

# Unannounced Care Inspection Report

## 9 August 2018



## Seafort House

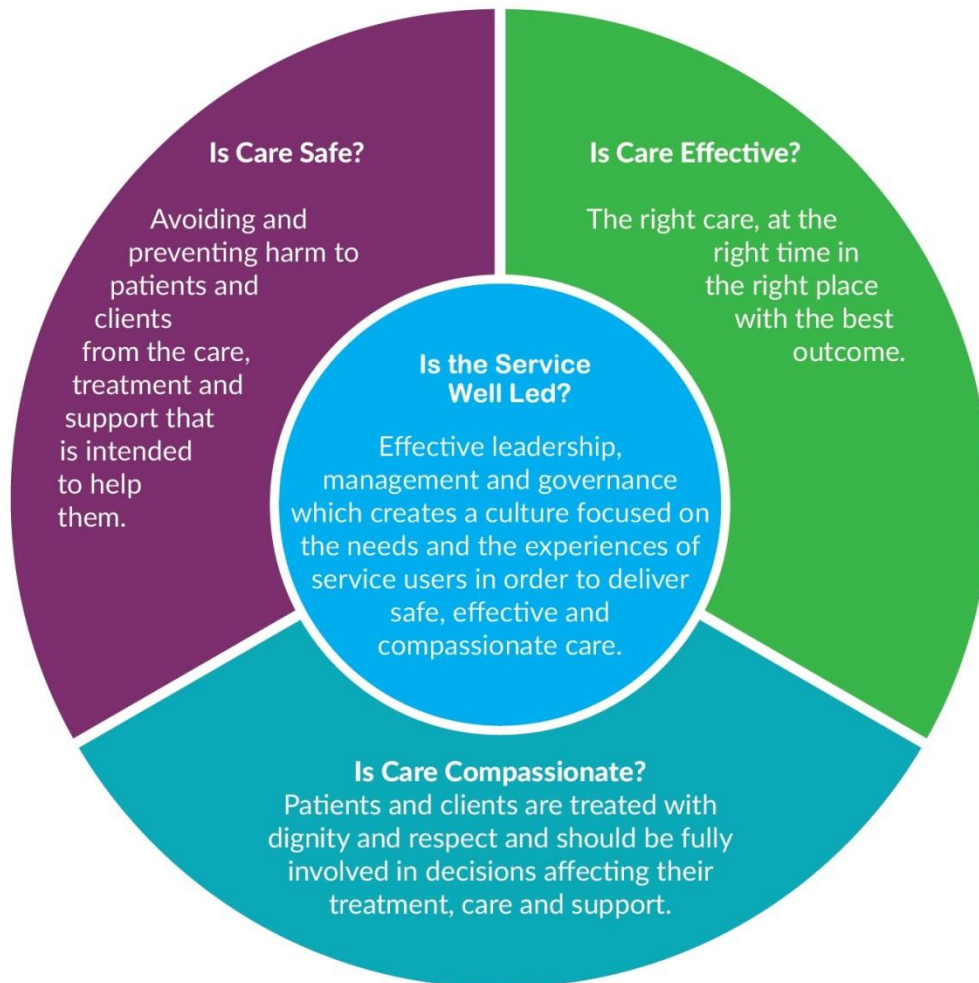
**Type of Service: Residential Care Home**  
**Address: 6 Queen Street, Warrenpoint, BT34 3HZ**  
**Tel No: 028 4175 2200**  
**Inspector: Alice McTavish**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with thirteen beds that provides care for adults who have a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Seafort House  <b>Responsible Individual:</b> Rhoda McDonald	<b>Registered Manager:</b> Joanne McDonald
<b>Person in charge at the time of inspection:</b> Joanne McDonald	<b>Date manager registered:</b> 1 April 2015
<b>Categories of care:</b> Residential Care (RC) LD – Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 13

### 4.0 Inspection summary

An unannounced care inspection took place on 9 August 2018 from 10.10 to 17.40.

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 staff recruitment, induction, training, adult safeguarding, communication between residents, staff and other interested parties, listening to and valuing residents, management of complaints and incidents and maintaining good working relationships.

Areas requiring improvement were identified. These related to the statement of purpose and residents' guide, the policy which related to restraint and the use of wedges or other objects at fire doors.

Residents and their representatives said that the home provided a very high standard of care and that staff treated everyone with great kindness.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Joanne McDonald, 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 26 March 2018.

