

Unannounced Care Inspection Report 7 March 2018



Westlands

Type of service: Residential care home
Address: 2 Westland Road, Cookstown, BT80 8BX
Tel no: 028 8672 3922
Inspector: Laura O'Hanlon

www.rgia.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 29 beds registered to provide care for residents over the age of 65 years.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Dr Anthony Stevens	Registered Manager: Sean McCartan
Person in charge at the time of inspection: Sean McCartan	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within any other category	Number of registered places: 29

4.0 Inspection summary

An unannounced care inspection took place on 7 March 2018 from 10.25 to 16.40.

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

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

Evidence of good practice was found in relation to the residents being treated with dignity and respect, communication between staff and the residents and the culture and ethos of the home.

Following the findings of the inspection the responsible individual was invited to a serious concerns meeting in RQIA offices on 15 March 2018. During this meeting representatives from the Trust acting on behalf of the responsible individual and the registered manager provided a satisfactory action plan to ensure that issues around the environment, categories of care, care records and the management and governance arrangements were completed without delay. A follow up inspection will be undertaken to validate compliance.

Additional areas requiring improvement were identified in relation to the environment, fire safety, care records and the need to arrange a care management review for one identified resident to ensure that the placement continues to meet the needs of the resident. Two areas for improvement were stated for the second time in regards to staff training and the need to arrange an annual review for one identified resident.

Residents and their representatives said that they were happy with care provided and the staff were helpful, kind and pleasant.

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	6	4

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

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 June 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 and the notifications of accidents and incidents.

During the inspection the inspector met with approximately ten residents, eight staff of various grades, one relative, one visiting professional and the registered manager.

A total of ten questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Two questionnaires were returned from residents within the requested timescale.

A lay assessor was present during the inspection and their comments are included within this report.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Two staff competency and capability assessments
- Staff training schedule/records
- Six resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

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 30 August 2017

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector. This QIP will be validated by the finance inspector at the next finance inspection.

6.2 Review of areas for improvement from the last care inspection dated 8 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) Stated: First time	The registered person shall ensure that at all times the duty rota accurately reflects the staff working in the home. In addition, the hours worked by the registered manager must be recorded.	Met
	Action taken as confirmed during the inspection: On the day of the inspection the duty rota accurately reflected the staff working in the home. However the hours worked by the registered manager were not recorded and had not been for the weeks previous to this. A copy of the duty rota was provided during the serious concerns meeting which confirmed that the manager's hours were recorded.	

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that an action plan for a programme of redecoration within the home is completed and submitted to RQIA.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>An action plan for a programme of redecoration within the home was not submitted to RQIA and was not provided on the day of the inspection.</p> <p>During the serious concerns meeting the required action plan was submitted to RQIA which outlined the programme of redecoration within the home.</p>		
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 23.4</p> <p>Stated: Second time</p>	<p>The registered provider should ensure that the staff have sufficient access to a computer for the purpose of undertaking e learning courses.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the staff and inspection of the environment confirmed that the staff have sufficient access to a computer in the home.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure all staff working in the home undertake annual updates in regard to adult safeguarding.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the staff training records identified that annual updates in regard to adult safeguarding were not completed.</p> <p>Discussion with the registered manager confirmed that provisional dates were identified for training in adult safeguarding in April 2018 however specific dates were not confirmed.</p>		
<p>This area for improvement will be stated for the second time.</p>		

Area for improvement 3 Ref: Standard 11.1 Stated: First time	The registered person shall ensure that the Trust care manager for one identified resident is contacted to arrange a review of the placement. Ref: section 6.5	Not met
	Action taken as confirmed during the inspection: A review of this identified resident's care records confirmed that the annual care management review was not completed. There was no evidence provided on the day of the inspection to confirm that the Trust care manager was contacted. This area for improvement will be stated for the second time.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the staffing levels for the home. Concern was raised by the staff on duty that at times the staffing levels can be to a minimum. While the staffing arrangements may be reasonable for the size of the home, the volume of admissions and discharges on a daily basis and the complexity of the needs of specific residents may deplete the levels of supervision available to other residents. This was discussed with the registered manager who agreed to monitor this.

No concerns were raised regarding staffing levels during discussion with residents and residents' representatives. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Whilst there were no new permanent staff recruited to the home an induction record of an agency member of staff was reviewed.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. The schedule for annual staff appraisals and staff supervision was reviewed at the last care inspection. A schedule for mandatory training was maintained and was reviewed during the inspection.

A review of the staff training records identified that annual updates in regard to adult safeguarding were not completed. Discussion with the registered manager confirmed that provisional dates were identified for training in adult safeguarding training in April 2018; however specific dates were not confirmed. This area for improvement will be stated for the second time.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Two completed staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the registered manager confirmed that no staff have been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

The adult safeguarding policy was reviewed at the last inspection and found to be consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion was established.

