

# Unannounced Care Inspection Report 3 May 2018



## Ellis Court Respite Unit

**Type of Service: Residential Care Home**  
**Address: Ellis Street, Carrickfergus, BT38 8AZ**  
**Tel No: 028 9331 5113**  
**Inspector: Alice McTavish**

[www.rqia.org.uk](http://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 with six beds that provides respite care services for adults who have a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual:</b> Anthony Stevens	<b>Registered Manager:</b> Rosemary Wray
<b>Person in charge at the time of inspection:</b> Rosemary Wray	<b>Date manager registered:</b> 20 February 2013
<b>Categories of care:</b> Residential Care (RC) LD – Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 6

### 4.0 Inspection summary

An unannounced care inspection took place on 3 May 2018 from 10.20 to 16.15.

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 induction, training, supervision and appraisal, adult safeguarding, care records, audits and reviews, listening to and valuing residents, quality improvement and maintaining good working relationships.

Two areas requiring improvement were identified. These related to obtaining the most up to date information, including care plans, for residents before admission and to obtaining the minutes of multi-professional team reviews.

Residents said that they enjoyed going to Ellis Court for respite care and that the staff treated them very well.

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	0

Details of the Quality Improvement Plan (QIP) were discussed with Rosemary Wray, Registered Manager and Keelin Marron, 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 finance inspection

No further actions were required to be taken following the most recent inspection on 24 August 2017.

## 5.0 How we inspect

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

During the inspection the inspector met with the registered manager, the deputy manager, four residents, one member of care staff and one visiting professional.

A total of ten 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. Two questionnaires were returned by residents' representatives and two by staff 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
- Two residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; environment, Infection Prevention and Control (IPC), NISCC registrations, mandatory training
- Equipment maintenance records
- Accident, incident, notifiable event records
- Annual Quality Review report
- Resident feedback form completed after each short break
- Evaluation report from annual quality assurance survey – Your Views Matter
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records

- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- 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 24 August 2017**

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

**6.2 Review of areas for improvement from the last care inspection dated 13 April 2017**

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
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29.6  <b>Stated:</b> First time	The registered provider should ensure that a system is put in place for all staff to participate in a fire evacuation drill at least once every year.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of documentation confirmed that staff participate in a fire drill after each fire training session and this is noted in the training record of each staff member.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 17.10 <b>Stated:</b> First time	The registered provider should ensure that records of complaints include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of documentation confirmed that this had been satisfactorily addressed.	

### 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. The deputy manager stated that the use of agency staff did not prevent residents from receiving continuity of care. 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.

A review of completed induction records 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 and a review of returned staff questionnaires confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. The deputy manager advised that staff supervision was provided on alternate months and that direct observations of staff practice also took place. Schedules of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the deputy manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory. The deputy manager advised that such assessments were reviewed annually or more often if required, for example, if senior care staff had returned from long term sickness or maternity leave.

A review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. The deputy manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations

(Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The registered manager received written confirmation from the trust that all pre-employment documentation had been received and that it was satisfactory.

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

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The deputy manager advised that the date of registration was recorded for all care staff. Staff were reminded about the importance of maintaining professional registration in training which was linked to the Northern Ireland Social Care Council's Codes of Conduct. Staff also received email alerts when registration was due for renewal or when annual fees were to be paid.

The adult safeguarding policy in place 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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the deputy manager and a review of documentation confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained. Appropriate action plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns.

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. A review of care records identified that residents' care needs and risk assessments were obtained prior to admission. The deputy manager described how application was made for new users of the respite care service via a panel of senior managers; this ensured that all relevant information was present before admission to the home and that all suitable preparations could be made in advance of the respite commencing.

