident/relative and social worker and that intervention to minimise any associated risks would be reflected within the resident's care plan. All planned restrictive practices must be appropriately risk assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

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. One area for improvement related to the provision of pedal operated disposal bins within the bathroom/toilets on the first and ground floor.

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.

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 policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The registered manager reported that they were aware of the "Falls Prevention Toolkit" and were using a recognised tool to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

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.

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 plans were in place for redecoration of the back corridor as wall was marked in several areas. No malodours were detected in the home. The registered manager explained that work had to be undertaken to address the damage caused by an underground leakage of water from a burst pipe within the bathroom. This room was subsequently refurbished with removal of the bath which was replaced with a wet room. Flooring within the bathroom and hallway was replaced. The registered manager assured the inspector that residents were not inconvenienced in any way. Two other shower rooms/toilets were available. RQIA were not notified of this incident or removal of the bath. This was identified as an area for improvement.

One resident who spoke with the inspector stated the heating goes off at approximately 6pm and it can get cold. This was discussed with the registered manager who readily agreed to discuss this with the resident and make necessary arrangements to address this issue.

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, for example; Control of Substances Hazardous to Health (COSHH), fire safety and manual handling.

The home had an up to date Legionella risk assessment which was dated 04 June 2018 and no recommendations had been made for improvement.

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.

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 14 August 2018. No recommendations were made for improvement.

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.

The registered manager advised that one resident smoked in the smoking area outside of the home. The registered manager readily agreed to ensure that the care plan in place was reviewed and revised to include greater detail in regard to the current intervention/management of smoking.

Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly or monthly as required and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) record.

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

- “I really like living here as I feel safe and the staff are good, see to everything” (resident)
- “We have a good range of training and all the necessary resources to provide safe care” (staff).
- “I have absolutely no worries about the care provided and can leave here knowing my mother is safe” (relative)
- “The heating in the home goes off at 6pm and it can get cold at times apart from this I have no complaints about the care” (resident)

One completed satisfaction questionnaire was returned to RQIA following the inspection. This respondent indicated that the care provided was safe. No issues or concerns were reflected.

Areas of good practice

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

Areas for improvement

Areas identified for improvement included, up-date training in GDPR, stair gate risk assessment and associated care review/care plan intervention and care plan review in regard to smoking.

	Regulations	Standards
Total number of areas for improvement	0	4

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 General Data Protection Regulation (GDPR).

A review of two 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, for example, manual handling, bedrail, nutrition, and falls) were reviewed and updated on a regular basis or as changes occurred. Improvement in regard the restrictive gate positioned at the top of the stairs is cited within section 6.4 of this report.

The care records 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 records reviewed were observed to be signed by the resident and/or their representative. 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, residents are fully involved in the development of care plans to meet their individualised needs.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Three weekly rotating menus, with choice of meals, were provided. The mid-day meal was served within the dining room where staff assisted and supervised residents. Special diets were provided as required. Adequate portions of food were provided.

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 dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

The home had received the high rating of 5 in food hygiene standards from Environmental Health on 1 February 2018. This is to be commended. The kitchen was observed to be clean, tidy and organised. All items of equipment within the kitchen were reported to be in good working order.

Discussion with the registered manager and staff confirmed that any nursing care interventions were managed by community nursing services. Referrals were made to the multi-professional team to address any concerns identified in a timely manner.

The registered manager advised that there were arrangements in place to review the effectiveness and quality of care delivered to residents at appropriate intervals. A resident satisfaction survey was conducted during May 2018 with positive findings received from all respondents. Indicators within the survey included; personal care, food, daily living, environment and management. Audits of accidents/incidents and complaints were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was reflected within monthly monitoring reports.

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. The recording of names of staff in attendance within the minutes of staff meetings was identified as an area for improvement.

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, the visits by registered provider reports, RQIA inspection reports/annual satisfaction report were available on request for residents, their representatives any other interested parties to read.

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

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

- “Yes, this is a very good home; I think the care is excellent.” (resident)
- “The home is always comfortably heated” (resident)
- “Staff are kind and caring, treat us with respect” (resident)
- “We feel the care provided is effective and staff receive training and support to ensure the needs of residents are met” (staff)
- “The staff are great; they keep me fully informed” (relative)

One completed questionnaire was returned to RQIA from a resident’s relative. This respondent indicated they were very satisfied that the care was safe.

