



# Unannounced Care Inspection Report 12 September 2018



## Naroon House

**Type of Service: Residential Care Home**  
**Address: 1 Ballyquillan Road, Crumlin, BT29 4DD**  
**Tel No: 028 9445 2204**  
**Inspector: Kylie Connor**

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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 12 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Naroon House  <b>Responsible Individuals:</b> Margaret Kelly Mary Kelly – Registration Pending	<b>Registered Manager:</b> Mary Kelly
<b>Person in charge at the time of inspection:</b> Mary Kelly, Registered Manager	<b>Date manager registered:</b> 28 August 2015
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category MP – Mental disorder excluding learning disability or dementia MP (E) – Mental disorder excluding learning disability or dementia – over 65 years LD – Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 12

### 4.0 Inspection summary

An unannounced care inspection took place on 12 September 2018 from 10.15 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 including in relation to staff training, infection prevention and control, meals, communication between residents, staff and other interested parties and maintaining good working relationships.

A number of areas requiring improvement were identified. These were in relation to staff supervision and annual appraisals, the home's recruitment and selection policy and procedure, Northern Ireland Social Care Council (NISCC) registration status of staff; the home should also complete and maintain records for practice fire drills, fire-fighting equipment and means of escape checks.

Residents said that they were happy with their lifestyle in the home including relations with staff, the standard of care delivered and the meals provided.

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>	2	5

Details of the Quality Improvement Plan (QIP) were discussed with Mary Kelly, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this 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 28 February 2018. In addition, the registered manager has been working with the registration team to progress a number of registration matters.

## 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.

During the inspection the inspector met with the registered manager, the responsible individual and one member of staff. The inspector greeted and spoke with residents during an inspection of the environment.

A total of 10 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. No questionnaires were returned by residents, residents' representatives or staff within the agreed timescale.

A lay assessor was present during the inspection to speak with residents regarding their experiences of living in the home. Comments received from two residents spoken with are included within this report.

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

- Staff duty rota
- Staff supervision and annual appraisal records
- Staff competency and capability assessments
- Staff training schedule and training records
- Two residents' care files
- A range of audits
- Accident, incident, notifiable event records
- Annual Quality Review report for 2017/18
- Minutes of recent residents' meetings

- Evaluation report from annual quality assurance survey
- Legionella risk assessment
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Policies and procedures
- RQIA certificate of registration and employer's liability insurance

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 28 February 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 28 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (3) (b) <b>Stated:</b> First time	The registered person shall ensure that fire doors are not wedged open and that the need for a hold open device to be installed is reviewed.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following discussion with the registered manager and inspection of the environment.	

## 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.**

The registered manager 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. 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.

The registered manager was advised that NISCC had recently launched a new induction programme and was encouraged to adopt this for all new staff. The registered manager gave assurances that this would be actioned.

Discussion with staff and review of training records confirmed that mandatory training was regularly provided. Discussion with the registered manager, staff and review of three staff records identified that the last recorded individual supervision with staff had been in 2016; action was required to ensure compliance with the regulations. It was also identified that staff had not received an annual appraisal since 2016; action was required to ensure compliance with the regulations.

Discussion with the registered manager and review of one staff file 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.

Recruitment and selection practices in regard to internal promotion and acting up arrangements were discussed with the registered manager. Review of the home's recruitment and selection policy and procedure was identified as an area of improvement to ensure compliance with current legislation and best practice.

The registered manager advised that no staff were recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment.

Arrangements were not up to date to monitor the registration status of staff with their professional body (where applicable) and an area of improvement was identified. Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

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.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. 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 there had been no suspected, alleged or actual incidents of abuse; staff were aware that any incidents must be referred to the relevant persons and agencies for investigation in accordance with procedures and legislation and that written records must be 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. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The registered manager advised there were restrictive practices within the home, notably the use of lap belts, bed rails and the management of smoking materials. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Staff training records evidenced that all staff had received training in infection prevention and control (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), e.g. 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.

IPC compliance audits were undertaken and action plans developed to address any deficits noted. The registered manager was advised of a website where a range of IPC audit tools could be obtained for use in the home.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak 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.

The registered manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a regular 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. Discussion took place in regard to plans to create a

double bedroom and one single bedroom from an existing triple bedroom. Following the inspection, the estates inspector followed up this proposal with the home. The registered manager gave assurances to submit a variation for RQIA approval prior to the commencement of any work.

Inspection of the internal and external environment identified that the home was 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. No malodours were detected in the home.

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 e.g. Control of Substances Hazardous to Health (COSHH), fire safety, hot surfaces and smoking etc.

The home had an up to date Legionella risk assessment that had been reviewed by the registered manager on 15 September 2017; there were no recommendations. Discussion took place with the estates inspector following the inspection who agreed to follow this risk assessment up with the home.

It was established that some residents smoked. A review of the care records of these residents identified that risk assessment and corresponding care plan 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 12 September 2017 and all recommendations had been actioned. The registered manager reported that a review was scheduled to be completed during October 2018.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills had been completed during fire safety training. An area for improvement was identified to complete unannounced practice drills at regular intervals. Fire safety records identified that fire alarm systems were checked weekly and emergency lighting were checked on a monthly basis. Whilst the registered manager reported that she checked the means of escape on a daily basis, no records had been retained; in addition there were no records for monthly checks made to fire-fighting equipment and an area for improvement was identified. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents spoken with during the inspection made the following comments:

- "It's very good to live here."
- "Night staff clean too."



## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, infection prevention and control, risk management and the home's environment.

