



# Unannounced Care Inspection Report 8 August 2018



## Seabank

**Type of Service: Residential Care Home**  
**Address: 12a Bath Terrace, Portrush, BT56 8AN**  
**Tel No: 028 7082 4285**  
**Inspector: Priscilla Clayton**

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide care and accommodation for thirty seven persons in the categories of care cited within section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Seabank Private Residential Home  <b>Responsible Individual:</b> William Duncan Amanda Duncan	<b>Registered Manager:</b> Fiona Simpson
<b>Person in charge at the time of inspection:</b> Fiona Simpson	<b>Date manager registered:</b> 13 April 2018
<b>Categories of care:</b> Residential Care (RC)  I – Old age not falling within any other category: 19 DE – Dementia: X5 MP – Mental disorder excluding learning disability or dementia: X3 MP (E): X 8 PH – Physical disability other than sensory impairment: X1 PH (E) – Physical disability other than sensory impairment – over 65 years X1	<b>Number of registered places:</b> 37

### 4.0 Inspection summary

An unannounced care inspection took place on 8 August 2018 from 11.00 to 17.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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

Evidence of good practice was found in relation to the promotion of a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. There were examples of good practice found in relation to staff recruitment, staff training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the improvement made to the home's environment. Positive feedback was received from residents and staff in regard to the provision of a safe, effective, compassionate and well led care. No issues or concerns were raised or indicated.

Areas requiring improvement were identified in regard to the staff induction programme, signing of needs assessments and retention of individual signed resident agreements.

Residents said they were happy living in Seabank where the care was very good.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Fiona Simpson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 October 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

The inspector met with the registered manager, all residents and three staff during the inspection.

A total of ten satisfaction questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Ten completed questionnaires were returned by residents. No staff questionnaires were returned to RQIA within the requested timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedule
- Staff training schedule and training records
- Two staff files
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits conducted
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Annual satisfaction survey 2017/18

- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Kitchen audit records
- Residents menus
- Individual written agreements
- Programme of activities
- Policies and procedures

An inspection of the home was undertaken.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 08 August 2018.**

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

### **6.2 Review of areas for improvement from the last care inspection dated 19 October 2017**

There were no areas for improvements made as a result of the last care inspection.

## **6.3 Inspection findings**

### **6.4 Is care safe?**

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

On arrival at the home all residents were observed to be up washed and dressed with their personal care needs attended. Several residents were seated within the main lounge while others moved freely around the home. Some residents preferred to remain in their bedrooms reading or watching television. Staff presence was observed; attending to residents' requests for

assistance and supervising as required. Residents who spoke with the inspector advised that they had received breakfast which they enjoyed.

The registered manager, who was on duty throughout the inspection advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were not used in the home. The registered manager stated that permanent staff work additional time to provide cover for staff leave. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home at the time of inspection.

A register of staff working in the home was available and contained all information as outlined within the legislation.

A review of two staff induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all new staff, relevant to their specific roles and responsibilities. One area of improvement identified related to ensuring induction programmes are fully completed as one programme did not reflect training provided. The use of the Northern Ireland Social Care Council (NISCC) induction programme for care staff was also discussed with the registered manager who advised that review and revision of the current staff induction programme was planned.

Discussion with staff confirmed that of staff mandatory training, supervision and annual appraisal was provided. Schedules and records of training, staff appraisals and supervision schedules were retained.

Discussion with the registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments reviewed were found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The registered manager advised that Access NI enhanced disclosures was undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that Access NI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken with advised that they were registered with the NISCC.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included; definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the Adult Safeguarding Champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed. The registered manager advised that she had received training in this role and demonstrated knowledge and understanding and was aware of the necessity to complete the ASC position report. Two reported safeguarding

incidents, which had occurred since the previous inspection had been screened by the commissioning safeguarding team resulting in no further action required.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager advised there were restrictive practices within the home which included movement sensor mats in place for identified residents at risk of falls. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented and reviewed with the involvement of the multi-professional team and families.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. The registered manager advised that there were no residents requiring behavioural management care plans at present.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), for example, disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats. Leaflets containing information on infection, prevention and control for residents and visitors were on display and available at reception.

IPC compliance audits were undertaken and action plans developed to address any deficits noted. For example; hand hygiene and environment cleanliness.



The registered manager reported that there had been no outbreaks of infection within the last year and that any outbreak arising would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. The environmental improvements made since the previous inspection included redecoration of several areas within the home. This is to be commended. The registered manager advised that replacement of carpet within the lounge is planned for this year.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly. For example; Control of Substances Hazardous to Health (COSHH), fire safety and manual handling.

The home had an up to date Legionella risk assessment which was dated 14 November 2016. No recommendations for improvement had been made had been actioned.

It was established that two residents smoked. The registered manager advised that the care records of these residents identified the risk assessment and corresponding care plans had been completed in relation to smoking.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary

The registered manager and review of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date.

The home had an up to date fire risk assessment in place dated 26 March 2018 and action was taking place to address one recommendation for improvement. The registered manager completed and returned an RQIA estates checklist.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.



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

- “We have all the resources to meet the needs of residents.” (staff)
- “Yes a really good safe home.” (resident)
- “Very good care provided, staff go that extra mile.” (resident)

Ten completed questionnaires were returned to RQIA from residents. All respondents described their level of satisfaction with this aspect of care as “very satisfied”.

Residents were observed to be content and relaxed. Those who met with the inspector spoke openly about the care received. No issues or concerns were raised or indicated.

Recorded comments received from residents within satisfaction questionnaires included:

- “No complaints content with everything.”
- “Exemplary care provided.”
- “Staff very helpful.”

