

Inspection Report

5 & 10 October 2023



Rowandale

Type of Service: Residential Care Home
Address: 1-3 Shingle Cove, Bay Road,
Carnlough, BT44 0EH
Telephone number: 028 2888 5543

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Lynn McKillop Ltd</p> <p>Responsible Individual: Mr Patrick Samuel McMahon</p>	<p>Registered Manager: Miss Kirsty Kirkpatrick – not registered. Medicines management inspection, 5 October 2023</p> <p>Mr Krzysztof Ossowski- not registered. Care inspection, 10 October 2023</p>
<p>Person in charge at the time of inspection: 5 October - Miss Kirsty Kirkpatrick, Manager 10 October - Mr Krzysztof Ossowski, Manager</p>	<p>Number of registered places: 15</p>
<p>Categories of care: Residential Care (RC) I - old age not falling within any other category DE - dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 13 - 5 October 2023 12 - 10 October 2023</p>
<p>Brief description of the accommodation/how the service operates: Rowandale is a residential care home which is registered to provide personal and social care for up to 15 residents. Residents' bedrooms are located over two floors. Residents have access to a lounge area, dining area and a conservatory.</p>	

2.0 Inspection summary

An unannounced medicines management inspection took place on 5 October 2023 from 9.50am to 2.20pm. This was completed by a pharmacist inspector and focused on medicines management. An unannounced care inspection took place on 10 October 2023 from 10.30am to 6.15pm.

The findings of the last medicines management inspection on 20 June 2023 indicated that although the majority of medicines were administered as prescribed, robust systems were not in place for all aspects of the management of medicines. Areas for improvement were identified in relation to the availability of medicines, governance and audit, staff training and competency assessment in the management of medicines and the storage temperature for medicines.

The findings of the last medicines management inspection were discussed with the RQIA senior pharmacist inspector. It was agreed that a period of time would be given for the new management team to implement improvements and that a follow up inspection would be undertaken to determine if the necessary improvements had been implemented and sustained.

The outcome of the medicines management inspection indicated that improvements had been made and the areas for improvement identified regarding the management of medicines were assessed as met. No new areas for improvement were identified. The manager was reminded that these improvements must be embedded into practice and sustained.

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

It was evident that staff were knowledgeable and trained to deliver safe and effective care.

Five new areas requiring improvement were identified. Two areas for improvement under Regulation were stated for a third time. Three areas for improvement under the Standards were stated for a second time. Please refer to the Quality Improvement Plan (QIP) for details.

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.

RQIA were assured that the delivery of care and service provided in Rowandale was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Rowandale.

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

RQIA would like to thank the staff and residents for their assistance throughout the inspection.

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 the medicines management inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, staff training and the auditing systems used to ensure the safe management of medicines. The inspector also spoke to staff and management about how they plan, deliver and monitor the management of medicines in the home.

To prepare for the care 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 RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

The pharmacist inspector met with a senior care assistant, the current manager and the incoming manager. The inspector also spoke with a visiting community pharmacist.

During the care inspection, residents commented positively regarding the home and said they felt they were well looked after. A resident told us of how, "The care is very good, the girls are attentive, I have no complaints." Another resident spoke of how "I get plenty to eat, and there is plenty of choice. I am well looked after."

Some staff spoke of how they felt that there could be more staff on duty in the morning. This is discussed in section 5.2.1.

Staff told us they felt supported by the manager.

No additional feedback was received from residents, relatives or staff following the inspection.

5.0 The inspection

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

Areas for improvement from the last inspection on 10 July 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: Third and final time	The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.	Met
	Action taken as confirmed during the inspection: This area for improvement was assessed as met. See Section 5.2.2.	
Area for Improvement 2 Ref: Regulation 13 (4) Stated: Second time	The registered person shall establish robust systems, to ensure that medicines are ordered in a timely manner and available for administration as prescribed.	Met
	Action taken as confirmed during the inspection: This area for improvement was assessed as met. See Section 5.2.4.	
Area for improvement 3 Ref: Regulation 20 (1) (c)(i)(ii)(iii) Stated: Second time	The registered person shall put a more robust system in place to ensure compliance with mandatory staff training.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Regulation 16 (1) Stated: Second time	The registered person shall ensure individual resident care plans are written with sufficient detail to direct the care required to meet the resident's needs. This is made in regards to skincare and SALT care plans.	Not met

