

# Inspection Report

**27 May 2021**



## Redford

**Type of Service: Residential Care Home (RCH)**  
**Address: 15 Redford Road, Cullybackey, BT43 5PR**  
**Tel No: 028 2588 0671**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Redford Residential Care Homes Limited	<b>Registered Manager:</b> Mr. Trevor Gillen
<b>Responsible Individual:</b> Mr. John Wallace	<b>Date registered:</b> 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) DE – Dementia. PH(E) - Physical disability other than sensory impairment – over 65 years I – Old age not falling within any other category.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 30
<b>Brief description of the accommodation/how the service operates:</b>  This is a registered Residential Home which provides social care for up to 30 residents. The accommodation is on one level and residents have access to communal lounges, a dining room and a garden.	

## 2.0 Inspection summary

An unannounced inspection was conducted on 27 May 2021 between 9.30 am and 4.15 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

RQIA identified significant concerns during the inspection in regard to the lack of robust governance and managerial oversight within the home, specifically in relation to the selection and recruitment of staff and fire safety.

Given the concerns raised, a meeting was held on 9 June 2021 with the intention of issuing two failure to comply notices under The Residential Care Homes Regulations (Northern Ireland) 2005 in relation to:

- Regulation 21 (1)(b) relating to the selection and recruitment of staff
- Regulation 27 (4)(a)(e)(f) relating to the fitness of premises; specifically, fire safety.

The meeting was attended by John Wallace, Responsible Individual (RI). Prior to the meeting the RI provided details of the actions he had taken and planned to address the concerns raised. These actions were discussed at the meeting. RQIA was assured in relation to those actions taken and planned regarding to fire safety. However, RQIA was not assured in relation to the effectiveness and robustness of selection and recruitment arrangements within the home. It was therefore decided one failure to comply notice would be issued under Regulation 21 (1) (b) with a compliance date of 6 August 2021.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents, relatives and staff, are included in the main body of this report.

The findings of the inspection provided RQIA with assurance that care delivery to residents was effective and compassionate.

The findings of this report will provide the manager and Responsible Individual with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents, their relatives or visitors and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. The daily life of residents within the home was observed and how staff went about their work. A range of documents were examined to determine whether effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

#### 4.0 What people told us about the service

We spoke with eight residents, one relative and eight staff. We received six questionnaires; all six questionnaire respondents indicated that they were satisfied or very satisfied with all aspects of care delivery within the home; the questionnaires did not indicate if they had been completed by residents or relatives.

One staff survey response was received which included the following comment: "I have worked in Redford for numerous years and have enjoyed working with a great team of carers and managers. The residents are well cared for and receive a high quality of care; they are treated with dignity and respect".

One relative spoken with during the inspection raised no concerns about the quality of care their loved one receives; they commented on how good the communication was from the home.

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection of Redford was undertaken on 4 February 2020 by a pharmacist inspector.

Areas for improvement from the last inspection on 04 February 2021.		
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> Second time	The registered person shall ensure that robust arrangements are in place for the management of controlled drugs.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed and this will be carried forward to be reviewed at the next inspection.</b>	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second time</p>	<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><b>Action taken as confirmed during the inspection:</b> Observation of staff and the environment confirmed that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (1) (2) (b) (c) (j)</p> <p><b>Stated:</b> Second time</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><b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced that this area for improvement was met and that good progress had been made with regard to ongoing refurbishment of the home; discussion with the manager confirmed that this refurbishment remains ongoing.</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 30 <b>Stated:</b> Second 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 inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed and this will be carried forward to be reviewed at the next inspection.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 32 <b>Stated:</b> Second time	The registered person shall review the storage arrangements for medicines.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed and this will be carried forward to be reviewed at the next inspection.</b>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 27.5 <b>Stated:</b> First time	The registered person shall ensure that suitable arrangements are in place for the management of smoking, including appropriate receptacles and seating for residents who smoke.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A suitable area has been erected outside the home for residents who smoke with appropriate receptacles and seating in place.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall review the management of medicine changes and recording errors to ensure that medicine records are clear and there are no amended entries.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed and this is carried forward to be reviewed at the next inspection.</b>	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 31 <b>Stated:</b> Second time	The registered person shall monitor the administration of medicines process to ensure that administration of topical medicines is full fully and accurately complete.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed and this is carried forward to be reviewed at the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. Significant concerns were noted with regard to the lack of robust governance and managerial oversight relating to the selection and recruitment of staff. For instance, review of one staff member's recruitment file evidenced that an enhanced AccessNI criminal check had not been sought and/or obtained prior to the staff member commencing employment within the home; the staff member's application form was also lacking detail in relation to dates of previous employment and reasons for leaving previous employment.

