



Announced Enforcement Care Inspection Report 23 October 2020



Rectory Field

Type of Service: Residential Care Home
Address: 19 Limavady Road, Londonderry, BT47 6JU
Tel No: 028 7134 7741
Inspectors: Jane Laird and Marie-Claire Quinn

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 35 residents in the categories of care as listed in section 3.0 below.

3.0 Service details

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| Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT) | Registered Manager and date registered: Dolores Moran – 1 April 2005 |
| Responsible Individual: Dr Anne Kilgallen | |
| Person in charge at the time of inspection: Rachel Casey – acting manager | Number of registered places: 35 RC-PH category of care for 5 residents only |
| Categories of care: Residential Care (RC) I - Old age not falling within any other category PH - Physical disability other than sensory impairment | Total number of residents in the residential care home on the day of this inspection: 5 |

4.0 Inspection summary

An announced inspection took place on 23 October 2020 from 10.00 to 16.15 hours.

During an inspection on the 11 August 2020 it was evident that the home was operating outside of its' Statement of Purpose and registration. Concerns were also identified in relation to the health and welfare of residents, medicines management, infection prevention and control (IPC), staffing arrangements and fire safety. As a result of these concerns six Failure to Comply (FTC) Notices were issued on 21 August 2020 with the initial date of compliance to be achieved by 21 September 2020. Although some progress had been made toward meeting the actions in the notices, compliance had not been achieved and the notices were extended to the 23 October 2020.

The following FTC Notices were issued by RQIA:

FTC Ref: FTC000110E1
 FTC Ref: FTC000111E1
 FTC Ref: FTC000112E1
 FTC Ref: FTC000113E1
 FTC Ref: FTC000114E1
 FTC Ref: FTC000115E1

Evidence was available to validate compliance with the six Failure to Comply Notices during this inspection.

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

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | *3 | *3 |

*The total number of areas for improvement includes three regulations and one standard which have been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Rachel Casey, manager, Denise Foster, acting head of care and accommodation, primary care and older people's services, WHSCT and Andrew Oakley, senior care assistant, as part of the inspection process. The QIP was also discussed with the senior management team following the inspection. The timescales for completion commence from the date of inspection.

Further enforcement action did not result from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- six FTC notices: FTC000110E1; FTC000111E1; FTC000112E1; FTC000113E1; FTC000114E1 and FTC000115E1.

During the inspection the inspectors met with five residents and five staff.

The following records were examined during the inspection:

- a sample of duty rotas for all staff for weeks commencing 12 October 2020 and 19 October 2020
- records confirming registration with the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- four residents' care records
- a sample of governance audits/records

- complaints records
- staff induction records
- staff competency and capability assessments for taking charge of the home in the absence of the manager
- Statement of Purpose
- fire risk assessment.

One area for improvement identified at the last care inspection was reviewed and had been met. Other areas for improvement were not reviewed and are carried forward to the next inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 21 September 2020

| Areas for improvement from the last care inspection | | |
|--|---|--|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 29 Stated: First time | The registered person shall ensure that the monthly quality monitoring visit report is robust, that it provides sufficient information on the conduct of the home and that it includes an action plan with timescales to address any deficits identified. | Carried Forward to next care inspection |
| | Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection. | |
| Area for improvement 2 Ref: Regulation 30 Stated: Second time | The registered person shall ensure that RQIA are notified of any event in the home in accordance with Regulation 30. | Carried Forward to next care inspection |
| | Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection. | |

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| Area for improvement 1 Ref: Regulation 32 (1) (h) Stated: First time | The registered provider should submit a variation application to RQIA in relation to the changes made and proposed throughout the home. | Carried Forward to next care inspection |
| | Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next 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 27.1 Stated: Second time | The registered person shall ensure the building is kept decorated to a standard acceptable for the residents. This is in relation to the window blinds in residents bedrooms. | Carried Forward to next care inspection |
| | Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection. | |
| Area for improvement 2 Ref: Standard 25.3 Stated: First time | The registered person shall ensure that competency and capability assessments for the person in charge of the home in the absence of the manager are reviewed to include arrangements for the management of adult safeguarding. | Met |
| | Action taken as confirmed during the inspection: On review of the competency and capability assessment form for the person taking charge of the home in the absence of the manager, the template had been updated to include arrangements for the management of adult safeguarding. | |