	<p>Action taken as confirmed during the inspection: This area for improvement was not met, and is stated for a third time. This is discussed in section 5.2.2.</p>	
<p>Area for improvement 5</p> <p>Ref: Regulation 14 (2)(a)(c)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that substances hazardous to the health of residents, such as chemicals, are safely stored in accordance with COSHH requirements.</p> <p>Action taken as confirmed during the inspection: This area for improvement was not met and is stated for a third time. This is discussed in section 5.2.3.</p>	Not met
<p>Area for improvement 6</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that a robust governance system is implemented and maintained to assure the quality of services in the home.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for improvement 7</p> <p>Ref: Regulation 27 (4)(a)(b)(d)(i)(ii)(iii)(iv)(v)(e)(f)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a current Fire Risk Assessment and fire management plan is in place and that all staff, including management, comply with their responsibilities in terms of fire safety in the home.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for improvement 8</p> <p>Ref: Regulation 9 (1)(2)(b)(i)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust and effective system is in place to support and oversee that the manager has the skills and experience necessary for managing the home.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met

<p>Area for improvement 9</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<p>The registered person shall implement a more effective managerial oversight to ensure the effective day to day running of the home.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards, December 2022</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: Third and final time</p>	<p>The registered person shall ensure that records are in place to demonstrate that staff responsible for medicines management have been trained and deemed competent.</p> <p>Action taken as confirmed during the inspection: This area for improvement was assessed as met. See Section 5.2.3.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 31</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that the temperature of the medicines storage area is monitored and recorded on a daily basis.</p> <p>Action taken as confirmed during the inspection: This area for improvement was assessed as met. See Section 5.2.5.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 24</p> <p>Stated: Second time</p>	<p>The registered person shall ensure all staff have a recorded annual appraisal and supervision no less than every six months. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the appraiser/supervisor.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the staff duty rota:</p> <ul style="list-style-type: none"> • Includes the capacity in which staff work within the home • The person in charge is identified 	<p>Met</p>

	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Area for improvement 5 Ref: Standard 8.6 Stated: First time</p>	<p>The registered person shall ensure that care plans contain a recent photograph of the resident.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for improvement 6 Ref: Standard 6.3 Stated: First time</p>	<p>The registered person shall ensure that the resident or their representative sign the care plan along with the member of staff responsible for drawing it up.</p> <p>Action taken as confirmed during the inspection: This area for improvement was not met, and is stated for a second time. This is discussed in section 5.2.2.</p>	Not met
<p>Area for improvement 7 Ref: Standard 35 Stated: First time</p>	<p>The registered person shall ensure that there is a managed environment that minimises the risk of infection.</p> <p>Action taken as confirmed during the inspection: This area for improvement was not met and is stated for a second time. This is discussed in section 5.2.3.</p>	Not met
<p>Area for improvement 8 Ref: Standard 32 Stated: First time</p>	<p>The registered person shall ensure that oxygen cylinders are safely and securely stored.</p> <p>Action taken as confirmed during the inspection: This area for improvement was assessed as met. See Section 5.2.5.</p>	Met
<p>Area for improvement 9 Ref: Standard 20.10 Stated: First time</p>	<p>The registered person shall ensure that a system is in place to maintain oversight of staff registration with NISCC.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met

Area for improvement 10 Ref: Standard 27 Stated: First time	The registered person shall ensure that the premises are well maintained.	Partially met
	Action taken as confirmed during the inspection: This area for improvement was partially met and is stated for a second time. This is discussed in section 5.2.3.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. Review of training records indicated training in some areas such as dysphagia, Deprivation of Liberty Safeguards (DOL`S) and dementia care were not up to date. RQIA received written assurance following the inspection that dates were planned, to provide this training to staff.

There was a system in place to ensure staff were registered with the Northern Ireland Social Care Council (NISCC). Staff said there was good team work and that they felt well supported in their role.

There was no evidence of regular staff meetings in the home. This was discussed with the manager. An area for improvement was identified.

The staff duty rota accurately reflected 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.

Some staff spoke of how they felt an additional staff member is required in the morning time. Observation on inspection did not evidence this, care was unrushed and the staff were attentive to resident's needs. These comments on care delivery were passed back to management for their review and action as required. Residents commented positively on the care delivered in the home.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

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

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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

It was observed that staff respected residents' 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.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

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 include simple encouragement through to full assistance from staff.