Review of a second staff member's recruitment file highlighted that their start date was not documented; information received post inspection confirmed that an enhanced AccessNI check had not been obtained prior to this staff member commencing employment within the home. RQIA instructed the manager to ensure the identified staff member did not work in the home until Access NI clearance was received.

In addition, both staff recruitment files did not contain a recruitment checklist in keeping with the home's selection and recruitment procedure; the introduction of this checklist had formed part of assurances given to RQIA during a serious concerns meeting previously held on 23 September 2020.

These deficits were discussed with the RI during a meeting on 9 June 2021; the RI acknowledged the need for improved managerial oversight and governance within the home. While the RI outlined some measures which were being undertaken to improve selection and recruitment processes within the home, RQIA was not assured that these were sufficiently robust or embedded into practice. A failure to comply notice was issued under Regulation 21 (1) (b). Compliance must be achieved by 6 August 2021.

Staff said there was good team work and that they felt well supported in their role; staff were also satisfied with the staffing levels and the degree of communication between staff and management.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff who are in charge of the home in the absence of the manager are required to undergo a competency and capability assessment for this role to ensure that they have the necessary knowledge and understanding prior for this role. A review of these competency and capability assessments evidenced they were not up to date. An area for improvement was identified.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to residents' requests for assistance promptly and in a caring and compassionate manner.

One resident told us that the staff were "very good and nice" and that they had all that they needed; they also commented positively on the quality of the food and how they had recently enjoyed making pom-poms as part of an activity programme.

We observed that residents' needs were safely met by the number and skill of the staff on duty. An area for improvement was identified in regard to staff competency and capability assessments; one failure to comply notice was issued in regard to the selection and recruitment of staff.

### **5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?**

The manager was identified as the appointed safeguarding champion for the home; the manager has the responsibility for implementing regional adult safeguarding guidance and the home's adult safeguarding policy.

There was a system in place to monitor staff compliance with mandatory training which includes adult safeguarding, and to indicate what training was due. Staff told us they were confident about reporting concerns about residents' safety and poor practice.

One resident told us "This place is beautiful, the staff are excellent, I'm as safe as houses".

Staff were observed to be prompt in recognising residents' needs and were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

There were systems in place to ensure that staff were appropriately trained for their roles. The residents told us that they felt safe living within the home.

### **5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?**

We observed the internal environment of the home and noted that residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were attractively decorated, suitably furnished, clean and tidy.

The home has a refurbishment plan in place; it was encouraging to see that good progress had been made against this plan. The home was bright and welcoming. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.



We reviewed fire safety arrangements within the home; the fire risk assessment dated 12 February 2021 was reviewed. The review of the fire risk assessment highlighted that it contained no written evidence to indicate whether the required actions had been addressed; this was discussed with the manager who could not provide us with any assurance as to what progress had been made against the fire risk assessment action plan.

In addition, a review of fire drill training records evidenced that fire drill training had not taken place in the home since 2018. This was discussed with the manager who was unable to confirm if fire drills had taken place since. A further review of the staff training matrix identified a number of staff whose fire safety training was out of date.

These deficits were discussed with the RI during a meeting on 9 June 2021 who provided RQIA with an assurance that the actions identified from the identified fire risk assessment had been appropriately addressed although not recorded at the time. The RI also confirmed that staff had undergone fire safety and drill training in 2019 and 2020 although acknowledged that this had not been appropriately documented. The RI advised that further dates were scheduled for staff to undergo fire drill sessions during the month of May 2021. Given these assurances, it was decided that a failure to comply notice would not be issued in respect of Regulation 27 (4)(a)(e)(f); however, an area for improvement was identified.

#### **5.2.4 How does this service manage the risk of infection?**

Feedback from staff provided assurances that there were arrangements in place for the management of risks associated with COVID-19 and other infections. In addition, the home is participating in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting arrangements were managed in line with Department of Health guidance.