#### **5.0 How we inspect**

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

During the inspection the inspector met with the registered manager, nine residents, four staff and one resident's representative.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Nine questionnaires were returned by residents. No questionnaires were returned by staff within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Two staff files
- Care files of four residents
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls, outbreaks), complaints, environment,
- Equipment maintenance records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

- Programme of activities
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 26 March 2018

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

### 6.2 Review of areas for improvement from the last care inspection dated 26 March 2018

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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4) (d) <b>Stated:</b> First time	The registered person shall ensure fire safety checks and staff fire safety training is maintained on a regular and up to date basis.  <b>Ref:</b> 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of fire safety and staff training records confirmed that these were maintained on a regular and up to date basis.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 24.4 <b>Stated:</b> First time	The registered person shall ensure staff have a recorded annual appraisal to review their performance against their job description and to agree personal development plans.  <b>Ref:</b> 6.4	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and staff and review of documentation confirmed that staff had a recorded annual appraisal to review their performance against their job description and to agree personal development plans.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.15  <b>Stated:</b> First time	The registered person shall ensure all notifiable events which affect the wellbeing or safety of any resident is reported promptly to RQIA and other relevant organisations.  Ref: 6.7	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of documentation confirmed that all notifiable events which affect the wellbeing or safety of any resident were reported promptly to RQIA and other relevant organisations.	

### 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 advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Staff employed through agencies were not used in the home.

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

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The registered manager was made aware of the most recent induction programme devised by the Northern Ireland Social Care Council (NISCC).

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the registered manager and review of staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The registered manager advised that she completed spot checks of staff registrations. Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the Adult Safeguarding Champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager advised that no adult safeguarding issues had arisen since the last care inspection and that all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

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

The registered manager advised there were very few restrictive practices within the home and residents were free to enter and leave the premises and move throughout the building. For residents who smoked, they were able to safely manage smoking material during the day; in the evenings, smoking materials were held by staff. In the care records examined this restriction was appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. This restriction was not, however, described in the



statement of purpose and residents' guide. Action was required to ensure compliance with the standards in this regard.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and regularly updated and reviewed as necessary. It was noted that the policy which related to restraint did not state that RQIA and appropriate persons/bodies must be informed should individual restraint be used. Action was required to ensure compliance with the standards in this regard.

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

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

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 individualised 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 was kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

It was noted that a chair was being used to keep the fire door to the day room open and there was a wedge present behind the fire door at the dining room, although the wedge was not in active use. The registered manager was advised that the practice of using wedges or other objects to keep fire doors open must cease. Action was required to ensure compliance with the regulations in regard to undertaking a review of all internal doors in the home and the fitting of suitable hold open devices, linked to the fire alarm, to all internal doors, where necessary.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc.

The registered manager provided information by email after the inspection confirming that the home had an up to date Legionella risk assessment in place dated 14 September 2017 and that all recommendations had been actioned.



The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. It was also confirmed by email that a system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary and that safety maintenance records were up to date for the passenger lift in the home.

The home had an up to date fire risk assessment in place dated 4 January 2018 and no recommendations were made.

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

A resident spoken with during the inspection made the following comments:

- “There’s plenty of staff around. I know I can ring the bell in my room if I feel unwell and the staff will come to me. I know what to do if there is a fire and I have a certificate that I got that has to do with safety.”

A member of staff spoken with during the inspection made the following comments:

- “I can see that new staff get a good induction when they come to work here. I get supervision and got an appraisal recently. I have also been assessed by the manager as being competent and capable to be in charge of the home when the manager is not here. We get lots of training.”

Nine 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 recruitment, induction, training, adult safeguarding, infection prevention and control, risk management and the home’s environment.

### **Areas for improvement**

Three areas for improvement were identified during the inspection. These related to the statement of purpose and residents’ guide, the policy which related to restraint and the use of wedges or other objects at fire doors.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

## 6.5 Is care effective?

### **The right care, at the right time in the right place with the best outcome**

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

There was a records management policy in place which included the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with General Data Protection Regulation (GDPR). 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 statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. smoking, walking outside the home unaccompanied by staff, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

Whilst the care records contained all of the necessary information, it was noted that the care needs and risk assessments were often described together and had been updated in such a way as to make it potentially confusing for staff. Advice was provided to the registered manager as to how such records could be maintained more effectively; this would be of benefit, especially where residents who were experiencing changes in their physical health.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

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

Staff described how a varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. There were systems in place to regularly record residents' weights and any significant changes in weight are responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the registered manager established that no residents currently accommodated had wound care needs. The registered manager advised that staff would be able to recognise and respond to pressure area damage and any wound care would be managed by community nursing services.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls, outbreaks), complaints and the home's environment were available for inspection and evidenced that any actions identified for

improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The registered manager advised 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. Minutes of staff meetings and resident meetings were reviewed during the inspection.

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

There were also systems in place to ensure openness and transparency of communication, for example, the annual satisfaction survey report was on display for residents, their representatives any other interested parties to read.

A review of care records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

A resident spoken with during the inspection made the following comments:

- "I love the food and the healthy eating. I go out on walks because the staff help me to stay fit and healthy. I have a leg exerciser that I use when I am watching television too. I love my room. I share with (another resident) and I have plenty of space for all my pictures and for my own T.V."

A member of staff spoken with during the inspection made the following comments:

- "We have regular staff meetings where we discuss the needs of the residents and how to meet the needs. The residents also have regular meetings and anything that comes up is shared with the staff team. I feel the quality of care in Seafort House is very high. The residents are happy and comfortable."

Nine 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 interested parties.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 6.6 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.**

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

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

The registered manager, staff, residents and a representative advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected.

Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. 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, for example, care plans were in place for the identification and management of anxiety or distress, where appropriate.

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 activity programme, for example, was written in a pictorial format and there was information regarding making a complaint in an easy read, pictorial version.

Discussion with staff, residents, a representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. Residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included monthly residents' meetings and visits by the registered provider.

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 and action plan was made available for residents and other interested parties to read

Discussion with staff, residents and a representative, 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.

Residents spoken with during the inspection made the following comments:

- “I’m doing great here. I had a good lie-in this morning and I’ve just had my shower now.”
- “This is a great place and I’m very happy here.”
- “I’m going with the staff to get my hair coloured and blow dried today. We go to the hairdresser next door. I don’t like all the noise of the driers so I come back into Seafort and the staff make me a cup of tea and then I go back to get the colour washed out. That suits me better.”
- “My birthday was great. I had a party here and everyone made cards for me. The staff made me a cake.”
- “I love it here! I’m going on holiday today with my family and I can’t wait!”
- “We go out all the time to the clubs and we know lots of the people who live here in the town. I live here full time now. This is part of my new family. I love my new friends and the staff are brilliant. We go on holiday together and have a great time. I’m glad I decided to come here to live after coming here for respite. My family is happy too. If I need anything, I know I can go to the any of the staff, but nothing bothers me too much! If things are really getting to me, I can go to the quiet room and have some time to myself”

A resident’s representative spoken with during the inspection made the following comments:

- “I am very happy with the care provided in Seafort House. There is very good communication between the staff and our family. The staff are very accommodating. When my (relative) was unwell last year and needed to lose some weight to get treatment, the staff supported her with healthy eating and exercise. I have noticed how (my relative) has grown in confidence and ability to lead an independent life. She is able to make and verbalise her own decisions and the staff encourage this. I feel the staff treat the residents with great kindness and I have seen examples of how the manager quietly goes to great lengths to make sure that all residents feel included in the life of the home.”

Staff spoken with during the inspection made the following comments:

- “Our residents are involved in lots of activities. They have very good social lives and are always out and about. There are lots of clubs in the locality and the residents are well known around the town.”

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

Comments received from residents were as follows:

- “Seafort is my home. I am very happy here.”
- “I like going out with the staff.”
- “I love Seafort very much because all the staff treats me well.”
- “I like to go to the library and all the clubs with the staff.”
- “I like to go out to work and I like to come home to see all my friends.”
- “I get to go to clubs and go out for walks with 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
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

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

The registered manager outlined the management arrangements and governance systems in place within the home and advised that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

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

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

A review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. Although the home received very few complaints, a monthly audit of complaints or issues raised was used to identify trends, drive quality improvement and to enhance service provision.

The home retained compliments received, e.g. thank you letters and cards and there were systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

Discussion with the registered manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, dementia in people with learning disability, food allergies, management of epilepsy, CPR and choking.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home through regular visits to the home and telephone contact.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed. It was noted that the certificate of employer's liability insurance on display in the home was recently out of date. The registered manager later submitted the most up to date certificate by email.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Staff spoken with during the inspection made the following comments:

- "I find the manager is very supportive to staff and is always approachable. We have an excellent team that works very well together."

Nine 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 governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joanne McDonald, 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 24.- (4) (d) (i)  <b>Stated:</b> First time  <b>To be completed by:</b> 28 September 2018	<p>The registered person shall ensure that a review is undertaken of all internal doors in the home and that suitable hold open devices, linked to the fire alarm, are fitted to all internal doors where necessary.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            A review has been carried out of the internal doors and where required hold open devices are in place. All staff have been informed that: (1) Wedges or any form of door stoppers are not permitted within the home.(2) Doors are not to be propped open by chairs or any other items of furniture.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.6, 20.9  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2018	<p>The registered person shall ensure that any restriction which may be used in the home is fully described in the statement of purpose and residents' guide.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            The residents guide and statement of purpose have been updated to include restrictions regarding smoking.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2018	<p>The registered person shall ensure that the policy which relates to restraint is reviewed to include that RQIA and appropriate persons/bodies must be informed should individual restraint be used.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            The Use Of Restraint Policy has been reviewed and the detail mentioned above regarding who must be informed should restraint be used, has been added.</p>

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



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