The menu board was not mounted on the wall and was not available for residents to view. The manager agreed have this addressed. The dining experience was an opportunity for residents to socialise and the atmosphere in the dining room was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their 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 meals offered, the food was attractively presented and smelled appetising. There was a variety of drinks available. Lunch was a pleasant and unhurried experience for the residents.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. It was discussed with the manager the need to record increases or decreases in weight on the recording record, and any action then taken by staff. This will be reviewed at a subsequent inspection.

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.

One identified resident was observed not to have their Speech and Language Therapist (SALT) assessment and care plan being followed by staff, and had been eating unsupervised. The care plan did not reflect the residents current SALT recommendations. This was discussed with the manager, who arranged for the resident to be supervised when eating, and for the resident's care plan to be updated. Other care plans reviewed did not have sufficient detail around diabetes, catheter management and pain management. An area for improvement was identified around the delivery of care, and another area for improvement around care planning was stated for a third time.

Review of care plans identified that they were not signed by residents or relatives. An area for improvement was stated for a second time.

Residents' individual likes and preferences were reflected throughout the records.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

The home has been recently repainted both on the outside and inside.

A number of Infection Prevention and Control (IPC) deficits were identified. For example, some commode frames were found to be rusty, and a decontamination schedule was not in place for certain items of equipment. Full details were discussed with the manager and an area for improvement was stated for a second time.

There were a number of areas in the home where maintenance issues were identified. For example, the carpet on the landing was damaged, and tiles in an identified bathroom needed replaced or secured. Full details were discussed with the manager and an area for improvement was stated for a second time.

Residents' bedrooms were personalised with items important to the resident. Bedrooms were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

A cleaning store on the first floor was found to be unlocked, and Steradent tablets were accessible in two identified bedrooms. The manager ensured these issues were addressed immediately, and an area for improvement was stated for a third time.

A number of residents' bedrooms did not have a call bell lead available. There was no clear alternative system in place to ensure residents could summon assistance if required. This was discussed with the manager and an area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

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.

While residents did not raise any concerns there was no evidence of a programme of activities in place for them, and there was no activity planner on display. This was discussed with the manager and an area for improvement was identified.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mr Krzysztof Ossowski has been the acting manager in this home since 9 October 2023.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home. It was discussed with the manager the need for some of these audits to have more developed action plans. This will be reviewed at a subsequent inspection.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would address these.

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.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Review of complaints found there was no record of the actions taken, and the outcome of a recent written complaint to the homes management. Following inspection, the home provided written assurance that this complaint had been followed up. An area for improvement was identified.

Staff commented positively about the management team and described them as supportive, approachable and available for guidance.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

5.2.6 Medicines Management

Medicine records

Personal medication records were up to date and had been verified by a second member of staff. This is necessary to verify accuracy and is considered good practice. Copies of prescriptions were retained in the home so that any entry on the personal medication record could be checked against the prescription.

Medication administration records had been completed in a satisfactory manner.

Records of medicines received into the home had been recorded appropriately and facilitated audit.

Controlled drug records were being made on loose sheets. Although records and stock balances were accurate, an appropriate bound book should be used. The manager was aware of this and advised that a new book had been obtained. This was evidenced and it was agreed that all controlled drugs and balances would be transferred without delay following the inspection, by two designated members of staff.

Governance and audit

An audit system had been implemented and completed on a monthly basis by the management team, to review all aspects of the management of medicines. It was agreed that any resulting action plans should be used on an ongoing basis as a working document, to ensure that any deficits are promptly addressed.

Both the audit tool shared with the manager following the last inspection and an audit tool developed for use by the company had been used.

It was acknowledged that the audits completed at this inspection indicated that the majority of medicines were administered as prescribed. A small number of discrepancies were highlighted for attention.

Staff training and competency assessment

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines must be appropriately trained. The registered person has a responsibility to check that they staff are competent in managing medicines and the systems in use.

Staff training and competency assessments had been completed since the last inspection. Relevant staff had received face to face training from both the community pharmacist and an external training provider. An online training module in medicines management had also been completed.

Stock control

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. There was evidence that a revised system was in place to order medicines in a timely manner. Stock availability was being reviewed on a weekly basis and a monthly medication order completed. All prescribed medicines were available for administration.