6.2 Inspection findings

FTC Ref: FTC000110E1

Notice of failure to comply with Regulation 3 (1)(a)(b)(c), (2) (3)(a)(b) of The Residential Care Homes Regulations (Northern Ireland) 2005

The Residential Care Homes Regulations (Northern Ireland) 2005

Statement of purpose

Regulation 3. –

- (1)** *The registered person shall compile in relation to the residential care home a written statement which shall consist of –*
- (a) a statement of the aims and objectives of the home;*
 - (b) a statement as to the facilities and services which are to be provided by the registered person for residents; and*
 - (c) a statement as to the matters listed in Schedule 1.*
- (2)** *The registered person shall supply a copy of the statement of purpose to the Regulation and Improvement Authority and shall make a copy of it available for inspection by every resident and any representative of a resident.*
- (3)** *Nothing in regulation 18 (1) or 27 (1) shall require or authorise the registered person to contravene, or not to comply with –*
- (a) any other provision of these Regulations; or*
 - (b) the conditions for the time being in force in relation to the registration of the registered person under Part III of the Order.*

In relation to this notice the following eight actions were required to comply with this regulation. The responsible individual must ensure that:

- the home reverts back to its registration status as outlined in the registration certificate and statement of purpose
- the signage at the entrance of the home reflects the registration status
- the statement of purpose reflects the registration status of the home and the matters listed Regulation 3 (1) Schedule 1
- RQIA are provided with a copy of the home's revised Statement of Purpose
- a robust system of governance, including regular audits, is implemented to ensure that the quality of care and other services provided by the home are reviewed at regular intervals. This includes but is not limited to the home's environment, infection prevention and control measures, recording and reporting of accidents and incidents, care records, fire safety and risk management and maintenance of duty rotas
- there is clear evidence that when deficits are identified through the audit process, an action plan is put in place to ensure the necessary improvements are made in a timely manner
- a system for recording complaints is introduced and managed in accordance with Regulation 24
- a robust system is in place to review resident care records on a regular basis and any deficits identified are addressed.

Observations during the inspection and discussion with the manager, residents and staff evidenced that the home had reverted back to its categories of care in keeping with its registration status and in compliance with its statement of purpose. There were no nursing patients observed in the home.

The signage at the entrance of the home stated this was a residential care home accurately reflecting its registration status.

RQIA were provided with a copy of the home's Statement of Purpose. Review of this document confirmed that it reflected the registration of a residential care home.

A systematic audit programme was now in place, confirming a robust governance system in the home. This included audits of the home's environment, infection prevention and control measures, recording and reporting of accidents and incidents, care records, fire safety and risk management. Management had also reviewed and improved the duty rota system used in the home.

Review of completed audits evidenced that when deficits are identified through the audit process, an action plan is put in place to ensure the necessary improvements are made in a timely manner.

There was a complaints file in place which included the complaints procedure and a flow chart to support staff with this. A system was in place for the recording of complaints which included details of the complaint and any proposed actions. Improvements had been made to ensure that this system also detailed the outcome of the complaint, the level of the complainant's satisfaction or if the complaint was resolved. RQIA's contact details were incorrect; the home provided written confirmation following the inspection that this had been corrected.

Review of care records confirmed there was a robust system in place to review resident care records on a regular basis and any deficits identified are addressed.

Evidence was available to validate compliance with the Failure to Comply Notice.

FTC Ref: FTC000111E1

Notice of failure to comply with Regulation 13 (1)(a)(b) of The Residential Care Homes Regulations (Northern Ireland) 2005

The Residential Care Homes Regulations (Northern Ireland) 2005

Health and welfare of residents

Regulation 13. –

(1)The registered person shall ensure that the residential care home is conducted so as -
(a) to promote and make proper provision for the health and welfare of residents;
(b) to make proper provision for the care and where appropriate, treatment and supervision of residents.

