



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Anniscliff House (1340)
Date of Inspection: 6 August 2014
Inspectors' Name's: Bronagh Duggan and Lynn Long
Inspection ID: IN020074

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Home:	Anniscliff House
Address:	141 Moneysharvin Road Maghera BT46 5HZ
Telephone Number:	028 796 42729
E mail Address:	bernie@magherafencing.co.uk
Registered Organisation/ Registered Provider:	Mrs J Davies Mrs B McGilligan
Registered Manager:	Mrs B McGilligan
Person in Charge of the home at the time of Inspection:	Mrs B Mc Gilligan
Categories of Care:	I ,MP ,MP(E), DE, LD (E)
Number of Registered Places:	17
Number of Residents Accommodated on Day of Inspection:	14
Scale of Charges (per week):	£450 per week
Date and type of previous inspection:	18 June 2014
Date and time of inspection:	6 August 2014 6:10am – 3:30pm
Name of Inspectors:	Bronagh Duggan and Lynn Long Fiona Goodman (part of inspection)

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager/ provider
- Discussion with Mrs Rosemary O'Kane, the owner of the home
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff and visitors
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection focus

This inspection was carried out to review the progress in relation to the requirements and recommendations made during the previous inspection on 18 June 2014.

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Anniscliff House is situated a few miles outside Maghera. The home is located within the Northern Health and Social Care Trust's geographical area. It is in a rural setting and is surrounded by mature, well maintained gardens. The current registered manager/provider is Mrs Bernadette McGilligan.

The home provides accommodation for 17 persons. There are five single bedrooms on the ground floor, and two single and five double bedrooms on the first floor. Facilities in the home also include a communal lounge and dining area and sitting rooms (one of which is also used as a visitors' room). There are bathing and sanitary facilities, a kitchen and offices. The home maintains a strong spiritual ethos.

The home is registered to provide care for a maximum of 17 persons under the following categories:

- RC - I Old age not falling into any other category
- RC - MP Mental disorder excluding learning disability or dementia (for not more than one person)
- RC - MP (E) Mental disorder excluding learning disability or dementia - over 65 years
- RC - (DE) Dementia (for six identified individuals only)
- RC - LD (E) Learning Disability - over 65 years (for one identified individual only)

A chapel is situated in a separate building on the same site but is not part of the registered home.

There are ample car parking facilities to the side and rear of the home.

7.0 Summary of inspection

This secondary unannounced care inspection of Anniscliff House was undertaken by Bronagh Duggan and Lynn Long on 6 August 2014 between the hours of 6:10 am and 3:30pm. Fiona Goodman, Head of Programme, was present for part of the inspection. Mrs Bernadette Mc Gilligan, registered provider/manager was available during the inspection and verbal feedback at the conclusion of the inspection was provided to both Mrs McGilligan and Mrs O'Kane, the home owner.

The requirements and recommendations made as a result of the previous inspection were also examined with the exception of a requirement relating to the storage of medicines. This requirement will be reviewed during the next inspection. There was evidence that the home has taken steps to address the areas identified during the previous inspection required within the timescales specified. However, two requirements have been stated for the second time. These relate to the home only accommodating residents within the categories of care for which the home is registered and that records of food provided to residents be recorded in detail to include any deviations from the set menu and the reasons for these deviations. One further requirement previously made in relation to issues around safeguarding has resulted in a failure to comply notice being issued; this is currently being dealt with through RQIA enforcement procedures.

One recommendation in relation to the door closing mechanism in the main sitting / living room area of the home had not been addressed and has been stated for the second time. The detail of the actions taken by Mrs McGilligan can be viewed in the section following this summary.

The inspectors met with residents, staff, and visitors and discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspectors observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, and staff are included in section 10.0 of the main body of the report

At the time of the inspection re-assessment of need was ongoing for one identified resident, inspectors identified another resident who was observed as requiring a high level of care and requested that they are also re-assessed.

