



# Unannounced Care Inspection Report 17 September 2020



## Redford

**Type of Service: Residential Care Home**  
**Address: 15 Redford Road, Cullybackey BT43 5PR**  
**Tel No: 02825880671**  
**Inspector: Mandy Ellis**

[www.rqia.org.uk](http://www.rqia.org.uk)

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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 residential care home registered to provide residential care for up to 30 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Redford Residential Care Homes Ltd  <b>Responsible Individual(s):</b> John Wallace – registration pending	<b>Registered Manager and date registered:</b> Trevor Gillen – 21 November 2013
<b>Person in charge at the time of inspection:</b> Reigan Barr – senior care assistant	<b>Number of registered places:</b> 30  Maximum of 6 residents in RC-DE category of care
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH (E) - Physical disability other than sensory impairment – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b>  28

### 4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan

The following areas were examined during the inspection:

- staffing
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC) practices
- Environment / fire safety
- care delivery
- governance and management arrangements

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	7*	7*

\*The total number of areas for improvement includes one under regulation which has been carried forward for review at a future inspection and one which has been stated for a second time. Three areas for improvement under the standards have been carried forward for review at a future inspection and one has been restated under regulation.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Trevor Gillen, Manager and Kim Robinson, Senior Care Assistant as part of the inspection process. The timescales for completion commence from the date of inspection.

A serious concerns meeting resulted from the findings of this inspection. The evidence seen during the inspection in relation to: governance arrangements and managerial oversight; environmental deficits; infection prevention and control practices and fire safety raised concerns that these aspects of the quality of care were below the standard expected.

The responsible individual and registered manager were invited to attend a serious concerns meeting with RQIA via video teleconference on 23 September 2020 to discuss the inspection findings and their plans to address the issues identified. During the meeting, the responsible individual provided RQIA with an action plan, and advised of the completed or planned actions to secure the necessary improvements and address the concerns identified during the inspection. Following the meeting, RQIA decided to allow the registered person a period of time to demonstrate that the improvements had been made and advised that a further inspection would be completed to ensure that concerns were effectively addressed.

RQIA informed the responsible individual following the meeting that further enforcement action may be considered if the issues were not addressed and the improvement sustained. RQIA will continue to monitor progress during subsequent inspections.

The enforcement policies and procedures are available on the RQIA website at [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

During the inspection the inspector met with six residents and six staff. The inspector provided the manager with 'Tell us cards' which were then placed in a prominent position to allow residents and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received.

The following records were examined during the inspection:

- the duty rota from 7 to 20 September 2020
- the home's registration certificate
- three residents' care records
- one staff recruitment file
- a sample of governance audits/ records

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, not met or carried forward to be reviewed at a future 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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 6 February 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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13(4) <b>Stated:</b> First time	The registered person shall ensure that robust arrangements are in place for the management of controlled drugs.	<b>Carried forward to the next care inspection</b>
	<b>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 inspection.</b>	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (22)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure a record of all visitors to the home is maintained. This should include the name of all visitors.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The visitor's book was displayed in the foyer of the home for any visitors to sign as appropriate.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between residents and staff.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The specific infection control issues identified during the last care inspection were observed as met; however, new infection control issues were evident on this inspection. This is further discussed in section 6.2.2.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (4) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall take adequate precautions against the risk of fire by ensuring smoke detectors are not occluded and that the practice of propping open fire doors ceases immediately.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Smoke detectors were not occluded; however, fire doors were observed propped open on two separate occasions during the inspection.</p> <p>This area for improvement was partially met and is stated for a second time.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 18 (2) (n)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the home consults with residents and/or their representatives to plan and offer a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents. Arrangements for the provision of activities should be in place in the absence of the activity co-ordinator.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The activity schedule for the home was reviewed and a structured varied programme of activities was in place.</p>	<p><b>Met</b></p>

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 6 <b>Stated:</b> Second time	The registered provider should develop a system to ensure that the information in care plans is up to date.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The care records reviewed evidenced up to date care plans.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall ensure that two staff are involved in the transcribing of medicines information and both staff sign the record.	<b>Carried forward to the next care inspection</b>
	<b>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 inspection.</b>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall review staff training in relation to the management of diabetes.	<b>Carried forward to the next care inspection</b>
	<b>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 inspection.</b>	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 32 <b>Stated:</b> First time	The registered person shall review the storage arrangements for medicines.	<b>Carried forward to the next care inspection</b>
	<b>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 inspection.</b>	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 25.3 <b>Stated:</b> First time	The registered person shall ensure the duty rota identifies the name of the person in charge of the home on each shift.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The person in charge of each shift was clearly marked on the duty rota.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 20.11 <b>Stated:</b> First time	The registered person shall monitor the quality of services in accordance with the home's written procedures and complete a monitoring report on a monthly basis.	<b>Not met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The monthly monitoring reports were not available for review on inspection. This is discussed further in section 6.2.5.</p> <p>This area for improvement was not met and has been made a new area for improvement under regulation.</p>	
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## 6.2 Inspection findings

