

Unannounced Care Inspection Report 11 August 2016



Belvedere

Type of service: Residential care home
Address: 63 Gilford Road, Lurgan, Craigavon, BT66 7EA
Tel No: 028 3832 5709
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Belvedere Residential Home took place on 11 August 2016 from 10.05 to 16.55.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

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.

Two recommendations were made. One recommendation was made in regard to review and implementation of policies and procedures relating to adult safeguarding and to review of the policy on infection prevention and control. One recommendation was made in regard to completion of a risk audit of all radiators in bathrooms and appropriate action to be taken to reduce risk.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders. No requirements or recommendations were made in relation to this domain.

Is care compassionate?

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. One recommendation was made in regard to noting residents' preferences for end of life care.

Is the service well led?

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.

One recommendation was made for a second time in regard to notification of accidents or incidents to RQIA.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Catherine Hamilton, acting manager and Ms Aisling McShane, registered provider, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 14 December 2015.

2.0 Service details

Registered organisation/registered person: Belvedere Residential Care Ltd/Aisling McShane	Registered manager: Ms Catherine Hamilton, acting manager
Person in charge of the home at the time of inspection: Ms Catherine Hamilton	Date manager registered: Acting manager since 17 May 2016.
Categories of care: I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD (E) – Learning disability – over 65 years	Number of registered places: 21

3.0 Methods/processes

Prior to inspection the following records were analysed: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with six residents individually and with six others in groups, the registered provider, the acting manager, one care assistant, one domestic and the cook. No visiting professionals and no residents' visitors/representatives were present.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment files
- Care files of three residents
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- 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 manual

A total of 30 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. 26 questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 12 May 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 15 December 2015

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2016</p>	<p>The manager should ensure that policies relating to residents' meetings and forums and to communicating with residents and representatives are developed.</p> <p>Action taken as confirmed during the inspection: Discussion with the acting manager and inspection of documentation confirmed that appropriate policies were developed.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 20.15</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2016</p>	<p>The manager should ensure that the notifiable events form is stored along with the home's accident/incident record and that all events are appropriately reported to RQIA and a record retained to confirm notification.</p> <p>Action taken as confirmed during the inspection: Discussion with the acting manager and inspection of records relating to accidents and incidents identified that the notifiable events form was stored along with the home's accident/incident record; it was also identified that a record was retained to confirm notification to RQIA of notifications of accidents and incidents.</p> <p>It was noted, however, that whilst some notifiable events were reported to other relevant organisations, they were not reported to RQIA. This element was therefore stated for a second time.</p> <p>See section 4. 6 of this report.</p>	

Last care inspection recommendations		Validation of compliance
Recommendation 3 Ref: Standard 20.15 Stated: First time To be completed by: 31 March 2016	The manager should ensure that all future notifications to RQIA are sent electronically via email.	Met
	Action taken as confirmed during the inspection: It was confirmed that all notifications to RQIA were sent electronically via email.	

4.3 Is care safe?

The acting manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty:

- 1 x manager (acting)
- 1 x senior care assistant
- 1 x care assistant
- 1 x cook
- 1 x laundry assistant
- 1 x domestic assistant
- 1 x volunteer

One senior care assistant and two care assistants were due to be on duty later in the day. Two senior care assistants were scheduled to be on overnight duty.

Review of completed induction records and discussion with the acting 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 views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was available for inspection.

The acting 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. A sample of staff competency and capability assessments was reviewed and found to satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the acting manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2

of The Residential Care Homes Regulations (Northern Ireland) 2005. Enhanced AccessNI disclosures were viewed by the acting manager 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 adult safeguarding policies and procedures in place were not consistent with the current regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). A recommendation was made in regard to review and implementation of the adult safeguarding policy and procedure. The home's existing policy and procedure included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional guidance and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. 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 acting manager 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 acting manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The acting manager confirmed there were restrictive practices employed within the home, notably keypad entry systems on external doors, also wheelchair lap belts and pressure alarm mats for some residents. Discussion with the acting manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the Statement of Purpose and Residents Guide identified that restrictions were adequately described.

The acting manager confirmed there were risk management policy and procedures in place. Discussion with the acting 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 e.g. COSHH, fire safety etc.