The findings from the unannounced care inspection on 18 June 2014 led to a number of concerns in relation to care practices in the home. This information was escalated within RQIA and culminated in a serious concerns meeting at the offices of RQIA on 24 June 2014 with Mrs McGilligan and Mrs O' Kane.

This inspection sought to follow up on the issues identified during the previous inspection and also focused on recruitment practices, safeguarding procedures and notifications of events.

A review of a sample of staff personnel files identified a number of issues in relation to recruitment of staff. Four staff had commenced employment prior to receipt and verification of an Access NI enhanced disclosure. One member of staff did not have an Access NI enhanced disclosure for their employment at Anniscliff House. Staff had also been permitted to commence employment prior to the receipt of two satisfactory references and one of the records reviewed identified that a satisfactory reference had not been obtained from the person's present or most recent employer.

A review of notifications received by RQIA from January 2014 until July 2014 was compared to information retained at the home. RQIA have not been notified of six accidents and two incidents of a safeguarding nature. A review of the homes policy and procedural guidance for the reporting of accidents and incidents also confirmed that staff are not adhering to the policy in relation to reporting these events. Issues in relation to the management of safeguarding issues had been raised during the inspection on 18 June 2014 and during a serious concerns meeting with the registered person which was held at the offices of RQIA on 24 June 2014.

Staff confirmed that if a concern or an allegation of a safeguarding nature was identified, they would report this issue to Mrs O'Kane, the home owner. Mrs O'Kane is not the registered

person with responsibility for the management of the residential care home as outlined in The Residential Care Homes Regulations (Northern Ireland) 2005.

A review of the training records identified that Mrs O'Kane had not completed training in the Protection of Vulnerable Adults as outlined in The Minimum Standards for Residential Care Homes (August 2011). The review also identified that Mrs McGilligan has delivered in house training to staff since 2010. There was no evidence that Mrs McGilligan had the relevant knowledge, qualifications and skills to deliver this training to staff. There was no evidence to confirm that the training which had been delivered was in line with the Regional Adult Protection Policy and Procedural Guidance (2006) and Safe Guarding Vulnerable Adults – A Shared Responsibility (2010).

Following the inspection, the issues identified in relation to recruitment practices, notifications and safeguarding procedures were reported to senior management in RQIA as a serious concern. A decision was taken to hold an intention to issue a notice of failure comply meeting in respect of Regulation 21, Fitness of Workers, Regulation 30, Notification of death, illness and other events and Regulation 14 in relation to health and welfare of residents. Mrs McGillian, registered provider and manager and Mrs Davies, registered provider were invited to attend a meeting at RQIA on 15 August 2014. Mrs O'Kane, home owner, was also in attendance at the meeting.

The outcome of the meeting resulted in enforcement action being taken by RQIA. RQIA issued three Notices of Failure to Comply on 18 August 2014 to the registered providers. A follow up inspection will be undertaken on expiry of the notices to ensure that the actions required have been addressed in full.

A review of the duty rota showed that it was not reflective of actual hours worked on the day of inspection. Staff on duty were not the same as those staff names recorded on the duty rota. Discussion with staff members and the registered manager found that a change had been made to accommodate another staff member to attend an appointment that morning. The need to record this information on the duty rota was discussed. A recommendation has been made in this regard.

The areas of the environment viewed by the inspectors presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be somewhat dated though fit for purpose.

Further details can be found in section 10.0 of the main body of the report.