In relation to this notice the following nine actions were required to comply with this regulation. The responsible individual must ensure that:

- care plans are person centred to reflect the resident's assessed needs and to direct the agreed care
- fall risk assessments are completed for each resident when they are admitted to the home and are kept updated to reflect the resident's current or changing needs. For example, following a fall
- the home's accident and incidents records are clear, accurate and traceable
- accidents and incidents are reviewed regularly to identify any trends or patterns emerging and records of this review, including any actions taken, are maintained
- where required, care plans reflect the recommendations made by tissue viability nurses (TVN) and the care records evidence that these recommendations are adhered to

- care plans reflect the assessed needs of any resident requiring support from staff to maintain their personal care and records are maintained of all personal care and support provided
- any resident identified as having a weight loss has a care plan in place to reflect the recommendations made by dietitians and the care records evidence that these recommendations are adhered to
- where required, care plans reflect the recommendations made by speech and language therapist (SALT) in relation to modified diets and the care records evidence that these recommendations are adhered to
- residents' care record audits are implemented with clear evidence that when deficits are identified through the audit process, an action plan is put in place to ensure the necessary improvements are made.

On review of four residents' care records; we noted that care plans were person centred to reflect the resident's assessed needs and to direct the agreed care.

Since the previous care inspection on the 21 September 2020, there had been one discharge and one new admission to the home. On review of the resident's care records, we found that their falls risk assessments had been updated on admission.

An accident and incident folder had been established following the previous care inspection on 11 August 2020 with a clear, accurate and traceable record of accidents and incidents occurring within the home. On review of the records maintained, we evidenced that relevant incidents had been reported to RQIA and there had been no accident/incidents recorded since the previous care inspection on the 21 September 2020.

An audit had been completed on the 1 October 2020 for accidents and incidents occurring in the home for the month of September 2020.

On review of two residents' care plans specific to wound care, information within both residents' care records regarding the recommendations made by the tissue viability nurse, the care being provided and any changes made by the district nurse was clearly recorded.

Review of four residents' care plans accurately reflected the assessed needs of residents in regard to their personal care needs.

Review of one resident's care records evidenced that staff had made an appropriate referral to the dietitian following a change in the resident's weight; this referral resulted in the dietitian reviewing the dietary supplements which were prescribed and the care plan had been accurately updated to reflect this.

We were advised by the management team that there were currently no residents within the home requiring a modified diet.

On review of care record audits and following discussion with the management team, it was evident that these had been developed further since the previous inspection on the 21 September 2020. The audits were identifying deficits within care records and provided an action plan with the person responsible for completing the action. We identified that on one occasion the person who signed to state that they had completed the action did not record the date that the action was completed. This was discussed with the manager who updated the care record audit template during the inspection to include these details.

Evidence was available to validate compliance with the Failure to Comply Notice.

FTC Ref: FTC000112E1

Notice of failure to comply with Regulation 13 (4) (a)(b)(c) of The Residential Care Homes Regulations (Northern Ireland) 2005

The Residential Care Homes Regulations (Northern Ireland) 2005

Health and welfare of residents

Regulation 13. –

(4) Subject to paragraph (5), the registered person shall make suitable arrangements for the ordering, storage, recording, handling, safe keeping, safe administration and disposal of medicines used in or for the purposes of the home to ensure that –

(a) any medicine which is kept in the home is stored in a secure place

(b) medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed, and to no other resident; and

(c) a written record is kept of the administration of any medicine to a resident.

In relation to this notice the following five actions were required to comply with this regulation: The responsible individual must ensure that:

- any staff member given the responsibility of managing residents' medications are assessed and deemed competent and capable to do so. This includes the ordering, handling, safe administration and disposal of medicines
- where medicines are stored, including cupboards and treatment room door, should be secured at all times
- lids to sharp boxes and medicine disposal containers are kept secure and that the temporary closure deployed when not in use
- medication incidents or near misses must be reported to RQIA in accordance with Regulation 30
- there is an effective management system in place to monitor the safe administration of medicines in the home.