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

The deputy manager advised there were restrictive practices within the home, notably the use of wheelchair lap belts for a small number of identified residents. A sound monitor was used for one resident who had epilepsy. The external doors were locked at night for security. On occasion, when it was identified that a resident might leave the building unaccompanied and potentially come to harm, suitable arrangements were put in place to allow other respite users to enter and leave the building without restriction. In the care records examined the restrictions



were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

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

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), 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 (e.g. hand hygiene, PPE, the home's environment including laundry and kitchen areas, staff knowledge and training) were undertaken and action plans 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 trust policy and procedures, reported to the Public Health Agency and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with personal items. The home was fresh-smelling, clean and 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. 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 etc.

Written information provided to RQIA confirmed that the home had an up to date Legionella risk assessment in place dated 26 November 2016 and that all recommendations had been actioned or were being addressed.

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's last fire risk assessment was dated 6 April 2017 and no recommendations had been made. The deputy manager advised that a new fire risk assessment had been requested from the trust's estates department and later confirmed that this would be completed in the near future.

A review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems were tested weekly and fire-fighting equipment, emergency lighting and means of escape were checked daily. All equipment and systems were regularly maintained.

Residents spoken with during the inspection made the following comments:

- "I like my bedroom. The staff are very good. I like going out on trips and I really like coming to Ellis Court."
- "Ellis Court is amazing. The staff are very good to me. I love it when we all go out."
- "It's good here. The staff are very nice."

Staff spoken with during the inspection made the following comments:

- "There are great systems in place now that Keelin (deputy manager) has organised all of the documentation. The care given here is very good and all the paperwork is in place."

A visiting professional spoken with during the inspection made the following comments:

- "I find the staff in Ellis Court to be excellent and they go above and beyond when providing care for the people who use this service and their carers. The staff in the home work extremely well with the community team and they keep very good communication."

Four completed questionnaires were returned to RQIA from residents' representatives and staff. Residents' representatives described their level of satisfaction with this aspect of care as very satisfied; staff who described their level of satisfaction as very satisfied or satisfied.

Comments received from residents' representatives were as follows:

- "Staff are brilliant. I know when my (relative) goes into Ellis Court he is very well looked after and he loves going there."
- "I am satisfied with the care (my relative) receives at Ellis Court."

A comment received from a member of staff was as follows:

- "Excellent short stay unit, in high demand, would need more beds at times to give the client more short stays."

## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.5 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.

The deputy manager advised that 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. 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 statement of health and well-being of the resident when using the respite care service. Care needs assessment and risk assessments (e.g. manual handling, behaviour support, epilepsy, 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. Care records reviewed were observed to be signed by the resident and/or their representative.

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 were able to describe how residents were provided with a varied and nutritious diet which met the individual and recorded dietary needs and preferences of the residents. Guidance and recommendations provided by dieticians and Speech and Language Therapists (SALT) were reflected within the individual resident's care plans and associated risk assessments.

The deputy manager advised that no residents accommodated for respite care needed would care to be managed by community nursing services. Staff would be able to recognise and report any pressure area damage to the relevant multi-professional team in a timely manner.

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 reviews, environment, Infection Prevention and Control (IPC), NISCC registrations and mandatory training were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The deputy manager advised that systems were in place to ensure effective communication with residents using the respite service, their representatives and other key stakeholders. These included pre-admission information, staff meetings and staff shift handovers. Staff advised that team meetings were held every other month and there were separate meetings for catering and domestic staff. Minutes of staff meetings were reviewed during the inspection. Staff also described how time was designated for a thorough handover to staff commencing the next shift and how verbal and written information was shared.

The registered manager and the deputy manager reported difficulty with obtaining the most up to date information, including care plans, for some residents before admission. The home, however, ensured that the care plans devised by home staff were kept up to date. Action was required to ensure compliance with the regulations in relation to obtaining pre-admission information.

There were also difficulties in obtaining the minutes of multi-professional team reviews. The deputy manager kept records of any information which remained outstanding from trust colleagues and of any verbal or written requests they had made for the information. It was acknowledged that accurate and current information about the care needs of respite residents is of vital importance to the safety and effectiveness of the care provided in the home. Action was required to ensure compliance with the regulations in relation to obtaining the minutes of multi-professional team reviews.