**Areas of good practice**

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

**Areas for improvement**

One area identified for improvement related to review and revision of the staff induction programme.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome**

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

A review of two care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments. For example; manual handling, nutrition, falls and oral hygiene which were updated as required.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care record assessments reviewed were discussed with the registered as two were not dated or signed by the resident/representative. The registered manager explained that all care records were being reviewed and this would be addressed.

The registered manager advised that each resident received an individual agreement setting out the terms of residency. However, no copy was retained by the home. Improvement in this regard was recommended. The annual care review of one resident scheduled for April 2018 was discussed with the manager as this had been cancelled by the social worker due to unforeseen circumstances. The registered manager agreed to ensure that another date was arranged.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. This was observed from the four weekly menus reviewed. Dining room tables were observed to be nicely arranged with table cloths in place on each table, range of condiments, cutlery and drinks provided. Meals were nicely presented with adequate portions of food served. Residents were attended and supervised throughout the meal by staff in a professional unhurried manner. A pleasant ambience existed within the dining room throughout the meal. Residents who spoke with the inspector stated they enjoyed the meals and that choice was always provided.

The registered manager advised that no residents currently accommodated had presented with a risk of choking.

The home had received a food hygiene score of 5 from Environmental Health assessment. This is to be commended.

Records were in place of residents weights which were monitored by staff and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

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

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of needs and risk assessments, care plans, care review, accidents and incidents, complaints, environment, catering was available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

A resident satisfaction survey was conducted during 2017 with a report developed. Responses were noted to be positive. Action to address low level responses was addressed.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents’ meetings, staff meetings and staff shift handovers. Minutes of regular staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced effective communication by staff with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents were provided with staff call bells within their bedrooms. Call bells were observed to be answered promptly by staff during the inspection.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports/latest RQIA inspection reports/annual satisfaction survey report/resident meeting minutes were available on request for residents, their representatives any other interested parties to read.

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

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

- “Care couldn’t be better and I can see my care plan if I want.” (resident)
- “Care is very effective. I would say my pain is well manager.” (resident)
- “I would recommend this home to my family.” (staff)

Ten completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as “very satisfied”.

**Areas of good practice**

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

**Areas for improvement**

Areas of improvement identified related to signing of care needs assessments and retention of signed residents individual agreement.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager, residents and staff advised that consent was always sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights; independence, dignity and confidentiality were protected. For example; choice at mealtimes, activities, participation in the development of their care plans, activities and what time they wish to get up each morning and go to bed at night.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, infection, nutrition, where appropriate.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with staff and residents confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example; residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings and consultations during visits by the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read.

Discussion with staff and residents observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities which included; music for health, outings, reminiscence programmes, passive exercised, music therapy and arts/crafts. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example; visits to local community venues, café and restaurants and nights out at local theatres. A planned activity board was displayed daily. Planned activities calendar was compiled.

On the day of inspection several residents choose to watch a video in the morning or preferred to read. Bingo was played during the afternoon. Records of activities provided and resident participation were retained by the activity therapist.

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

- “Residents care plans are discussed and shared with residents.” (staff)
- “Yes, staff are very kind and caring.” (resident)
- “Staff are always smiling, happy, so we are happy.” (resident)

Ten completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as “very satisfied”. No issues or concerns were raised or indicated.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

### Areas for improvement

No areas for improvement were identified within the compassionate domain of care.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

Fiona Simpson, the registered manager is a qualified social worker has settled in very well into her new post and demonstrated good knowledge and understanding of the Residential Care Homes Regulations and DoH Minimum Care Standards. The registered manager explained that she is currently reviewing the systems and processes in place for the daily management of the home and the associated governance arrangements.

The registered manager demonstrated knowledge and understanding of the Residential Care Homes Regulations and Minimum Standards.

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Discussion with staff confirmed that they were aware of complaints management and were knowledgeable about

how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received, for example; thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. For example; Northern Ireland Social Care Council (NISCC), DoH policy and guidelines and National Institute of Clinical Excellence (NICE). Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example; dementia awareness and oral hygiene.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read.

There was a clear organisational structure and all staff was aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose. The registered manager explained that the Resident Guide consisted of three separate pages of information which were retained electronically. The registered manager advised that review and revision of the Resident Guide was a work in progress and when completed the composite document would be distributed to each new resident admitted to the home. The registered manager stated that the registered providers were kept informed regarding the day to day running of the home by way of daily informal meetings, telephone calls and e-mails.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider/s responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The employer's liability insurance certificate dated 13 November 2017 – 13 November 2018 was displayed within the main hallway.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

Residents, staff, visiting professionals and residents' visitors/representatives spoken with during the inspection made the following comments:

- "Yes we have a good manager, always about to see us." (resident)
- "Well led, good support and good team work." (staff)
- "Good manager, we know who she is, can talk to her at any time." (staff)

Ten completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as "very satisfied".

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

Two areas for improvement identified related to the provision and distribution of a resident guide and make application to RQIA for variation to the current categories of care.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Fiona Simpson, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.



## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<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 23.1  <b>Stated:</b> First time  <b>To be completed by:</b> 31 November 2018	<p>The registered person shall undertake review and revision of the staff induction programme to ensure NISCC recommendations are met.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Induction programme is revised to include a 2 week initial induction and recommended NISCC Induction work book.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2018	<p>The registered person shall ensure that a copy of the service user agreement is retained within the home. The agreement should include data in accordance with standard 4 of the Residential Care Minimum Standards and be signed and dated by both parties.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            All agreements for current residents signed and dated by both parties, copy to resident and copy retained within the home. This is an ongoing process due to home fees being renewed annually.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 5.4  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2018	<p>The registered person shall undertake a review of resident needs assessments to ensure these are dated and signed by the resident or their representative. If the resident/representative is unable or chooses not to sign this should be recorded.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Reviewed Needs assessments dated and signed.</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)