There were effective systems were in place to manage the risk of infection within the home.

#### **5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.**

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, residents' care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

It was observed that staff respected resident privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

A post fall observation tool is used by staff to help them monitor any resident for any ill effects following a fall. A review of care documentation regarding the management of residents who had fallen, evidenced inconsistencies in the use of this post fall observation tool and/or associated records.

For instance, the falls observation tool was not always completed for the required timeframe or there was no rationale to confirm why observations had been stopped before the required time; all of the resident's information was not entered on a number of forms; the documentation was not signed by the person conducting the observations and a post fall analysis was not consistently completed.

In addition, the home's falls policy was reviewed and it was observed that this required some amendments to ensure it is appropriate to meet the needs of residents in a residential care setting; the policy made reference to staff completing clinical observations. This was discussed with the manager and an area for improvement was identified.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may range from simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their overall dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meal offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. However, it was noted that there was no menu displayed in the dining room for residents to refer to; an area for improvement was identified.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

There were systems in place to ensure that residents' needs, including any changes, were communicated to all staff in a timely manner. Residents' privacy and dignity was maintained. Care delivery to residents will be further improved through compliance with those areas for improvement identified.

### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?**

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. Residents' care records were held confidentially.

Care records were maintained, reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

A review of the progress notes confirmed that while staff maintained a record of care provided to residents, this was not always done on a daily basis. Such daily entries would help to ensure that an accurate and contemporaneous record is maintained in respect of residents' care needs and wellbeing. This was discussed with the manager who agreed to implement this change. This will be reviewed on a future inspection.

There were systems were in place to ensure that care records were evaluated and updated to reflect any changes in residents' needs and to ensure that staff were aware of any changes. The quality of care records will be further improved through the introduction of daily entries by care staff.

### **5.2.7 How does the service support residents to have meaning and purpose to their day?**

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff. An activity schedule was on display and records of residents' involvement and participation in activities was recorded by the activity staff. Over recent weeks, residents had been enjoying a "knit and natter" activity which takes place every Thursday afternoon. Arts and craft items were displayed throughout the home which the residents had enjoyed making.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Indoor visiting arrangements were now in place in accordance with the latest visiting guidance. Staff told us how the resumed visits from relatives and loved ones into the home had resulted in positive benefits to both the physical and mental wellbeing of the residents.

There were systems in place to support patients to have meaning and purpose to their day within Redford.

### **5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There was evidence that there was a system of auditing in place to monitor the quality of care delivery and service provision to residents.

There was a system in place to manage complaints.

Staff commented positively about the management team.

A review of governance records confirmed that the Responsible Individual visited the home on a monthly basis in order to assess the quality of services and care provided by the home. Any concerns or actions which were identified and/or addressed during these visits were noted within the corresponding monthly monitoring report.

During a meeting with RQIA on 9 June 2021, the RI acknowledged the need for improved managerial oversight and governance within the home; the RI also stated that he wished to apply greater scrutiny to the selection and recruitment of staff within Redford. RQIA was informed by the RI during this meeting that the current manager had tendered his resignation and that a new manager was in the process of being recruited. RQIA has subsequently been informed that a new manager has now been appointed with the intention of applying to RQIA for registration.

## 6.0 Conclusion

Feedback from the staff and residents provided RQIA with assurance that care delivery within the home is provided in a person centred and compassionate manner. Residents praised staff for the attention they gave them and appeared relaxed and at ease within the home.

The home's environment was clean, tidy and comfortable for residents and the risks associated with potential infection was effectively managed.

[Enforcement action](#) resulted from the findings of this inspection.

RQIA identified significant concerns during the inspection in regard to the lack of robust governance and managerial oversight within the home, specifically in relation to the selection and recruitment of staff and fire safety. As a consequence, a meeting was held on 9 June 2021 with RQIA with the intention of issuing two failure to comply notices under The Residential Care Homes Regulations (Northern Ireland) 2005 in relation to Regulation 21 (1) (b) and Regulation 27 (4) (a) (e) (f). One failure to comply notice was subsequently issued under Regulation 21 (1) (b) with a compliance date of 6 August 2021.

Five new areas for improvement were identified in relation to fire safety, staff competency and capability assessments, falls management, the falls policy and the daily menu.