### 6.2.1 Staffing arrangements

On the day of the inspection we observed that staffing levels were satisfactory and residents' needs were met by the staff on duty. We reviewed the staff duty rotas for the period 7 to 20 September 2020 which evidenced deficits such as gaps in domestic and care staff shifts, and shifts which had not been covered due to annual leave or short notice sickness. Discussion with staff highlighted that when shifts had not been covered, this resulted in the remaining staff on duty feeling under pressure to fulfil their duties. It was also noted that arrangements for staff accepting additional shifts lacked effective managerial oversight. An area for improvement was made.

The responsible individual and manager attended a meeting with RQIA via video teleconference on 23 September 2020 to discuss these aspects of governance oversight, and their plans to address the identified shortfalls. During this meeting, the manager stated that he would now check the staffing rota for accuracy on a daily basis and that no changes would be made to the staffing rota without managerial approval. This will help to ensure that the staff rota is maintained in an accurate and contemporaneous manner at all times. The responsible individual informed RQIA that he would seek to implement a resident dependency tool to help inform decisions regarding staffing arrangements; in addition, it was also agreed that this dependency tool would be reviewed regularly so as to ensure that staffing levels and skill mix is effectively maintained at all times.

Staff spoken with told us that there was a good sense of teamwork in the home and that they enjoyed coming to work.

Comments made by staff included:

- “We have a good team.”
- “I like it here.”
- “I like my work.”
- “We have a good group of staff.”
- “This is a wonderful home.”



## 6.2.2 Personal Protective Equipment / Infection Prevention and Control practices

The majority of staff were observed to use PPE appropriately and were observed to carry out hand hygiene at appropriate times. There was adequate supply of PPE in the home. However, shortfalls were noted in regard to PPE use within the home. For instance, vinyl gloves were observed in use throughout the home; vinyl gloves are not recommended and are less effective in the clinical setting than other latex type gloves. This deficit was discussed with the manager who agreed to replace the vinyl gloves with suitable gloves for use by the care staff. A staff member was also observed wearing a cloth mask in contravention of current IPC guidance which recommends the use of a fluid repellent surgical mask in the care home setting; this was discussed with the staff member who immediately changed to the recommended mask. It was also observed that PPE was draped over hand rails throughout the home and was not appropriately housed in wall mounted dispensing units (dani centres); this was discussed with the manager who confirmed following the inspection that dani centres had been ordered post inspection and delivery was anticipated by 24 September 2020.

We observed various IPC shortfalls, namely:

- staff were observed wearing nail polish, gel nails and inappropriate items of jewellery
- light pull cords and emergency pull cords in several resident and communal bathrooms did not have a plastic covering or wipe able material
- identified items of bedroom furniture were worn and chipped rendering them unable to be effectively cleaned
- identified chairs within the lounge were ripped compromising their integrity and ability to be effectively cleaned
- a build-up of dust was evident on top of the identified wardrobes and residents' bedframes
- appropriate PPE was not worn by staff when serving the food.

An area for improvement was identified in regard to these IPC shortfalls.

The responsible individual and manager attended a meeting with RQIA via video teleconference on 23 September 2020 to discuss these deficits in regard to the use of PPE, and infection prevention and control practices. During this meeting, the manager stated that all staff had been reminded of the need to adhere to IPC standards with regard to the wearing of PPE and suitable items of jewellery. The manager also advised that an IPC nurse from the Northern Health and Social Care Trust was scheduled to visit the home and provide further assistance to staff in regard to maintaining IPC standards. The responsible individual informed RQIA that the manager would now be expected to conduct a regular IPC audit to monitor staff practice and drive improvement; it was also noted that the responsible individual intends to appoint an "IPC champion" within the home to help further support staff in this aspect of care delivery.

## 6.2.3 The Environment / fire safety

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Building work was still ongoing to the kitchen and foyer areas of the home; the manager and responsible individual acknowledged that work has been slow to progress due to Covid-19 restrictions. The carpet in the foyer was loose in several places and presented a trip hazard to residents.