Areas of good practice

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

Areas for improvement

One area identified for improvement related to the inclusion of staff names within the minutes of staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and residents 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 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 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, infection, nutrition, where appropriate.

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.

Discussion with staff, residents and one relative confirmed that resident's 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. It was pleasing to note the 100% satisfaction responses from the resident survey (2017).

Discussion with staff, residents, one relative, and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities for example; sharing of current regional and local news, quiz, bingo and musical sessions. Arrangements were in place for residents to maintain links with their friends, families and wider community. During the inspection residents participated in a small group singalong. Spiritual needs of residents were being met by way of pastoral support visits.

Residents, staff, visiting professionals and a resident's visitor spoken with during the inspection made the following comments:

- "We uphold confidentiality here and would only ever share information with those who need to know" (staff)
- "Yes I feel my privacy is protected here" (resident)
- "I feel we are treated with dignity and respect by staff" (resident)
- "The staff treat residents with respect, absolutely no issues or concerns" (visitor)

One completed questionnaire returned to RQIA from a resident's relative indicated the respondent was very satisfied that the care provided was compassionate.

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 registered 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.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered 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 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 (1 June 2018) were displayed.

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 had received training on complaints management and were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Discussion with the registered manager and review of the complaints records confirmed that no complaints had been received since the last care inspection. The registered manager explained the arrangements that were in place to effectively manage complaints from residents, their representatives or any other interested party. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received for example, thank you letters and cards which were shared 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. One event which had occurred related to a burst under floor water pipe which was not notified to RQIA. Further details in this regard are cited within section 6.4 of this report. Notification of this event was not made to RQIA. Failure to notify RQIA was identified for an area for improvement. (27.11)

The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties 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), DoH and Public Health Agency. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

Monthly visits 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 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.

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.

Residents, staff and resident's relative spoken with during the inspection made the following comments:

- "Yes, I feel the home is well managed and we receive good support from the manager" (staff)
- "Patricia is always about to see to things, well managed home" (resident)
- "The manager is approachable and keeps me fully informed" (visitor)

One completed questionnaire returned to RQIA was received from a resident's relative. This respondent indicated satisfaction and that the service was well led.

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

One area for improvement related to ensuring notification is submitted to RQIA regarding planned structural changes to one bathroom.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patricia Grimes, 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	
Area for improvement 1 Ref: Standard 23.4 Stated: First time To be completed by: 31 October 2018	<p>The registered person shall ensure staff up-date training in General Data Protection Regulations (GDPR).</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All staff completed GDPR training prior to the 31st October 2018. All staff had previously read and signed a specially prepared document on GDPR, a copy of which is on each file.</p>
Area for improvement 2 Ref: Standard 6.7 Stated: First time To be completed by: 31 October 2018	<p>The registered person shall ensure that the risk assessment of the stair safety gate positioned at the top of stairs is discussed/agreed at the scheduled care management review. Measures to minimise any identified risk is to be included within the care plan.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: A review of the stair safety gate positioned at the top of the stairs was carried out and care plan updated. It is no longer required now and has been removed.</p>
Area for improvement 3 Ref: Standard 35.1 Stated: First time To be completed by: 30 November 2018	<p>The registered person shall ensure that pedal operated disposal bins are positioned within the bathroom/toilet on the first and ground floors.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Pedal bins were positioned within the 4 locations identified within 2 weeks of the inspection.</p>
Area for improvement 4 Ref: Standard 6.6 Stated: First time To be completed by: 31 October 2018	<p>The registered person shall ensure that greater detail in regard to the current intervention/management of smoking within the care plan of one resident.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The care plan of the identified resident was reviewed with immediate effect, to include greater detail regarding the current intervention/management of smoking.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 25.5</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2018</p>	<p>The registered person shall ensure that the names of staff in attendance at staff meetings is recorded within minutes recorded.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Names of staff in attendance at staff meetings will be recorded in future minutes of staff meetings. This was not done in the last minutes because of 100% attendance.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 27.11</p> <p>Stated: First time</p> <p>To be completed by: Ongoing</p>	<p>The registered person shall ensure that RQIA are notified of any proposes events/changes to the environment.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: RQIA will be notified of any proposed events/changes to the environment. A full report was submitted in relation to repair of under floor leak and refurbishment of ground floor shower room, immediately following the inspection.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews