

# Unannounced Care Inspection Report 17 January 2017



## Belvedere

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

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Belvedere took place on 17 January 2017 from 10.00 to 16.30.

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 and risk management.

One recommendation was stated for the second time. Three recommendations were made. These were in regard to heating levels in the home, to the internal environment and to checks on the nurse call system.

### **Is care effective?**

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

Two recommendations were made. These were in regard to policies and procedures and to individual agreement for residents.

### **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. This was in regard to hairdressing arrangements in the home.

### **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.

No requirements or recommendations were made in relation to this domain.

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
<b>Total number of requirements and recommendations made at this inspection</b>	0	7

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Catherine Hamilton, acting 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.

## 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 11 August 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Belvedere Residential Care Ltd/Aisling McShane	<b>Registered manager:</b> Ms Catherine Hamilton, Acting manager
<b>Person in charge of the home at the time of inspection:</b> Ms Catherine Hamilton	<b>Date manager registered:</b> Acting manager since 17 May 2016.
<b>Categories of care:</b> 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	<b>Number of registered places:</b> 21

## 3.0 Methods/processes

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

During the inspection the inspector met with nine residents, two care staff, the acting manager and two resident's visitors/representatives.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Care records of four residents
- The home’s Residents’ Guide
- Complaints and compliments records
- Equipment maintenance records
- Accident/incident/notifiable events register
- Minutes of recent residents’ meetings
- Minutes of recent staff meetings
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- 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. 14 questionnaires were returned within the requested timescale.

**4.0 The inspection**

**4.1 Review of requirements and recommendations from the most recent inspection dated 11 August 2016**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

**4.2 Review of requirements and recommendations from the last care inspection dated 11 August 2016**

Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p>Ref: Standard 20.15</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 11 August 2016</p>	<p>The registered provider should ensure that all events are appropriately reported to RQIA.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and inspection of accident and incident records confirmed that all events were appropriately reported to RQIA.</p>	<p><b>Met</b></p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 December 2016</p>	<p>The registered provider should ensure the following:</p> <ul style="list-style-type: none"> <li>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</li> <li>the infection prevention and control (IPC) policy and procedure is reviewed to reflect regional guidelines</li> <li>a policy on consent to examination, treatment and care is developed</li> </ul>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the acting manager and inspection of documents confirmed that adult safeguarding and infection prevention and control policies were reviewed and that a policy was developed on consent to examination, treatment and care.</p>		
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 28.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<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 style="text-align: center;"><b>Partially Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and inspection of documentation confirmed that an audit was undertaken of all radiators in bathrooms and that radiator covers were to be fitted where necessary. To date, no such covers were supplied or fitted. This element of the recommendation was therefore stated for the second time.</p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 14.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 December 2016</p>	<p>The registered provider should ensure that residents' preferences for end of life care are noted.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and inspection of care records confirmed that residents' preferences for end of life care were noted.</p>		

### 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.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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 reviewed during the inspection.

The acting manager and staff confirmed that competency and capability assessments were undertaken for any person who was 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. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure during the last care inspection confirmed that it complied with current legislation and best practice. Discussion with the acting manager identified that the policy and procedure was unchanged and that staff continued to be recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The acting manager advised that enhanced AccessNI disclosures were viewed by her for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice. There were also arrangements in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and 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.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) 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, review of 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 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.

A review of policy and procedure on restrictive practice/behaviours which challenge during the last care inspection confirmed that this 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). Discussion with the acting manager identified that the policy and procedure was unchanged.

The acting manager confirmed there were restrictive practices employed within the home, notably keypad entry systems on external doors (for security), 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 relating to the home. 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. Inspection of equipment and maintenance records confirmed this.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. 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.

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.

The registered 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. Three residents who were seated in the lounge

reported to the inspector that they had felt cold in that room each morning for the past few weeks. The residents also reported, however, that they always felt warm when they were in their bedrooms and they did not experience any discomfort when they were in their night attire or when they were getting washed or changing their clothes. In discussion with other residents it was identified that they had not felt cold, indeed they felt the room was too warm and one resident reported that she often had to go to sit in another lounge or her bedroom in order to feel cooler.

The temperature of the home was discussed with care staff and the acting manager who advised that the heating was turned on each morning, also that there were no restrictions placed on how often or for how long the heat as used. A recommendation was made that residents should be consulted each morning regarding the heat levels in the lounge and appropriate action taken. The acting manager gave a verbal undertaking to attend to this matter immediately and to add this task to the list of daily duties for care staff.

Inspection of the internal environment of the home identified that the bins in some communal bathrooms did not have lids and toilet rolls were not enclosed in wipeable dispensers. In one identified bedroom, the handle of the wardrobe was in need of repair or replacement. In another identified bedroom, the wardrobe was not re-secured to the wall after a new carpet was laid and the radiator in the en-suite bathroom was showing signs of rust. In another identified bedroom, the carpet was both faded and slightly rippled and may have presented a trip hazard. In an upstairs corridor, a small area under the carpet was uneven and may have presented a further trip hazard. A recommendation was made in regard to these issues.

In discussion with the acting manager it was identified that there was no system in place to audit checks on the nurse call system. A recommendation was made in this regard.

The home had an up to date fire risk assessment in place dated 24 March 2016. Two of the three recommendations arising from the risk assessment were confirmed by the acting manager as having been satisfactorily addressed. The acting manager later provided email confirmation that the plans were in place to have the remaining recommendation addressed on 24 January 2017. Review of staff training records confirmed that staff completed fire safety training twice annually. The area of fire safety was reviewed during the last care inspection and was not inspected in detail on this occasion.

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

A comment received from a staff member was as follows:

- “All staff are fully trained and induction allows us to feel confident in any aspect of the job.”

### Areas for improvement

Three recommendations were made. These were in relation to heating levels in the home, to the internal environment and to checks on the nurse call system.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	3
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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 the care records of four 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 daily/regular statement of health and well-being of the resident. Care needs assessments and risk assessments (e.g. manual handling, falls, 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.

Records were stored safely and securely in line with data protection. It was noted, however, that the home did not have a policy in place relating to the management of records. A recommendation was made in this regard.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail how the individual needs and preferences of residents were met in the home.

An individual agreement setting out the terms of residency was in place and appropriately signed. Discussion with the acting manager identified that all residents newly admitted to the home signed the Residents Guide in which the monthly fees were specified. Whilst there was a system in place to ensure that this was updated annually for privately funded residents, there was no such system for those residents who were funded in part by the trust. A recommendation was made that arrangements should be put in place to keep the individual agreement up to date for all residents.

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 care records, accidents and incidents (including falls, outbreaks), complaints, environment and kitchen hygiene were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. 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 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. Minutes of resident and/or their representative meetings were reviewed during the inspection. The acting manager also advised that a newsletter for residents' representatives was prepared and sent periodically in order to keep them informed of events in the home.

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.

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

A comment received from a resident was as follows:

- “(Staff) pay good attention to you.”

### Areas for improvement

Two areas for improvement were identified. These were in relation to the development of a records management policy and to arrangements to keep the individual agreement up to date for all residents.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
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### 4.5 Is care compassionate?

The acting 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.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, 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 which identified that care plans were in place for management of chronic pain.

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. The acting manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Staff confirmed their awareness of promoting residents’ rights, independence and dignity and they were able to describe how residents’ confidentiality was protected.

The acting manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. 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, for example, residents were approached individually and in groups to decide what activities they wished to have each day. There were also residents’ meetings and residents were encouraged to participate in the annual reviews of their care.

Residents were also 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.

Discussion with staff, residents, and/or their representatives, 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, for example, residents attended a monthly tea dance at a local community venue where they listened to live music and had food and drinks. They were also able to participate in church services.

Residents spoken with during the inspection made the following comments:

- “I’m very happy here. They (staff) look after us all very well.”
- “This is a very good place. The staff are very kind and caring. They even check on us during the night to make sure that we are ok. I’ve absolutely no complaints and I wouldn’t stay anywhere that I wasn’t happy with.”
- “This is a good place. The staff are lovely and I am very happy here.”
- “The staff are very helpful and there is great banter between staff and residents. I feel very safe here and am reassured that there is always staff around to help, when help is needed.”
- “The girls are very good to us, very kindly and helpful.”

Residents’ representatives spoken with during the inspection made the following comments:

- “I think the care is very good, the staff are attentive and very tuned in to the needs of residents. The staff keep very good communication with us as a family and they make sure that referrals are made to other professionals, for example, to physiotherapy services. My only issue is that the hairdresser comes here once a fortnight and if residents miss the hairdresser, if they are unwell or are out at a medical appointment, they have to wait for another two weeks to get their hair trimmed or set. I think it would be better to have a hairdresser attend weekly.”

This issue was discussed with the acting manager. A recommendation was made that a review is undertaken of the hairdressing arrangements in the home and additional hairdressing is provided within the home, if residents wish this.

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

Comments received from residents were as follows:

- “Always let me take part in activities.”
- “All staff are very helpful and all staff are very patient.”

### Areas for improvement

One area for improvement was identified. This related to the provision of additional hairdressing services in the home.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	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 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 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 Residents Guide and posters displayed in the home. Discussion with staff confirmed that they 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. Staff had received training in customer care and in managing complaints. Arrangements were in place to share information about complaints and compliments with staff. Only one written complaint had been received since 2015. The acting manager advised that if more frequent complaints were to be made, an audit of complaints would be 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 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 inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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 staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example falls prevention training, anaphylaxis awareness, catheter care, diabetes awareness and palliative care.

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. The acting manager confirmed that the registered provider was present in the home on a very frequent basis and was kept informed regarding the day to day running of the home.

The acting manager confirmed that the management and control of operations within the home was 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 governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responded 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 and discussion with staff established that they were knowledgeable regarding this. The acting 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 and that management were responsive to suggestions and/or concerns raised.

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.

14 completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Comments received from staff were as follows:

- “The manager of this residential home does everything that she can to make sure the residents are happy.”
- “Massive improvement since previous manager.”

**Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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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, 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 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 to be 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](mailto: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

Quality Improvement Plan	
<b>Recommendations</b>	
<b>Recommendation 1</b> <b>Ref:</b> Standard 28.5 <b>Stated:</b> Second time <b>To be completed by:</b> 31 March 2017	<p>The registered provider should ensure that all appropriate action is taken to reduce risk identified during the audit of all radiators in bathrooms.</p> <p><b>Response by registered provider detailing the actions taken:</b>            All radiators in bathrooms now have a radiator cover in place.</p>
<b>Recommendation 2</b> <b>Ref:</b> Standard 27.2 <b>Stated:</b> First time <b>To be completed by:</b> 18 January 2017	<p>The registered provider should ensure that residents are consulted each morning regarding the heat levels in the lounge and appropriate action taken.</p> <p><b>Response by registered provider detailing the actions taken:</b>            All residents are consulted with to ensure they are warm and comfortable each day and staff sign this task as completed in their list of daily duties each day.</p>
<b>Recommendation 3</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time <b>To be completed by:</b> 31 March 2017	<p>The registered provider should ensure the following issues are addressed:</p> <ul style="list-style-type: none"> <li>• bins in communal bathrooms are fitted with lids and toilet rolls enclosed in wipeable dispensers</li> <li>• in an identified bedroom, the handle of the wardrobe is repaired or replaced</li> <li>• in an identified bedroom, the wardrobe is re-secured to the wall and the radiator in the en-suite bathroom is either repaired and repainted or replaced</li> <li>• in an identified bedroom, the carpet is replaced</li> <li>• in an upstairs corridor, the small uneven area under the carpet is investigated and repaired</li> </ul> <p><b>Response by registered provider detailing the actions taken:</b>            All bins fitted with lids, toilet roll is enclosed in a dispensible unit, the handle on the wardrobe has been repaired, the wardrobe has been resecured to the wall, the carpet has been replaced. The small uneven area under the carpet in the hall way is under investigation and will be repaired by 31/3/17 as will the radiator which requires repainting.</p>
<b>Recommendation 4</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time <b>To be completed by:</b>	<p>The registered provider should ensure that a system is put in place to audit checks on the nurse call system.</p> <p><b>Response by registered provider detailing the actions taken:</b>            The nurse call system is audited once a month.</p>

31 March 2017	
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<b>Recommendations</b>	
<b>Recommendation 5</b> <b>Ref:</b> Standard 21.1 <b>Stated:</b> First time <b>To be completed by:</b> 31 March 2017	The registered provider should ensure that a policy is developed on the creation, storage, maintenance, disposal and access to records in line with legislation and best practice.
	<b>Response by registered provider detailing the actions taken:</b> Not yet completed, will be completed by 31/3/17
<b>Recommendation 6</b> <b>Ref:</b> Standard 4.6 <b>Stated:</b> First time <b>To be completed by:</b> 31 March 2017	The registered provider should ensure that arrangements are put in place to keep the individual agreement up to date for all residents.
	<b>Response by registered provider detailing the actions taken:</b> Registered provider will ensure this occurs.
<b>Recommendation 7</b> <b>Ref:</b> Standard 13.1 <b>Stated:</b> First time <b>To be completed by:</b> 31 March 2017	The registered provider should ensure that a review is undertaken of the hairdressing arrangements in the home and additional hairdressing is provided within the home, if residents wish this.
	<b>Response by registered provider detailing the actions taken:</b> A new hairdresser is now in place who attends twice weekly.

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



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