Items of bedroom furniture were observed in several bedrooms to have missing handles which compromised their integrity and ability to be effectively cleaned. The integrity of the flooring in identified bedrooms was compromised. Deficits were identified in two bathrooms; a bath did not have an appropriate seat and the other bathroom did not have a suitable sink for handwashing. An area for improvement was made in relation to these environmental shortfalls.

We observed that corridors and fire exits were clear and unobstructed. However, on two separate occasions, the fire door to the lounge was observed to be propped open. This was discussed with staff at the time who were advised this practice must cease immediately and that any objects used to prop the doors open should be removed. An area for improvement was identified.

The responsible individual and manager attended a meeting with RQIA via video teleconference on 23 September 2020 to discuss these deficits in regard to the internal environment and fire safety practices. During this meeting, the responsible individual advised RQIA that there had been ongoing investment into the home during the previous 12 months to improve the quality of the environment for residents. The responsible individual accepted that further improvement was needed in this area and agreed to submit a time bound refurbishment action plan to RQIA; this was subsequently received by RQIA and will be reviewed during a future inspection. The responsible individual also advised that any fixtures or fittings requiring replacement/repair would be actioned immediately. It was positive to note during the meeting that new carpeting was scheduled to be fitted in the home by the end of the week; in addition, RQIA was advised that furnishings would continue to be upgraded over the next six months.

In response to the fire safety deficits, the manager agreed to closely monitor staff compliance on a daily basis; the manager further agreed add the topic of fire safety to daily handover documentation used by staff. The responsible individual advised that he was also considering the use of automatic fire door closure devices within the home.

#### **6.2.4 Care delivery**

Residents looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff were seen to treat residents with respect and to talk to them in a friendly and pleasant manner. Residents spoken with commented positively about living in Redford and the care they received; they told us:

- “They’re (staff) wonderful.”
- “The (staff) work hard.”
- “They (staff) are good.”
- “All is ok.”
- “Things are fine, I feel safe.”

The inspector spoke to a resident’s family member on the telephone who commented that the quality of care in Redford was very good.

We observed the serving of the lunch time meal in the dining room; this meal is currently served in two separate sittings at present, in an effort to maintain social distancing. The food on offer was well presented and smelled appetising and residents were offered a choice of drinks with their meal. However, there was only one meal choice on offer and no menu was displayed. It was also noted that the quality of the dining area was drab in appearance and in need of improvement, for example, tables were not dressed with table cloths, napkins or condiments,

and there was no background music being played. Food leaving the dining room to be served to residents in their bedrooms was not on a tray or covered. This was discussed with the manager for appropriate action and an area for improvement was made.

Residents were seen to enjoy singing hymns in the morning with staff and taking part in craft activities in the afternoon. Since the last inspection there has been good progress in the provision of a varied programme of activities for the residents and dedicated activity therapist hours are now in place. The inspector spoke with the activities therapist about the plans for future activities provision in the coming weeks within Redford; plans include the compilation of resident life stories and craft afternoons. The activities therapist was enthusiastic and passionate about her role.

Review of three residents' care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of residents. Risk assessments reviewed were up to date and appropriate to the residents' needs. However, these care records lacked, where appropriate, any signatures by residents evidencing that they had been involved in the planning of their care. An area for improvement was identified.

### **6.2.5 Governance and management arrangements**

A number of governance audits were completed to assure the quality of care and services. Audits available for inspection included: an audit of rooms; fridge temperatures; wheelchair and walking aids; documentation; and a fire audit. It was noted that these audits were not consistently done on a monthly basis and while undertaken by senior care assistants, were not always reviewed by the manager. An area for improvement was made.

In addition, there was no system in place to monitor the registration status of care staff with their appropriate regulatory body on a regular basis; the inspector was given verbal confirmation by the manager that staff were registered with the Northern Ireland Social Care Council (NISCC). It was recommended to the manager and responsible individual that a regular system should be implemented to monitor this going forward. An area for improvement was made.

One staff recruitment file was reviewed and this failed to evidence that all the necessary pre-employment checks had been robustly completed prior to the staff member commencing employment, specifically: the staff member's previous employment history. An area for improvement was made.

Monthly monitoring reports should be completed monthly in accordance with Regulation 29 of the Residential Care Homes Regulations (Northern Ireland) 2005; these reports were not available for review on inspection. Following the inspection, the responsible individual advised that there had been a temporary cessation in completing these due to the Covid-19 pandemic. While RQIA are mindful of the restrictions arising from the ongoing pandemic, the need for monthly monitoring visits/reports to continue in order to quality assure service provision and care delivery to residents remains crucial. An area for improvement was made.