The acting manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment and examination of maintenance records confirmed that this was so.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was not in line with regional guidelines. A recommendation was made, as part of a wider recommendation relating to policies and procedures, that this should be reviewed. Staff training records confirmed 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. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The acting manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust 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 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. It was noted, however, that a radiator in a first floor bathroom was uncovered and was very hot to the touch. This posed a potential risk of harm to residents. A recommendation was made that an audit is undertaken of all radiators in bathrooms and appropriate action taken to reduce risk.

The home had an up to date fire risk assessment in place dated 24 March 2016. Three recommendations had been made from this assessment. The acting manager was unable to confirm if all recommendations were appropriately addressed. Information was later supplied to RQIA by the registered person to confirm that all recommendations arising from the fire safety risk assessment were addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed regularly, most recently on 28 April 2016, 6 June 2016 and 14 July 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems were checked weekly and that fire-fighting equipment, and emergency lighting were checked monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

26 completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described safe care as excellent or good, although the response from one staff member indicated that this area required development. The responses contained in the returned questionnaires were shared with the acting manager.

Comments received from residents, staff and residents' representatives were as follows:

- "Sometimes depending on (resident) dependency we need extra staff on (duty) that we don't get."
- "Staff induction and training could be improved."
- "They look after me well. I like Belvedere."
- "Sometimes you have to wait for the nurse to come to you."
- "It's really nice here. The carers are brilliant."

Areas for improvement

Two areas for improvement were identified. One area related to review and implementation of adult safeguarding policy and procedures and review of infection prevention and control policy and procedure. One area related to the completion of an audit of radiators and to appropriate action being taken to reduce risk.

Number of requirements:	0	Number of recommendations:	2
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4.4 Is care effective?

Discussion with the acting manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of care records of three residents 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 regular statement of health and well-being of the resident. 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 resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Records were stored safely and securely in line with data protection.

The acting manager confirmed 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, accidents and incidents (including falls), complaints, and the environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice, for example, audit of care records identified that staff were in need of further training in record keeping and in care planning. This training was subsequently provided. Further evidence of audit was contained within the monthly monitoring visits reports.

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

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were available for inspection.

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 acting manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who required specialist supports.

It was noted that the home did not have a policy in regard to consent to examination, treatment and care. A recommendation was made, as part of a wider recommendation relating to policies and procedures in section 4.3 of the report, that a suitable policy is developed.

26 completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described effective care as excellent or good, although the response from one resident indicated that this area required development.

Comments received from residents, staff and residents' representatives were as follows:

- "All nice people, all good girls (staff)."
- "Everything is very, very good."
- "Girls (staff) are very good."

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The acting manager confirmed that staff in the home promoted a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There was a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff confirmed that residents' spiritual and cultural needs were met within the home. It was noted, however, that residents' preferences for end of life care were not noted and a recommendation was made in this regard. Discussion with residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The acting manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to describe how consent was obtained for care and how residents' confidentiality was protected.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The acting manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. 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 provided with information which enabled them to make informed decisions regarding their life, care and treatment. For example, there was discussion during a resident meeting about Human Rights and the importance of choice, dignity, privacy and confidentiality for residents. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

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. Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Residents spoken with during the inspection made the following comments:

- “I couldn’t complain about a single thing. My room is kept lovely and clean and the food is excellent. I have my own routine and the staff know what I like and they help me when I need it. I am very happy here. The staff are wonderful.”
- “I like it here well enough. The girls (staff) are good. If I? press my call bell, they come to me quickly. I am able to choose what I wear every day and what I eat and if I don’t feel up to going down stairs for my breakfast or dinner, they take my meal up to me on a tray so I can eat it in my room”
- “I have found it to be very good here and I would recommend it to anyone. The staff have been lovely to me, very attentive and helpful.”
- “This place is absolutely marvellous! It is like being in a hotel. You can have as many cups of tea as you want and there is so much food you can’t eat the half of it and it is lovely. I couldn’t ask for better.”
- “The staff are very good to me. I prefer to stay in my room and they bring my meals to me. I go up to the lounge later in the evening and I like to watch television there. I can go to bed whenever I want to and the staff don’t dictate to me – I like having that freedom. I have made friends and enjoy the company. I have no complaints.”
- “I am very happy here, for I have everything I need and the staff are very good to me. I only have to ring my call bell and they come to help me. I have lots of company and I am feeling well. When I first came here, I couldn’t do a lot to help myself, but I have improved since then and that’s due to the care I have been getting. I couldn’t complain about a single thing. It’s like a home from home.”