Review of a sample of medicines management competency assessment records evidenced that relevant staff had been deemed competent and capable in the ordering, handling, safe administration and disposal of medicines. The manager advised us that one agency staff member had been deemed competent but that the relevant documentation was held within another Trust home. Following the inspection the manager forwarded the record of competency. We discussed the importance of ensuring that this information is maintained within the home and advised the manager to develop a communication system to establish staff competencies and the due date for renewal when moving between Trust homes. This will be reviewed at a future inspection.

The entrance door to the treatment room and the cupboards inside were locked.

A cupboard within the treatment room had been labelled 'disposal of medication' which was locked. We observed the lid to a sharps box within the treatment room to be secure.

On review of the notifications received from the home by RQIA since the previous care inspection, and on review of the home's record of medicine incidents, we were satisfied that all relevant notifications had been submitted in keeping with Regulation 30.

We reviewed medicines management audits which had been completed by the senior care assistants on a weekly and monthly basis for all residents. We were further advised that a running balance of all medication is recorded as it is administered daily. The manager provided a weekly, monthly and quarterly schedule for review of various audits which detailed that a system was in place for the management oversight of safe administration of medicines within the home.

Evidence was available to validate compliance with the Failure to Comply Notice.

FTC Ref: FTC000113E1

Notice of failure to comply with regulation 13 of The Residential Care Homes Regulations (Northern Ireland) 2005

The Residential Care Homes Regulations (Northern Ireland) 2005

Health and welfare of residents

Regulation 13. –

(7) The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between residents and staff.

In relation to this notice the following five actions were required to comply with this regulation. The responsible individual must ensure that:

- all staff working in the home can demonstrate their knowledge of infection prevention and control measures commensurate with their role and function in the home
- that the current Care Homes Guidance on COVID-19 is available and accessible to staff
- any visitor/visiting professional to the home has a temperature/health check completed as per the current COVID-19 care home guidance
- there is an effective management system in place to monitor staff compliance with best practice specific to infection prevention and control
- regular IPC audits for all of the areas of the home and staff practice are implemented with clear evidence that when deficits are identified through the audit process, an action plan is put in place to ensure the necessary improvements are made.

We observed staff donning and doffing PPE correctly; appropriately using hand sanitising gel and washing their hands on a regular basis. There was an adequate supply of PPE and hand sanitising gel throughout the home. Staff spoken with were knowledgeable regarding the symptoms of COVID-19 and how to escalate any changes in a resident's usual presentation to the person in charge. Staff also said that if they themselves felt unwell, they would inform the person in charge and isolate, at home, as per regional guidance. However, a number of staff were observed touching their face mask to position it above their nose as it was continuously sliding down. We discussed this with the manager who advised that she had observed this practice and had ordered masks that could be tied into position for these staff. Following the inspection the manager advised that the masks were available within the home for identified staff use.

We were advised by staff that temperature checks were being completed on all residents and staff twice daily and that any concerns or changes were reported to the manager and/or senior support worker in charge.

The current Care Homes Guidance on COVID-19 was available and accessible to staff within the home. Table 2 was evident within the folder instead of table 4. Following the inspection the manager confirmed that this had been updated within the folder and that staff were following table 4 guidelines.

On arrival to the home, the inspectors' temperatures and contact tracing details were obtained prior to entering the home. We were advised that this process is carried out on all visitors/visiting professionals to the home.

Hand hygiene audits and PPE compliance audits were reviewed which evidenced that they had been carried out on several occasions since the previous inspection on 21 September 2020.

Regular IPC audits for all of the areas of the home and staff practice had been completed with clear evidence that when deficits were identified through the audit process, an action plan was implemented with times frames and the person responsible for completing the action. We discussed the volume of audits being carried out which on occasions overlapped the content of other audits and advised the manager to review the audits to enable them to be more streamlined. This will be reviewed at a future inspection.