Review of records evidenced that there were systems in place to manage complaints and to ensure that RQIA were appropriately notified of accidents/incidents that occurred in the home.

Training records were reviewed and staff were up to date with their mandatory training requirements.

The responsible individual and manager attended a meeting with RQIA via video teleconference on 23 September 2020 to discuss these aspects of governance oversight within the home. During this meeting, the responsible individual advised that a recruitment checklist pro forma would be introduced to ensure that all necessary pre-employment checks are carried out; these checklists will then be audited by the manager. It was also agreed that this checklist would be applied retrospectively to all current staff records and that corrective action would be taken by the manager, if needed. In regard to the completion of Regulation 29 reports, the responsible individual agreed to recommence these with immediate effect; the responsible individual was encouraged to consider other means of conducting these visits given ongoing Covid-19 restrictions. It was agreed that the next Regulation 29 report would be shared with RQIA.

### Areas of good practice

There were examples of good practice identified in relation to the activities programme and staff interaction with the residents.

### Areas for improvement

Nine new areas requiring improvement were identified in relation to infection prevention and control, environmental deficits, governance arrangements, implementation of a resident dependency tool, the dining experience, care records, Regulation 29 monitoring reports, the recruitment process and monitoring of the regulatory registration of staff.

	Regulations	Standards
<b>Total number of areas for improvement</b>	5	4

## 6.3 Conclusion

On the day of the inspection we observed that residents appeared comfortable, and that staff treated them with kindness and compassion. The staff were timely in responding to the resident's individual needs. However, RQIA were concerned that aspects of the quality of care were below the standard expected as outlined in this report.

The responsible individual and manager were invited to attend a serious concerns meeting with RQIA via video teleconference on 23 September 2020 to discuss the inspection findings and their plans to address the issues identified; this is discussed further in section 4.1. New areas for improvement were highlighted and are discussed within the body of the report and section 7.2.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Trevor Gillen, Manager, and Kim Robinson, Senior Care Assistant, 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time  <b>To be completed by:</b> 8 January 2019	<p>The registered person shall ensure that robust arrangements are in place for the management of controlled drugs.</p> <p>Ref: 6.4</p> <hr/> <p><b>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 inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> with immediate effect	<p>The registered person shall take adequate precautions against the risk of fire by ensuring the practice of propping open fire doors ceases immediately.</p> <p>Ref: 6.1 &amp; 6.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            The senior carers are now charged with regular (every 2 hours) building inspections and they are required to complete a checklist to cover some essential matters. All fire doors staying closed is on this list.</p> <p>Every Friday the home manager checks back all the weeks checklists and records that these have been carried out and reports in a weekly report.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> 17 October 2020	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between residents and staff. With specific reference to:</p> <ul style="list-style-type: none"> <li>• staff were wearing nail polish, gel nails and items of jewellery</li> <li>• plastic covering or wipe able material on all pull cords</li> <li>• replacement / repair of damaged bedroom furniture</li> <li>• replacement of ripped chairs in the lounge</li> <li>• dust build up on wardrobes and bed frames</li> <li>• appropriate PPE to be worn by staff when serving food.</li> </ul> <p>Ref: 6.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            We have introduced a 'bare below the elbows policy' and all staff are checked on arrival that they adhere to the policy. In addition the checklist (as identified above) includes a check on use of PPE throughout.</p>

	<p>Bedroom furniture has been replaced in 4 most needed rooms (as per long standing refurb plan which was delayed by the pandemic) and repaired in the other rooms.</p> <p>The ripped chairs have been removed - these have not been replaced to encourage social distancing in the living room.</p> <p>An IP&amp;C champion has been appointed to ensure the cleaning regime is stringently adhered to. In addition the home manager is tasked with a monthly report including an IP&amp;C audit.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (1) (2) (b) (c) (j)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 November 2020</p>	<p>The registered person shall ensure the fitness of the residential premises as outlined in the homes statement of purpose. With specific reference to:</p> <ul style="list-style-type: none"> <li>• replacement of missing handles on bedroom furniture</li> <li>• replacement of flooring in the identified bedrooms</li> <li>• replacement flooring in the foyer and adjoining corridors</li> <li>• appropriate sink facilities in the identified bathroom</li> <li>• replacement/ refurbishment of the bath seat in the identified bathroom</li> </ul> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> As above for furniture.</p> <p>Flooring in the bedrooms will be replaced before deadline.</p> <p>The foyer flooring replacement was completed on the date as advised to the inspectorate. This was part of the ongoing building work and was delayed due to the builder stopping all activity for a period of 6 months because of the pandemic.</p> <p>The sink has been replaced.</p> <p>The bath seat is on order and will be replaced on delivery.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 November 2020</p>	<p>The registered person shall implement robust governance and management systems to ensure effective managerial monitoring and oversight of the day to day service provided by the home. This relates specifically to the robust completion and/or oversight of governance all quality assurance audits by the manager.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> A full review of all governance and oversight has been undertaken and the following immediate changes have been introduced.</p>