26 completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents described compassionate care as excellent or good.

Comments received from residents, staff and residents’ representatives were as follows:

- “Service users are able to have their say on activities and other aspects of home life.”
- “The care in our home I would say is very compassionate.”
- “I know all (the staff) well and (they) are nice to me.”
- “It is a good place.”
- “They couldn’t be nicer to me.”
- “Everyone is treated equal.”
- “My relative is not happy with the food.”

Areas for improvement

One area for improvement was identified. This was in relation to noting residents' preferences for end of life care.

Number of requirements:	0	Number of recommendations:	1
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4.6 Is the service well led?

The acting manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The acting manager confirmed that the health and social care 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. 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 DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that they had received training on complaints management during induction and were knowledgeable about how to receive and deal with complaints.

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. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented. It was noted, however, that some notifiable events were reported to other relevant organisations in accordance with the legislation and procedures but were not reported to RQIA. This was discussed with the acting manager and a recommendation was made, for the second time, that all appropriate events are notified to RQIA. (See section 4.2 above).

A regular audit of accidents and incidents was undertaken and was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The acting 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 were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

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

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.

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. Discussion with the registered provider identified that she had understanding of her role and responsibilities under the legislation. The acting manager confirmed that the registered provider was present in the home on an almost daily basis and closely involved in all aspects of the day to day running of the home.

The acting manager confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider respond to regulatory matters in a timely manner.

Review of records and discussion with the acting manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The acting manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The acting manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The acting manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

26 completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described the service as well led, although the response from one staff member indicated that this area required development.

Comments received from residents, staff and residents' representatives were as follows:

- "Staff are always available and willing to discuss any aspects of my (relative's) care. The home is very well managed by all staff."
- "Staff work as a team, things run smoothly, makes it calm and comfortable for residents."

- “When complaints are made, only one side is listened to, not listening or investigating the issue first to see who was in the right or wrong. (Amongst staff) favouritism sometimes takes priority. Also staff don’t get any encouragement leading to a lot of staff leaving.”
- “There is good nursing staff. I have no complaints about the staff. At £500 per week, it is too costly!”
- “Very well managed.”

Areas for improvement

One area for improvement was identified in relation to notification of accidents or incidents to RQIA. This was included in a recommendation, stated for the second time, in section 4.2 of the report.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Catherine Hamilton, acting manager and Ms Aisling McShane, registered provider, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 20.15 Stated: Second time To be completed by: 11 August 2016	<p>The registered provider should ensure that all events are appropriately reported to RQIA.</p> <p>Response by registered provider detailing the actions taken: Staff are aware of the importance of reporting such events to RQIA and for which events this is appropriate.</p>
Recommendation 2 Ref: Standard 21.1 Stated: First time To be completed by: 30 December 2016	<p>The registered provider should ensure the following:</p> <ul style="list-style-type: none"> • the adult safeguarding policies and procedures are reviewed to reflect the current regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and implemented within the home • the infection prevention and control (IPC) policy and procedure is reviewed to reflect regional guidelines • a policy on consent to examination, treatment and care is developed <p>Response by registered provider detailing the actions taken: I am in the process of updating these policies and procedures</p>
Recommendation 3 Ref: Standard 28.5 Stated: First time To be completed by: 30 September 2016	<p>The registered provider should ensure that an audit is undertaken of all radiators in bathrooms and appropriate action is taken to reduce risk.</p> <p>Response by registered provider detailing the actions taken: A risk assessment has been completed of all radiators in bathrooms and those which require a radiator cover have been identified and proprietor informed.</p>
Recommendation 4 Ref: Standard 14.5 Stated: First time To be completed by: 30 December 2016	<p>The registered provider should ensure that residents' preferences for end of life care are noted.</p> <p>Response by registered provider detailing the actions taken: I am in the process of communicating with residents and their next of kin to include a care plan which provides details of preferences for end of life care.</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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