Evidence was available to validate compliance with the Failure to Comply Notice.

FTC Ref: FTC000114E1

Notice of failure to comply with Regulation 20 (1)(a)(b)(c)(i)(ii)(iii) (3) of The Residential Care Homes Regulations (Northern Ireland) 2005

The Residential Care Homes Regulations (Northern Ireland) 2005

Staffing

Regulation 20. –

- (1) The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents –*
- (a) ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers are appropriate for the health and welfare of residents;*
 - (b) ensure that the employment of any persons on a temporary basis at the home will not prevent residents from receiving such continuity of care as is reasonable to meet their needs;*
 - (c) ensure that the persons employed by the registered person to work at the home receive –*
 - (i) appraisal, mandatory training and other training appropriate to the work they are to perform; and*
 - (ii) are supported to maintain their registration with the appropriate regulatory or occupational body; and*

(iii) are enabled from time to time to obtain training and/or further qualifications appropriate to the work they perform;

(3) The registered manager shall carry out a competency and a capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.

In relation to this notice the following five actions were required to comply with this regulation. The responsible individual must ensure that:

- systems are in place to ensure that new staff receive an induction and orientation to the home which is recorded and signed and dated by the person carrying out the induction and the staff member
- competency and capability assessments are completed for any staff member taking charge of the home in the absence of the manager
- the staff training matrix includes all staff working within the home and the training completed
- the staff duty rota should clearly identify the person in charge of the home, the name and role of each staff member working in the home and the capacity in which they worked
- a robust system is in place to ensure that staff are registered with the relevant regulatory body in accordance to their job role.

We reviewed three staff recruitment records. Two of the three records reviewed on the day of inspection confirmed that there was a system in place to ensure that new staff received an induction upon commencement of employment in the home. This record included an orientation to the home and was signed and dated by both the inductor and inductee. One staff recruitment record for agency staff did not include their record of induction, however this was forwarded to the inspector following the inspection. While the induction had been completed, the staff member had not signed and/or dated the record of induction. This was discussed with the manager who advised that this would be actioned when the staff member is next on duty.

We reviewed three staff competency and capability assessments for the person in charge in the absence of the manager. These assessments included arrangements for the management of adult safeguarding in the absence of the manager. An area for improvement from a previous inspection was met.

We discussed the arrangements where identified staff members worked across different WHSCT care homes, which had the same systems in place for medication management. While we agreed that part of this assessment was transferable, we discussed the importance of reviewing this arrangement. This was to ensure that competency assessments are completed and reviewed by relevant home managers. An area for improvement made on the quality improvement plan appended to this report.

Review of staff training records confirmed that there was a staff training matrix in place which included all staff working in the home and the training completed.

We reviewed the staff duty rota. The duty rota had been reviewed and a key system implemented to ensure this was comprehensive and well maintained. The rota now clearly identified the person in charge of the home, the name and role of each staff member working in the home and the capacity in which they worked.

There was a robust system in place to check that staff were registered with the appropriate regulatory body.

Evidence was available to validate compliance with the Failure to Comply Notice.

FTC Ref: FTC000115E1

Notice of failure to comply with regulation 27 of The Residential Care Homes Regulations (Northern Ireland) 2005

The Residential Care Homes Regulations (Northern Ireland) 2005

Fitness of premises

Regulation 27. –

(4) *The registered person shall –*

- (a) have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed;*
- (e) make arrangements for persons working at the home to receive suitable training, from a competent person, in fire prevention; and*
- (f) to ensure, by means of fire drills and practices at suitable intervals, that the persons working at the home and, so far as practicable, residents, are aware of the procedure to be followed in case of fire, including the procedure for saving life.*

In relation to this notice the following four actions were required to comply with this regulation. The responsible individual must ensure that:

- there is a current fire risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed
- fire safety training is included as part of new staff's induction to the home
- fire safety training is completed with all staff at a minimum of every six months and a record of this training is to be maintained in accordance with the Residential Care Homes Minimum Standards – Standard 23
- staff can demonstrate their knowledge of fire safety measures and precautions commensurate with their role and function in the home.