Staff reported that they had received training in communication, for example, Makaton refresher training. Staff had also received training in customer care, linked to NISCC codes of conduct, and training in equality and diversity.

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

There were systems in place to ensure openness and transparency of communication, for example, the Visits by Registered Provider reports, latest RQIA inspection reports, Annual satisfaction survey report and the Annual Quality Review report were available on request for residents, their representatives any other interested parties to read. The deputy manager later advised that a poster was on display in the home informing how such reports may be accessed.

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.

The deputy manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Four completed questionnaires were returned to RQIA from residents' representatives and staff. All respondents described their level of satisfaction with this aspect of care as very satisfied.

### Areas of good practice

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

### Areas for improvement

Two areas for improvement were identified during the inspection. These related to obtaining the most up to date information, including care plans, for residents before admission and to obtaining the minutes of multi-professional team reviews.

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

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

The deputy manager advised that consent was sought in relation to care and treatment. Discussion with staff 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 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 and behaviour support plans were in place for the management of anxiety or distressed reactions.

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. Care plans were available in an easy read version and the activity programme was displayed in a pictorial format. There was also information displayed showing the photographs of staff on duty.

Discussion with staff and 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. There was evidence that residents were encouraged and supported to actively participate in the annual reviews of their care.

Residents were consulted with, at least annually, about the quality of care and environment. The Trust completed an annual consultation, 'Your Views Matter' to obtain service users' views. 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.

The deputy manager advised that written feedback was sought from residents after each respite stay. The feedback was analysed and any suggestions for improvements to the service were adopted. Respite users and their representatives were invited to a coffee morning once a year and this provided a good opportunity to meet with families and to get feedback on the services provided by the home.

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.

Four completed questionnaires were returned to RQIA from residents' representatives and staff. Residents' representatives described their level of satisfaction with this aspect of care as very satisfied; staff who described their level of satisfaction as very satisfied or satisfied.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.7 Is the service well led?

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

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 deputy 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; this information was also displayed in an easy read version. Discussion with the deputy manager confirmed that staff they had signed that they had read and understood the policy and procedures and this was discussed at staff team meetings. RQIA's complaint poster was available and displayed in the home.

A review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. As so few complaints were received, an audit of complaints was not currently used. Should more complains be received, an audit would be used to identify trends, drive quality improvement and to enhance service provision.

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 monthly visits by the registered provider. 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 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 confirmed that information in regard to current best practice guidelines was made available to staff, for example, was bespoke training provided by the Positive Behaviour Team for individual service users, where necessary. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, epilepsy and the administration of emergency medication, diabetes, stoma care and dysphagia.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was 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. This was outlined in the home's Statement of Purpose and Residents



Guide. The deputy manager stated that the registered provider was kept informed regarding the day to day running of the home through the line management structures in the trust.

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 was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The deputy 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 deputy 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 did not collect any 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.

Four completed questionnaires were returned to RQIA from residents' representatives and staff. Residents' representatives described their level of satisfaction with this aspect of care as very satisfied; staff who described their level of satisfaction as very satisfied or satisfied.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rosemary Wray, Registered Manager and Keelin Marron, 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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 15.- (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2018</p>	<p>The registered person shall ensure that all necessary and up to date information is obtained by the home manager prior to the admission of each resident for respite care in the home.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has had ongoing dialogue with NHSCT Community Team to request the required information. The NHSCT Community Team and Senior Management have been made aware of RQIA Regi 15-(1)(b) and the timescale for this information to be provided to the Service.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 15.- (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2018</p>	<p>The registered person shall ensure that the minutes of multi-professional team reviews are obtained by the home manager in a timely manner for each resident who uses the respite care services.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has contacted the NHSCT Community Team to request the required information. The NHSCT Community Team and Senior Management have been made aware of RQIA Regi 15-(2)(b) and the timescale for this information to be provided to the Service.</p>



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