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

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. This is discussed further in section 6.5.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed. Those residents who were assessed as safe to leave the home unaccompanied were provided with the keypad number to unlock the door.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly, for example, fire safety.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment during the inspection validated this.

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. Observation of staff practice identified that staff adhered to Infection Prevention and Control (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.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the trusts' 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 personalised with photographs, memorabilia and personal items. The home was appropriately heated.

The environment was identified as an issue at the last care inspection and as stated in the QIP dated 8 June 2017, an action plan was to be submitted in relation to redecoration to the home. This was not completed. Overall the condition of the home had further deteriorated. The corners of the walls in the bedrooms remain blackened, ceilings were stained and the landing walls on the first floor scraped/marked. During the serious concerns meeting the required action plan was submitted to RQIA which outlined the programme of planned redecoration within the home.

In addition odours were identified in two bedrooms and an odour was present on one chair in the day room. This was discussed with the registered manager and identified as an area for improvement to ensure compliance with the regulations.

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. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 24 April 2017 and all recommendations were noted to be appropriately addressed. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were also completed twice annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems, emergency lighting and means of escape were checked weekly.

It was noted that fire-fighting equipment should be checked on a monthly basis. However the records identified that they were last checked on 20 December 2017. This was discussed with the registered manager and identified as an area for improvement to ensure compliance with the regulations.

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

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified in regards to the environment and fire safety.

	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

Six care records were reviewed, three of these records were long term residents and three were residents recently admitted to the home. The records included an assessment of needs, life history, risk assessments, care plans and a regular statement of health and well-being of the resident.

In regard to the three records of the long term residents, two of these assessments were not reviewed on an annual basis. This was discussed with the registered manager and identified as an area for improvement to ensure compliance with the regulations.

A resident in the home was identified as having complex needs in relation to their moving and handling needs and dietary needs. The most recent care plan was dated 20 November 2016. Care plans and risk assessments were not updated to reflect the current level of need. A moving and handling assessment dated 3 November 2016 was in place. The staff advised that following recent deterioration the care staff decided to use the hoist as it was more comfortable for the resident. There was no evidence of the decision making process around this or multi-disciplinary involvement.

A trust annual review preparation form was on file dated 24 November 2016. There was no evidence of a review being completed in 2017 or efforts to try to get this arranged so as to ensure that the placement remains suitable to meet the needs of the resident.

These matters were discussed during the serious concerns meeting. Assurances were provided that the assessment, care plans and moving and handling assessment were being updated to accurately reflect the needs of this resident. In addition a trust annual review is being scheduled to ensure that the placement remains suitable to meet the needs of the resident. These issues were identified as areas for improvement to ensure compliance with the regulations.

In regard to the three care records of those residents admitted to the home for a period of respite/rehabilitation, the only record completed by the home was a property inventory and progress notes. There was no evidence of evaluation of the care plans. This was discussed with the registered manager and identified as an area for improvement to ensure compliance with the regulations.

In addition there were no pre-admission assessments completed. This was discussed with the registered manager and identified as an area for improvement to ensure compliance with the standards.

The care records reflected the multi-professional input into the residents' health and social care needs. 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. This was evidenced through the staff knowledge of individual resident's preferences and behaviours.

Records were stored safely and securely in line with data protection.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

Five areas for improvement were identified in regard to care records and the need for annual review for one identified resident.

	Regulations	Standards
Total number of areas for improvement	4	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.

The registered manager confirmed 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.

Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records.

The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions with the staff and the monthly monitoring visits by the responsible person.

Arrangements were in place for residents to maintain links with their friends, families and wider community. The staff confirmed that family members were welcome to visit the home at any time. Some of the residents also attend local events within the community.

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

Comments made by residents during the inspection were:

- "I am well cared for in here."
- "The food is good."
- "The staff are good to me."

Comments made by one resident's representative during the inspection were:

- "This place has been excellent from the beginning, it has been a godsend. This has been a very positive experience for (relative) and for us as a family. The staff are really used to working with people like my (relative)."

Comments made by a visiting professional during the inspection were:

- "There is a good staff team working here. They are very focused on rehabilitation goals. The staff are good at following instructions and giving feedback."

Comments made by staff during the inspection were:

- "It's a good staff team and everyone gets on well. There is good communication among the team. Sean (manager) is very approachable and would escalate concerns as far as he could."
- "There is good communication from all the staff, if a resident requires a special diet the kitchen staff would be informed. If a resident required something specific that would be provided by the staff."

Areas of good practice

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

Areas for improvement

No areas for improvement were identified 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

On arrival to the home the senior care assistant confirmed that they were in charge of the home. At that time the staff were unsure if the registered manager was working that day. A review of the duty rota identified the hours worked by the registered manager were not recorded and had not been for the weeks previous to this. The registered manager arrived to the home shortly after the commencement of the inspection.

A copy of the duty rota was provided during the serious concerns meeting which confirmed that the manager's hours were now being recorded. This matter will continue to be monitored through normal inspection activity.