	<p>1. The report as identified above is completed by the senior carers during daily activity.</p> <p>2. A new weekly report is completed by the home manager. This encompasses incidents, a check of staffing levels, confirmation that activities have taken place, facilities issues, any staffing or resident matters.</p> <p>3. Additional monthly reporting by the home manager has also been introduced - this includes, care plan audits and recommendations for improvements, staffing resource planning, professional body registration checks for staff, medication file audits, IP&amp;C audit, larger facilities issues, performance management / recruitment audits if relevant, and financial checks.</p> <p>Note - this formally records activity that was previously undertaken but not recorded in a systematic way.</p> <p>In addition there is a full and systematic policy review being undertaken.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 October 2020</p>	<p>The registered person shall monitor the quality of services in accordance with the home's written procedures and complete a monitoring report on a monthly basis. The reports should be available at all times for inspection by RQIA.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> This activity was suspended in line with RQIA inspection suspension during the pandemic and has resumed accordingly. In addition the reports are now stored in a shared folder so that they can be accessed by the duty manager if required.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 21(5)(d) (i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 November 2020</p>	<p>The registered person shall develop a system to ensure that checks are being conducted on a regular basis to ensure staff are registered with their appropriate regulatory body.</p> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> See governance changes above.</p>



<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time <b>To be completed by:</b> 8 January 2019	The registered person shall ensure that two staff are involved in the transcribing of medicines information and both staff sign the record.  Ref: 6.4
	<b>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 inspection.</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time <b>To be completed by:</b> 8 January 2019	The registered person shall review staff training in relation to the management of diabetes.  Ref: 6.4
	<b>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 inspection.</b>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 32 <b>Stated:</b> First time <b>To be completed by:</b> 8 January 2019	The registered person shall review the storage arrangements for medicines.  Ref: 6.4
	<b>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 inspection.</b>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 25 <b>Stated:</b> First time <b>To be completed by:</b> 17 November 2020	The registered person shall implement a resident dependency tool to ensure that the number and ratio of staff on duty at all times meets the care needs of the residents.  Ref: 6.2.1
	<b>Response by registered person detailing the actions taken:</b> This has been implemented and is checked weekly by the home manager for the following week and any gaps rectified. It is updated monthly, or on a new admission.

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 October 2020</p>	<p>The registered person shall review the dining experience for residents to ensure :</p> <ul style="list-style-type: none"> <li>• tables are dressed appropriately</li> <li>• residents are given a choice of meal at each mealtime</li> <li>• the daily menu is displayed in a suitable format and is reflective of the meal choices available</li> <li>• food served to residents in their bedrooms or other areas of the home should be transported using a tray and with the food covered.</li> </ul> <p>Ref: 6.2.4</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standards 5 and 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 November 2020</p>	<p><b>Response by registered person detailing the actions taken:</b> Now that the building work has been completed, following the delay due to the pandemic, the dining room has been brought back to standard.</p> <p>The menu is now displayed on a chalk board in the dining room, with a choice at every meal.</p> <p>Trays and covering are now used.</p> <p>The registered person shall ensure the following with regard to residents care records:</p> <ul style="list-style-type: none"> <li>• resident involvement in the assessment and care planning process should be evidenced and where appropriate care records and assessments are signed by the resident</li> </ul> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> See update on governance changes for ongoing management audit of care files.</p> <p>All care files are being updated and sent to NOK for agreement, or signed by the resident where possible. At this time it is not desirable to have the NOK come into the building to sign the care plans, due to the pandemic. This will be complete by 17<sup>th</sup> November.</p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standards 19 (2)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that, prior to making an offer of employment, all necessary recruitment checks have been carried out.</p> <p>Ref: 6.2.5</p>
<p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> A recruitment checklist has been included in all new staff files and no hiring can be completed until this is signed off by home manager. These checks were backdated to cover all previous recruitment and no gaps identified in mandatory checks were missing in any other files.</p>

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



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