In addition to the failure to comply notices being issued two requirements and one recommendation were stated for the second time and one new recommendation was also made, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspectors would like to thank the residents, visitors, registered manager / provider, owner and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 18 June 2014

NO	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	Regulation 27.1	The registered manager must ensure that residents are only accommodated in the registered part of the building.	Inspection of the building and discussion with the registered manager confirmed that residents were only being accommodated in the registered part of the building.	Compliant
2.	Regulation 15.1 (e)	The registered manager must ensure the home only accommodates residents within the categories of care for which the home is registered. Any resident in the home assessed as requiring nursing care must have the suitability of their placement reviewed by the commissioning Trust.	<p>A review regarding the suitability of placement for an identified resident is being undertaken by the commissioning Trust.</p> <p>This requirement has been stated for the second time.</p> <p>Additional information in relation to suitability of placement can be found in section 9.10 of the main body of the report.</p>	Moving towards compliance
3.	Regulation 13.4 (a)	<p>The registered manager must ensure that all medicines in the home are stored appropriately.</p> <p>This specifically relates to the controlled medications which were not being stored in accordance with the Misuse of Drugs (Safe Custody) (Northern Ireland) Regulations 1973 relating to the storage of any controlled drugs.</p>	This requirement was not reviewed on this occasion but shall be reviewed during the next inspection.	Not Reviewed

4.	Regulation 14.4	The registered manager must ensure that measures are in place to prevent residents being harmed or being placed at risk of harm or abuse. This includes forwarding all information and allegations of a safeguarding nature to the appropriate bodies in line with the homes policy and procedure relating to the protection of vulnerable adults.	<p>During the inspection two issues of a safeguarding nature were recorded in a residents care notes. There was some evidence to show that the home had shared this information with the safeguarding authorities however this information had not been shared with RQIA.</p> <p>A number of issues in relation to the notification of incidents and the management and reporting of safeguarding issues were identified.</p> <p>Issues of this nature had been identified during the previous inspection and during a serious concerns meeting held at RQIA offices on 24 June 2014.</p> <p>As a result of the findings of this inspection further enforcement action has been taken by RQIA.</p>	Not Compliant
5.	Regulation 27 (4) (a)	The registered manager must ensure that the Fire Safety Risk Assessment is current and up to date.	The Fire Safety Risk Assessment had been updated on 11 July 2014.	Compliant
6.	Regulation 27 (4) (d) (i)	The registered manager must ensure that fire doors are not being wedged / propped open.	Fire doors were observed to be closed on arrival at the home and throughout the inspection.	Compliant

7.	Regulation 19 (2) Schedule 4.13	The registered manager must ensure that records of food provided to residents are recorded in detail to include any deviations from the set menu and the reasons for these deviations.	<p>This issue had not been addressed; deviations from the menu were not being recorded. The staff member on duty in the kitchen on the day of the inspection stated they had not been made aware of the requirement from the previous inspection.</p> <p>This requirement has not been addressed and has been stated for the second time.</p>	Not Compliant
8.	Regulation 13 (7)	The registered manager must ensure that infection control procedures are followed within the home at all times to minimise the risk of infection.	Practices observed during the inspection, and alterations made to the environment including the removal of soft furnishings and free standing toiletries demonstrated that infection control procedures were being followed in the home.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	8	Review care records to address the issue of non-specific terms. These terms should be described fully to ensure the reader understands what is meant.	Records viewed in the home showed that this issue has been raised with staff and a sample of records viewed was satisfactory.	Compliant
2.	16.1	Review the policy and procedure regarding responding to allegations, suspicions or incidents of abuse of vulnerable adults –this relates to outlining what the procedure is for dealing with resident to resident incidents.	The procedure for dealing with resident to resident incidents of a safeguarding nature was outlined in the policy and procedure.	Compliant
3.	27.8	The closing device on the door in the main sitting / living room needs to be repaired or replaced to address the issue of it slamming.	<p>The registered manager informed the inspectors that this had been addressed. However, throughout the duration of the inspection the door continued to slam.</p> <p>This recommendation has not been addressed and has been stated for the second time.</p>	Not Compliant
4.	27.8	The carpet in the identified bedroom needs to be repaired or replaced to address the raised area in the centre which is currently creating a trip hazard.	The flooring in the identified bedroom has been replaced.	Compliant