Medicine storage

The medicines storage areas were observed to be securely locked when not in use, to prevent any unauthorised access. They were organised so that medicines belonging to each resident could be located. The medicines trolley was tidy and organised. A controlled drugs cabinet was available for use as needed.

Medicines requiring cold storage were stored appropriately. An appropriate maximum/minimum thermometer was in place and records were maintained.

The room temperature of the medicines storage area was monitored and recorded to ensure that medicines are stored at or below 25°C in accordance with the manufacturers' instructions.

The storage of oxygen cylinders had been reviewed and these were stored upright and chained in the medicines storage area.

6.0 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 (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	3*	7*

* the total number of areas for improvement includes two under Regulation that have been stated for a third time, and three under the Standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Krzysztof Ossowski, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: Third time</p> <p>To be completed by: 1 September 2022</p>	<p>The registered person shall ensure individual resident care plans are written with sufficient detail to direct the care required to meet the resident's needs. This is made in regards to skincare and SALT care plans.</p> <p>Ref: 5.1 & 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All care plans were rewritten by new manager: skin care and SALT- more details added. All type of care plans were checked and more detailed added. New residents post inspection were included on new system. Reviewed on monthly basis or when needed (if any changes). Regular checking of care plans by management.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2)(a)(c)</p> <p>Stated: Third time</p> <p>To be completed by: Immediate action required (9 June 2022)</p>	<p>The registered person shall ensure that substances hazardous to the health of residents, such as chemicals, are safely stored in accordance with COSHH requirements.</p> <p>Ref: 5.1 & 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff had COSHH training - elearning. It was highlighted to all staff during staff meeting to ensure that all chemicals are always locked in accordance with COSHH requirements. Regular spot checks by management.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 12.1</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall provide care to residents and ensure that the care provided to residents meets their individual needs. This is stated in relation to SALT assessments and care plans, being followed by staff.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff had elearning training (dysphagia), care plans updated, care plans easily accessible, info about SALT requirements highlighted in the kitchen, added to handover and was highlighted during staff meeting. Regular observation of staff by manager.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:1)	
<p>Area for improvement 1</p> <p>Ref: Standard 6.3</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that the resident or their representative sign the care plan along with the member of staff responsible for drawing it up.</p> <p>Ref: 5.1 & 5.2.2</p> <p>Response by registered person detailing the actions taken: Care plans were done with more details, were signed and photo attached.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that there is a managed environment that minimises the risk of infection.</p> <p>Ref: 5.1 & 5.2.3</p> <p>Response by registered person detailing the actions taken: Staff have had infection control training (face to face) and doing elearning too. Regular checks by management. Audits in place.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 27</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that the premises are well maintained.</p> <p>Ref: 5.1 & 5.2.3</p> <p>Response by registered person detailing the actions taken: Painting was completed, carpets will be replaced, carpet on the stairs and upstairs landing to be replaced, bathroom tiles will be replaced. Audit in place to ensure premises are in good repair and if any issues, these will be addressed in a timely manner.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis, and at least quarterly in the home.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Staff meetings on 12/10/23 and 14/11/23, and will be on a regular basis moving forward. Another staff meeting arranged to discuss action plan regarding recent inspections.</p>

<p>Area for improvement 5</p> <p>Ref: Standard E8</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that resident call bells are provided in every room used by residents when safe to do so, and linked to a system that alerts staff that a call is being made or assistance is required.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 6</p> <p>Ref: Standard 13</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: Enough call bell leads in building (spares now kept too). Checked on regular basis (ensure none missing and are linked to the system).</p> <p>The registered person shall ensure that a structured and varied schedule of activities is produced, implemented and appropriately displayed. The activities plan should demonstrate the involvement of residents in its production.</p> <p>Ref: 5.2.4</p>
<p>Area for improvement 7</p> <p>Ref: Standard 17.10</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: Staff was encouraged to do more activities, with evidence now found in diary. Also commenced new facebook page, with local people with some talents being asked to help, which has been very well received to date. Volunteer worker has already started and is a huge help with activities, and already a favourite with residents.</p> <p>The registered person shall ensure that records are kept of all complaints, and details are kept of any investigations and outcomes taken.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Records correctly kept now by manager of all complaints, investigations and outcomes. New manager is extremely proactive and deals with all/any issues as they arise.</p>

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



The Regulation and Quality Improvement Authority
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