## Areas for improvement

Six areas for improvement were identified in regard to completion of staff supervision and annual appraisals, to review the homes recruitment and selection policy and procedure, to ensure that the NISCC registration status of staff is up to date and ensure that records are maintained for practice fire drills, fire-fighting equipment and means of escape.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	4

### 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.

Records were stored safely and securely in line with 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 (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

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. Discussions with the registered manager and review of care records identified that the home had not received a number of care review records; the registered manager have assurances to follow this up. Care records reviewed were observed to be signed by the resident and/or their representative. The registered manager reported that individual agreements setting out the terms of residency were in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, staff reported that residents who wanted to help around the home were facilitated to do so, to promote a sense of purpose and well-being.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. The registered

manager gave assurances to develop an individual rather than a group weight record template to evidence analysis and subsequent action taken. There were arrangements in place to refer residents to dieticians 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. Staff advised that they were able to recognise and respond to pressure area damage observed on residents' skin. Referrals were made in a timely manner to the multi-professional team regarding any concerns identified.

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 accidents and incidents (including falls, outbreaks), IPC and Health and Safety were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

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.

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

There were also systems in place to ensure openness and transparency of communication, for example, the annual satisfaction survey report, annual Quality Review report for 2017/18 and 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:

- "Lunch is kept if I'm late back." (resident)
- "Visitors can come when they want." (resident)
- "We have a good team....handovers are good." (staff)
- "They (staff) are very clued in (to the importance of skin care). That's why it's important to have good training." (registered manager)

### **Areas of good practice**

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

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 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 and staff advised that consent was sought in relation to care and treatment. Written consents were in place in regard to photographs and video. One area for improvement was identified in regard to the completion of written consents from residents regarding night checks and access to their care records by professionals and RQIA inspectors. 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 how confidentiality was protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, 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. Staff reported that daily discussion with residents was the most effective form of communication and decision-making.

Discussion with staff, residents and observation of practice 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 a suggestion box.

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. Whilst residents chose not to have a formal activity programme in place or on display in the home, residents, for example, enjoyed activities including gardening, setting and clearing the tables, going out for walks, going out shopping and watching television. The registered manager reported that residents who wanted to help her paint garden benches would be facilitated to do so. Arrangements were in place for residents to maintain links with their friends, families and wider community.

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

- “Food is good.” (resident)
- “Staff help.” (resident)
- “In the summer I prefer to take them out into the garden, they get a buzz out of that. They love a sing song. It’s hard to hold their attention with a board game.” (staff)

**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**

One area for improvement was identified in regard to written consents.

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

**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**

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. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

The registered manager reported that no complaints had been received and that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Arrangements were in place to share information about complaints and compliments with staff.

The home retained compliments received, e.g. 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.

The registered manager reported that she intended to source and attend training in recruitment and selection and in GDPR. The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with the registered provider identified that they had understanding of their role and responsibilities under the legislation. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home through telephone calls and a daily presence and involvement in the home.

The registered manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

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 responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

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 registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

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.

The home collected equality data on residents and the registered manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

A resident and staff member spoken with during the inspection made the following comments:

- “They (registered manager and responsible individual) are very good, very attentive towards the residents. They are very approachable and very kind.” (staff)
- “Very informed. Mrs Kelly is so kind.” (resident)

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to quality improvement and maintaining good working relationships.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<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 Mary Kelly, 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 Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (2)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2018	<p>The registered person shall ensure that staff are supervised in accordance with the home's policy and procedure and standard 24 of the RCH Minimum Standards (2011).</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Supervision has been carried out on all staff on 3<sup>rd</sup> October 2018, and will be given again in April 2019.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 (1) (c) (i)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 December 2018	<p>The registered person shall ensure that all staff receive an annual appraisal.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Annual Appraisals have been carried out on all staff on 3<sup>rd</sup> October 2018, and will be given again in October 2019.</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19.1  <b>Stated:</b> First time  <b>To be completed by:</b> 30 December 2018	<p>The registered person shall review the home's recruitment and selection policy and procedure to ensure compliance with and best practice guidance; the position in regard to internal promotion and acting up should be included.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            The Home's recruitment and selection policy and procedure has been updated to ensure compliance with and best practice guidance, in regard to internal promotion and staff acting up when the manager is on annual leave.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.17  <b>Stated:</b> First time  <b>To be completed by:</b> 30 October 2018	<p>The registered person shall ensure that a robust system is put in place to ensure that the home's register of the NISCC registration status of staff is kept up to date.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            A new list of NISCC registration status of all our staff has been developed and will be checked on a monthly basis.</p>



<p><b>Area for improvement 3</b></p> <p>Ref: Standard 29.2</p> <p>Stated: First time</p> <p>To be completed by: 20 October 2018</p>	<p>The registered person shall ensure that records are completed of fire safety checks undertaken in regard to fire-fighting equipment and means of escape.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A new template has been devised for fire fighting equipment and means of escape and is being recorded.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 29.6</p> <p>Stated: First time</p> <p>To be completed by: 20 December 2018</p>	<p>The registered person shall ensure that fire drills are completed at regular intervals to ensure that all staff participate in an unannounced practice fire drill on an annual basis; records should be retained including any learning identified and action taken.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Fire drills are taking place now outside of the twice yearly fire training schedules including any learning outcomes identified and action taken is necessary.</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2018</p>	<p>The registered person shall ensure that written consents are in place in regard to night checks and access to residents care records by professionals and RQIA inspectors.</p> <p>Ref: 6.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Written consents are now in place with regard to night checks of residents and also having access to residents care records by professionals and RQIA inspectors.</p>

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



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