5.	9.5	A clear system should be in place which monitors the frequency and due dates of resident's health screening, dental, optometry and other appointments.	A review of records showed that there was a system in place to monitor the frequency and due dates of health screening and other appointments.	Compliant
6.	4.2	Complete the blank amount and payment of fees section of the resident's guide which can be viewed as a typical example.	This information had been completed and was provided to RQIA.	Compliant

9.0 ADDITIONAL AREAS EXAMINED

9.1 Recruitment Practices

A review of a sample of staff personnel files identified a number of issues in relation to recruitment of staff. Four staff had commenced employment prior to receipt and verification of an Access NI enhanced disclosure. One member of staff does not have an Access NI enhanced disclosure for their employment at Anniscliff House. Staff had also been permitted to commence employment prior to the receipt of two satisfactory references and one of the records reviewed identified that a satisfactory reference had not been obtained from the person's present or most recent employer. Due to the nature of the omissions relating to recruitment practices in the home enforcement action has been taken by RQIA and a failure to comply notice issued in relation to Fitness of Workers outlined in Regulation 21 of The Residential Care Homes Regulations (Northern Ireland) 2005.

9.2 Safeguarding

The issue of safeguarding was discussed with staff who confirmed that if a concern or an allegation of a safeguarding nature was identified, they would report this issue to Mrs O' Kane, the Home Owner. Mrs O' Kane is not the Registered Person with responsibility for the management of the residential care home as outlined in The Residential Care Homes Regulations (Northern Ireland) 2005.

A review of the training records identified that Mrs O' Kane had not completed training in Protection of Vulnerable Adults as outlined in The Minimum Standards for Residential Care Homes (August 2011).

A review of the accident and incident records identified that two incidents of a safeguarding nature had occurred in the home in June 2014. There was some evidence to show that the home had shared this information with the safeguarding authorities however this information had not been reported to RQIA as outlined in Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005. A review of the homes policy and procedural guidance for the reporting of accidents and incidents also confirmed that staff are not adhering to the homes policy in relation to reporting these events. Issues in relation to the management of safeguarding issues had previously been raised during the inspection on 18 June 2014 and during a serious concerns meeting with Mrs McGilligan and Mrs O'Kane which was held at RQIA offices on 24 June 2014.

A review of the training records for the Protection of Vulnerable Adults identified that Mrs McGilligan has delivered in house training to staff since 2010. There was no evidence that Mrs McGilligan had the relevant knowledge, qualifications and skills to deliver this training to staff. There was no evidence to confirm that the training which had been delivered was in line with the Regional Adult Protection Policy and Procedural Guidance (2006) and Safe Guarding Vulnerable Adults – A Shared Responsibility (2010).

Due to the nature of the issues identified in relation to safeguarding procedures enforcement action has been taken by RQIA and a failure to comply notice has been issued in relation to Health and Welfare of residents outlined in Regulation 21 of The Residential Care Homes Regulations (Northern Ireland) 2005.

9.3 Notifications

A review of notifications received by RQIA from January 2014 until July 2014 was compared to information retained at the home. It was noted that RQIA have not been notified of six accidents and two incidents of a safeguarding nature. RQIA has requested that this information is provided retrospectively by the home.

The registered person failed to ensure that full and satisfactory information was provided to RQIA. As a result of the issues identified enforcement action has been taken by RQIA and a failure to comply notice in relation to Notification of death, illness and other events outlined in Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005 has been issued.

9.4 Meals and Mealtimes

Deviations from the menu were identified during the inspection. Discussion took place with the cook on duty who stated that they were not aware that a requirement had been made as a result of the last inspection. The need to record in detail food provided to residents and any deviations from the menu was discussed. A requirement was made relating to this issue during the inspection on 18 June 2014.

This requirement has been reiterated for the second time.