The registered manager outlined the management arrangements and governance systems in place within the home. During the inspection it was noted that there were two residents accommodated in the home under 65 years old.

On 20 September 2017 a variation was submitted to RQIA to accommodate one resident under 65 years. Verbal approval was this given for this variation. This variation form required a signed hard copy and the fee. This was not received and RQIA referred this back to the registered manager to progress. During discussion with the registered manager about this, he advised this was sent on to his senior manager. This was discussed during the serious concerns meeting and the required documentation relating to the variation was submitted to RQIA.

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

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.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

The registered manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

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

A monthly monitoring visit 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, trust representatives and RQIA to read. However these reports show a lack of managerial and governance oversight for example the progress of the QIP was not monitored, care records were not reviewed in detail by the person undertaking the visit. This was discussed during the serious concerns meeting and assurances were provided that these issues were monitored but were not recorded in sufficient detail. Further discussion confirmed that this would be reviewed and more detail included. This was identified as an area for improvement under the standards.

There was an 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 registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through the monthly monitoring reports undertaken by the responsible person.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

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

Areas of good practice

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

Areas for improvement

One area for improvement was identified in regards to the monthly monitoring visits undertaken on behalf of the responsible individual.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

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

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 21 March 2018</p>	<p>The registered person shall ensure that the following environmental matters are addressed:</p> <ul style="list-style-type: none"> • Address the malodour in the identified bedrooms • Address the odour present on one chair in the day room <p>Ref: section 6.4</p>
	<p>Response by registered person detailing the actions taken: Bedrooms have been deep cleaned, resident has recovered from their infection and discharged home. Staff continue to encourage the other resident who is reluctant to use continence aids. This has led to some improvement and service user has agreed to a assessment by the continence service. A replacement chair has been put in the day room. Chair has been condemned and removed from day room.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (d) (v)</p> <p>Stated: First time</p> <p>To be completed by: 8 March 2018</p>	<p>The registered person shall ensure that firefighting equipment is checked on a monthly basis.</p> <p>Ref: section 6.4</p>
	<p>Response by registered person detailing the actions taken: Firefighting equipment is checked on a monthly basis and same recorded</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 21 March 2018</p>	<p>The registered person shall ensure that assessments are kept under continual review, no less than annually.</p> <p>Ref: section 6.5</p>
	<p>Response by registered person detailing the actions taken: Staff were reminded at Senior Care meeting on 28th March 2018 of the need to keep assessments under continual review. This will be audited monthly by management.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 21 March 2018</p>	<p>The registered person shall ensure that care plans and risk assessments are maintained on an up to date basis and reflect the current level of need.</p> <p>Ref: section 6.5</p>
	<p>Response by registered person detailing the actions taken: Staff were reminded again at Senior Care meeting on 28th March 2018 of the need to keep care plans and risk assessments up to date</p>

	<p>and reflective of the current level of need. Refresher on risk assessment training and the importance of recording and sharing information with the MDT is planned for relevant staff on the 23rd May. This will be audited monthly.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 7 April 2018</p>	<p>The registered person shall ensure a care management review is convened to confirm that the placement remains suitable to meet the needs of the resident.</p> <p>Ref: section 6.5</p> <p>Response by registered person detailing the actions taken: Care management review was held on 6th April 2018 and this confirmed that present placement remains suitable to meet the resident's needs</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 7 April 2018</p>	<p>The registered person shall ensure that the residents care plans are evaluated and kept under continual review.</p> <p>Ref: section 6.5</p> <p>Response by registered person detailing the actions taken: Care plans are regularly evaluated and kept under review and this will be audited monthly by management</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: Second time</p> <p>To be completed by: 30 April 2018</p>	<p>The registered person shall ensure all staff working in the home undertake annual updates in regard to adult safeguarding.</p> <p>Ref: section 6.2</p> <p>Response by registered person detailing the actions taken: Safeguarding training was arranged and held on 13th and 23rd April. Annual updates are planned.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 11.1</p> <p>Stated: Second time</p> <p>To be completed by: 7 April 2018</p>	<p>The registered person shall ensure that the Trust care manager for one identified resident is contacted to arrange a review of the placement.</p> <p>Ref: section 6.2</p> <p>Response by registered person detailing the actions taken: Completed and confirmed that placement meets the identified needs.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 3.7</p> <p>Stated: First time</p> <p>To be completed by: 8 March 2018</p>	<p>The registered person shall ensure that pre admission assessments are undertaken for any resident prior to admission to the home.</p> <p>Ref: section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Pre admission assessments are in place and in the case of recovery clients this is completed by the discharge co-ordinator.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 8 March 2018</p>	<p>The registered person shall ensure that the monthly monitoring visits undertaken on behalf of the responsible individual provide a detailed account of the information reviewed and actions taken during the visit.</p> <hr/> <p>Response by registered person detailing the actions taken: Documentation updated as agreed</p>

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



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