

Unannounced Care Inspection Report 20 September 2018



Clanrye

Type of Service: Residential Care Home
Address: 128 Glenarm Road, Larne, BT40 1DZ
Tel No: 028 2827 5701
Inspector: John McAuley

www.rqia.org.uk

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

3.0 Service details

Organisation/Registered Provider: Clanrye Responsible Individual(s): Heather Leo	Registered Manager: Heather Leo
Person in charge at the time of inspection: Jennifer Moore deputy manager	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC): I - Old age not falling within any other category DE – Dementia – maximum of five residents MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD (E) – Learning disability – over 65 years – two named residents.	Number of registered places: 17 Plus one day care placement per day

4.0 Inspection summary

An unannounced care inspection took place on 20 September 2018 from 10.00 to 14.00 hours.

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 staff recruitment, induction, training, supervision and appraisal, adult safeguarding and infection prevention and control. Good practice was also found in relation to care records, audits and reviews, management of complaints and incidents, maintaining good working relationships.

Three areas requiring improvement were identified. These were in relation to revising/updating the Statement of Purpose and Residents' Guide, risk assessment of wardrobes and putting in place monitoring visits and subsequent reports by the responsible individual. An area of improvement was also stated for a second time in regard to clearly recording evidence that any agreed actions at care review meetings are acted on.

Feedback from residents throughout this inspection was all positive in regard to their life in the home, the provision of care, the kindness and support received from staff, the provision of activities and general atmosphere and the provision of meals.

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
Total number of areas for improvement	3	1

Details of the Quality Improvement Plan (QIP) were discussed with Jennifer Moore, deputy 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 30 January 2018.

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 14 residents, four members of staff and the deputy manager.

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 within the agreed 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 schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- One staff member's recruitment files
- Three residents' care files
- Residents' progress records
- The home's Statement of Purpose and Resident's Guide
- Complaints and compliments records

- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering, Infection Prevention and Control (IPC), NISCC registration
- Infection control records
- Equipment maintenance records
- Accident, incident, notifiable event records
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 26 April 2018

The most recent inspection of the home was an unannounced medicines management inspection.

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

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 30 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.5 Stated: First time	The registered person shall remove the trailer of discarded wooden furnishings which was obstructing the laundry exit door.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>There were no obstructions to the laundry/kitchen exit door. However a trailer was in the vicinity and the deputy manager advised that this was being removed. The inspector advised that special vigilance needs to be paid so that this storage does not impact on risks with fire safety and prevention of infection.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 11.5</p> <p>Stated: First time</p> <p>To be completed by: 27 February 2018</p>	<p>The registered person shall record clear evidence that any agreed actions at a care review meetings are acted on.</p>	<p>Not met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>An inspection on sample of three residents' care records found that in two of these records this had not been attended to.</p> <p>This has been identified as an area of improvement for a second time.</p>	

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 deputy 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. An inspection of the duty rota confirmed that it accurately reflected the staff working within the home.

An inspection of a completed induction record and discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

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

Discussion with the deputy 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. A sample of three staff competency and capability assessments were inspected and found to be satisfactory.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. Discussion with the deputy manager and inspection of a recently recruited member's 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 deputy manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. The staff file inspected confirmed that AccessNI 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 (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The home's adult safeguarding policy was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, 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.

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. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the deputy manager, inspection of accident and incidents notifications, care records and complaints records indicated that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The deputy 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. An inspection of a sample of care records identified that residents' care needs and risk assessments were obtained from the Trust prior to admission.

The home's 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 deputy manager advised there were restrictive practices within the home, notably the use of a locked door and pressure alarm mats. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were not described in the Statement of Purpose and Residents' Guide. This has been identified as an area of improvement in accordance with legislation.

The home's infection prevention and control (IPC) policy and procedure 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), 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.

An IPC compliance audit was undertaken in respect of the environment and an action plan developed to address any deficits noted.

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

The deputy 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 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.

The home was clean and tidy with a good standard of décor and furnishing being maintained. Of the sample of residents' bedrooms viewed, these were found to be individualised with photographs, memorabilia and personal items. Improvements to the environment were in place with new hall flooring and dining room furnishings. There was also paint redecoration in place at the time of this inspection.

Plans are actively in place to upgrade the dining room. It was reported that this is to occur in the next couple of weeks. The deputy manager has been in contact with the aligned estates inspector about this work and the subsequent risk assessments that need to be put in place.

The laundry facility was tidy and well organised.

The home was appropriately heated.

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. Two bedrooms had wardrobes that were loose fitting and posed a risk if a resident were to pull on this in the event of

a fall. A risk assessment of all individual wardrobes needs to be put in place with subsequent appropriate action. This has been identified as an area of improvement in accordance with legislation.

There were no other obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The deputy 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 a Legionella risk assessment in place dated 8 August 2018 and all recommendations had been actioned. This assessment was also being updated at the time of this inspection.

It was established that two residents smoked. Both residents had a risk assessment and corresponding care plan in relation to smoking.

The deputy 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. A log of visits to the website was be maintained.

The deputy manager and inspection of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date. The last inspection of equipment was on 15 May 2018.

The home had an up to date fire risk assessment in place dated 1 May 2018. Six recommendations were made from this assessment. The deputy manager confirmed that these recommendations had been and were being addressed, and agreed to submit an email to the aligned estates inspector confirming this was the case.

Inspection of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records inspected 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 on a regular and up-to-date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding and infection prevention and control.

Areas for improvement

Two areas for improvement were identified in respect of this domain during the inspection. These were in relation to revising and updating the Statement of Purpose and Residents' Guide and risk assessing all individual wardrobes.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

Discussion with the deputy 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).