9.5 Duty Rota

A review of the duty rota showed that it was not reflective of the actual hours worked on the day of inspection. Staff on duty were not the same as what was recorded on the duty rota. Discussion with staff members and the registered manager found that a change had been made to accommodate another staff member to attend an appointment that morning. The need to record this information on the duty rota was discussed. The duty rota should reflect all staff working over a 24 hour period in the home and reflect the capacity in which they work.

A recommendation has been made in this regard.

9.6 Resident's consultation

The inspectors met with 10 residents individually and with others in groups. Residents were observed relaxing in the communal lounge area of the home. In accordance with their capabilities, all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

"They are all wild kindly here, each and all"

"I'm doing great, all is good here"

"I have no complaints"

"I get good breakfast and sleep well at night"

9.7 Relatives/representative consultation

Two relatives/visitors who met with the inspectors indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

“I am very happy with his/her care”

“It’s a lovely welcoming place, staff are very nice”

9.8 Staff consultation

The inspectors spoke with four members of care staff and the cook. Two care staff were working night duty when inspector’s arrived at the home. Three care staff were observed on day duty. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents.

Comments received included:

“Staff are good here, it’s a good home”

“You get good training”

9.9 Visiting professionals’ consultation

No visiting professionals were available to speak with the inspectors.

9.10 Assessment of Residents and categories of care

At the time of the inspection re-assessment of need was ongoing for one identified resident; inspectors identified another resident as requiring a high level of care and requested that they are also re-assessed. The requirement made during the inspection on 18 June 2014 whereby the home should only accommodate residents within the categories of care for which the home is registered has been stated for a second time.

9.11 Environment

The inspectors viewed the home and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents’ bedrooms were observed to be homely and personalised. Décor and furnishings were found to be somewhat dated though fit for purpose. The closing mechanism on the door leading to the sitting room was slamming during the inspection, despite the registered manager confirming that the door had been repaired. This recommendation has been stated for the second time.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Mc Gilligan, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

Bronagh Duggan
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

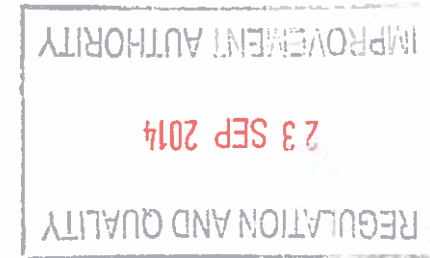


The Regulation and
Quality Improvement
Authority

Quality Improvement Plan
Secondary Unannounced Care Inspection

Anniscliff House

6 August 2014



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Bernadette McGilligan either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	Regulation 15.1 (e)	The registered manager must ensure the home only accommodates residents within the categories for which the home is registered. Any resident in the home assessed as requiring nursing care must have the suitability of their placement reviewed by the commissioning Trust. Ref: 9.10	Two	Both residents in the home assessed as requiring nursing care have had their placements reviewed by the commissioning Trust. One on the 16/9/14 + other takes place 12/10/14.	29 September 2014
2.	Regulation 19(2) Schedule 4.13	The registered manager must ensure that records of food provided to residents are recorded in detail to include any deviations from the set menu and the reasons for these deviations. Ref: 9.4	Two	Records reviewed, + manager checks regularly to ensure if deviations from set menu takes place, this is recorded + reasons for these deviations	29 September 2014

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	27.8	The closing device on the door in the main sitting / living room needs to be repaired or replaced to address the issue of it slamming. Ref:9.11	Two	The closing device in main sitting room has been repaired to address issue of slamming.	29 September 2014
2.	25.6	A record should be retained of staff working over a 24 hour period and the capacity in which they worked. Reference to this includes changes made to duty and staff covering shifts including for short periods should be reflected on the duty rota. Ref: 9.5	One	Rota now shows all staff over 24hr period and in what capacity they are working.	From the date of inspection and ongoing

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	<i>Bernadette McQuillan</i>
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	<i>Bernadette McQuillan</i>

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	<i>Yes</i>	<i>Brianagh Duggan</i>	<i>30/9/14</i>
Further information requested from provider			