There was a current fire risk assessment in place which had been reviewed on 18 August 2020. Management had addressed identified actions in the fire management plan, including completing environmental audits and developing additional fire safety policies and procedures for the home. The manager had not updated the plan, by signing and dating that actions had been completed. This was addressed during the inspection.

The fire risk assessment also did not refer to the bedrooms that have temporarily changed purpose during the COVID-19 period. This was a risk as the fire plan/panel and door signs were inaccurate and could cause confusion in the event of a fire. During and following the inspection, management provided sufficient verbal and written assurances that this had been reviewed and addressed with the home's fire risk assessor. Management confirmed that any further plans to change the designation of bedrooms, or any other changes to the home's registration, would be submitted to RQIA for approval. An area for improvement has been made.

A review of staff induction records confirmed that fire safety training was completed.

We reviewed staff training records and confirmed that staff had completed fire safety training in August 2020 and September 2020. Additional arrangements were made during the inspection to ensure that the person in charge of the home, in the absence of the manager, had completed nominated fire officer training.

Discussion with staff evidenced that they were knowledgeable in relation to fire safety precautions and what to do in the event of a fire.

Evidence was available to validate compliance with the Failure to Comply Notice.

Areas for improvement

Two new areas for improvement were identified during the inspection in relation to competency and capability assessments and the change of purpose to identified rooms.

| | Regulations | Standards |
|---------------------------------|-------------|-----------|
| Number of areas for improvement | 0 | 2 |

6.3 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notices.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Also included in the QIP are four areas for improvement which have been carried forward from the last care inspection on 21 September 2020. Details of the QIP were discussed with Rachel Casey, manager, Denise Foster, acting head of care and accommodation, primary care and older people's services, WHSCT and Andrew Oakley, senior care assistant, as part of the inspection process. The QIP was also discussed with the senior management team following the inspection. The timescales commence from the date of inspection.

The registered provider should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential 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

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| <p>Area for improvement 1</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure that the monthly quality monitoring visit report is robust, that it provides sufficient information on the conduct of the home and that it includes an action plan with timescales to address any deficits identified.</p> <p>Ref: 6.1</p> |
| | <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |

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| <p>Area for improvement 2</p> <p>Ref: Regulation 30</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall ensure that RQIA are notified of any event in the home in accordance with Regulation 30.</p> <p>Ref: 6.1 and 6.2</p> |
| | <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |

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| <p>Area for improvement 3</p> <p>Ref: Regulation 32 (1) (h)</p> <p>Stated: First time</p> <p>To be completed by: 21 October 2020</p> | <p>The registered provider should submit a variation application to RQIA in relation to the changes made and proposed throughout the home.</p> <p>Ref: 6.2.1</p> |
| | <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |

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

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| <p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: Second time</p> <p>To be completed by: 1 June 2020</p> | <p>The registered person shall ensure the building is decorated to a standard acceptable for the residents. This is in relation to the window blinds in residents' bedrooms.</p> <p>Ref: 6.1 and 6.2.1</p> |
| | <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |

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| <p>Area for improvement 2</p> <p>Ref: Standard 20.20</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p> | <p>The registered person has arrangements in place to confirm that staff supplied by an agency or other service have been recruited and checked in accordance with the recruitment procedures used by the home.</p> <p>Ref: 6.2</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 27.11</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p> | <p>Response by registered person detailing the actions taken: The Registered Manager has ensured the agency staff that work within the environment have appropriate checks and training received before working within the home.</p> <p>The registered person shall ensure that All structural changes or change of use to the registered building and/or alterations to engineering services are approved by the Regulation and Quality Improvement Authority and, where relevant, other statutory authorities.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Any proposed changes to service delivery will be formally submitted to RQIA by form of Variation</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