## 7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5*	5*

\* the total number of areas for improvement includes one under regulation and four under the standards which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Trevor Gillen, manager, Kim Robinson, senior carer and Reigan Barr, senior carer, as part of the inspection process. The timescales for completion commence from the date of inspection.

<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> Second time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that robust arrangements are in place for the management of controlled drugs.</p> <p>Ref: 5.1 &amp; 7.3</p>
	<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 20 (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 10 June 2021	<p>The registered person shall ensure that competency and capability assessments for any member of staff with the responsibility of being in charge in the absence of the manager is completed and regularly reviewed.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Registered manager will complete assessments on all SCA's and Keyholders that could be in charge of the home in the absence of the manager with immediate effect. The home manager role profile has been amended to reflect this responsibility.</p> <p>Capability will be reviewed every 3 months, with ongoing monthly supervisions and weekly catch-ups with the SCA staff to ensure ongoing confidence in capability.</p> <p>The forms can be located in a separate file in the office.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (4) (a) (e) (f)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the following in regard to fire safety arrangements:</p> <ul style="list-style-type: none"> <li>● The fire risk assessment is effectively maintained by the manager and evidences any actions taken in regard to recommended actions required</li> <li>● Staff receive regular training in fire safety drill procedures</li> <li>● Staff receive mandatory fire safety training at suitable intervals</li> <li>● Evidence of staff attendance at fire safety training sessions is accurately recorded and maintained.</li> </ul> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Manager will take responsibility for the risk assessment moving forward, ensuring any actions outlined are met.</p> <p>Fire drills will be completed with all staff twice yearly and attendance documented and stored in the fire file. Fire training will take place twice a year for all staff, attendance record completed and certificates will be kept in file.</p> <p>The next fire training is scheduled for September.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that in the event of a fall:</p> <ul style="list-style-type: none"> <li>● The resident's falls observation chart is completed for the specified timeframe as outlined in the home's fall policy</li> <li>● If observations are stopped before the specified timeframe a clear rationale is documented</li> <li>● Relevant documentation is completed in an accurate, comprehensive and contemporaneous manner at all times</li> <li>● A post fall analysis is completed for all residents who have experienced a fall.</li> </ul> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>                  Manager is responsible for completing the monthly report to the NHSCT &amp; BHSCT regarding falls, this allows opportunity for the manager to review paperwork that has been submitted by SCA's and to identify any trends etc. The manager will report this to the registered provider on a monthly basis.</p> <p>With immediate effect, the SCA on duty will complete the form and report falls to RQIA, NOK and social worker within 24hrs. All staff have been reminded to complete observation charts and post fall analysis every time a resident as a fall. This will form part of ongoing training.</p> <p>Falls file is reviewed and audited by SCA monthly and the manager will complete sample audits to ensure this is being done.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the falls policy within the home is reviewed so that it accurately reflects the care of residents in a residential care setting. This specifically relates to clinical observations.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>                  The falls policy has now been reviewed and updated to accurately reflect residential care setting.</p> <p>All policies form part of a policy review calendar.</p> <p>The new manager is systematically reviewing all policies and that will be completed by the end of the year and following that all policies will be regularly reviewed.</p>

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 30 <b>Stated:</b> Second time <b>To be completed by:</b> With immediate effect	The registered person shall ensure that two staff are involved in the transcribing of medicines information and both staff sign the record.  Ref: 5.1 & 7.1  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 32 <b>Stated:</b> Second time <b>To be completed by:</b> With immediate effect	The registered person shall review the storage arrangements for medicines.  Ref: 5.1 & 7.2  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	The registered person shall review the management of medicine changes and recording errors to ensure that medicine records are clear and there are no amended entries.  Ref: 5.1  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 3 <b>Stated:</b> Second time <b>To be completed by:</b> With immediate effect	The registered person shall monitor the administration of medicines process to ensure that administration of topical medicines is full fully and accurately complete.  Ref: 5.1  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>



<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> With immediate effect</p>	<p>The registered person shall ensure that the daily menu is appropriately displayed in the dining room.</p> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Job descriptions have been reviewed and updated. Cooks and kitchen assistants have been advised it is their responsibility to ensure the menu board is displayed daily in the dining room for all residents to see what choices are being offered.</p> <p>This ensures the responsibility of reporting the menu is with those responsible for production, ensuring real time accuracy. The Manager or the duty manager will undertake a daily check that this has been completed.</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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)