An inspection of three residents' care records was undertaken. 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, were reviewed and updated on a regular basis or as changes occurred.

An inspection of residents' progress records found that issues of assessed need such as pain or discomfort had a recorded statement of care/treatment given with effect of same.

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. There was not recorded clear evidence that any agreed actions at a care review meetings are acted on. This has been identified as an area of improvement in accordance with standards for a second time.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records inspected were observed to be signed by the resident and/or their representative.

An individual agreement setting out the terms of residency was 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. Staff stated that they had good knowledge and understanding of individual resident's needs. This helped them in facility needs with social activities, enjoyment and fulfilment. For example they were able to identify who liked particular newspapers, choice of music, television programmes and topics of interest.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Discreet observation of the lunch time meal found this to be done with a nice relaxed ambience conducive to residents' needs. The meal was appetising and nicely presented. Residents also commented positively on it. Systems were in place to regularly record residents' weights 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 dietitians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with 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. Referrals were made to the multi-professional team to address any concerns identified in a timely manner. No residents were reported to be in receipt of this area of care at the time of this inspection.

The deputy 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 risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment, catering were available for inspection and evidenced that any actions identified for improvement were being incorporated into practice.

The deputy 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. A staff meeting was planned for 24 September 2018.

Observation of practice evidenced that staff were able to communicate effectively with residents. Staff interactions with residents were observed to be polite, friendly, warm and supportive.

Discussion with staff confirmed that management operated an open door policy in regard to communication within the home.

An inspection 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.

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

One area of improvement was identified in respect of this domain during the inspection. This was in relation to recording clear evidence that any agreed actions at care review meetings are acted on.

	Regulations	Standards
Total number of areas for improvement	0	1

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 deputy 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 deputy manager and residents advised that consent was 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 this was observed on how staff spoke with residents and how they sought their permission with attending to personal needs.

Discussion with 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. An inspection of residents' progress records found that issues of assessed need such as pain or discomfort had a recorded statement of care/treatment given with effect of same. This was further evidenced by the sample of care records inspected in that, 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, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. For example this was observed with how staff assisted with residents' mobility needs in a kind caring manner.

Staff stated that 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, with the consultation with the installation of the new kitchen facility. Residents were also encouraged and supported to actively participate in the annual reviews of their care.

The deputy manager reported that residents had recently been consulted with regard to the quality of care and environment. The findings from the consultation were being collated into a summary report and action plan will be made available for residents and other interested parties to read.

Discussion with staff, residents, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection, residents were relaxing enjoying the company of one another, listening to music and/or reading. Staff were also found to spend time with residents and engaged with them in warm conversations. A member of staff was also observed to explain to residents the headlines in the newspapers and talked about local events relating to the in climate weather. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, staff had knowledge of residents' visitors and some residents enjoyed talking about these visits.

The inspector met with 14 residents who all were complimentary about their life in the home, their relation with staff, the activities and general atmosphere in the home and the provision of meals. Some of the comments made included the following statements;

"I am very happy here. It's my home and I am treated very well"

"All's great. No problems"

"The staff are great. No complaints"

"It's a great place. I am very happy here and very content. You honestly couldn't complain about a thing"

"The food is lovely as is the dining room".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents and general observations of care practices and atmosphere in the home.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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

The deputy 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.

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 the deputy manager confirmed

that she had received training on complaints management and was knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Inspection 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. One expression of dissatisfaction was recorded in the complaints record since the previous inspection. This was found to be satisfactorily managed. Arrangements were in place to share information about complaints and compliments with staff.

The home retains 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. An inspection 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 inspected as part of the inspection process. The deputy 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 deputy manager has recently completed the QCF Level 5 qualification in management and is seeking to submit application for the registered manager's position in the home.

The deputy 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.

Discussion with the deputy manager and staff confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, such as diabetes and dementia.

A visit by the registered provider in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 was discussed and this was identified as an area of improvement in accordance with legislation. This visit needs a report to be produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. The report also needs to include an action plan to be developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. However this needs to be revised in the home's Statement of Purpose and Residents Guide.

Discussion with the deputy manager identified that she had good understanding of her role and responsibilities in becoming a registered manager.

The deputy manager stated that the responsible individual/registered manager (her mother) was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

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

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

Areas of good practice

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

Areas for improvement

One area of improvement was identified in respect of this domain during the inspection. This was in relation to monthly monitoring visits and reports by the responsible individual.

	Regulations	Standards
Total number of areas for improvement	1	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 Jennifer Moore, deputy 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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 3 and 4 Stated: First time To be completed by: 20 October 2018	<p>The registered person shall revise and update the home's Statement of Purpose and Residents' Guide. This also needs to detail any restrictive care practices used in the home.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Updated</p>
Area for improvement 2 Ref: Regulation 27 (2) (t) Stated: First time To be completed by: 20 October 2018	<p>The registered person shall risk assessed all wardrobes in accordance with current safety guidance with subsequent appropriate action.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Wardrobes are now all reattached following repainting of several bedrooms</p>
Area for improvement 3 Ref: Regulation 29 (1) Stated: First time To be completed by: 20 October 2018	<p>The registered person shall put in place monthly monitoring visit with a subsequent report of same. The report needs to be made available for residents, their representatives, staff, RQIA and any other interested parties to read. The report also needs to include an action plan to be developed to address any issues identified which include timescales and person responsible for completing the action.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: in placeusing RQIA guidance</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 11.5 Stated: Second time To be completed by: 20 October 2018	<p>The registered person shall record clear evidence that any agreed actions at a care review meetings to confirm these actions are acted on.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All previous have been reviewed and we will endeavour to make notes on action plans in the future</p>



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