



Unannounced Care Inspection Report 19 November 2018



Peacehaven

Type of Service: Residential Care Home
Address: 34-38 Newry Street, Rathfriland, BT34 5PY
Tel No: 028 4063 8855
Inspector: Marie-Claire Quinn and Alice McTavish

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 eight beds that provides care for residents living with dementia.

3.0 Service details

Organisation/Registered Provider: Peacehaven Care Services Ltd Responsible Individual: Mary O'Hanlon	Registered Manager: Mary O'Hanlon
Person in charge at the time of inspection: Janine Porter, assistant manager	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 8

4.0 Inspection summary

An unannounced care inspection took place on 20 November 2018 from 10.10 to 16.30.

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, staff induction and training, care records, the culture and ethos of the home, communication and working relationships between residents, staff, families and other professionals.

One area requiring improvement was identified. This was in relation to the home's environment.

Residents stated that they were comfortable in the home, they had plenty to eat and they felt the staff cared about them.

One resident's visitor and one visiting professional were also positive about the home; they felt the residents were well settled and that staff were kind and friendly.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Janine Porter, assistant 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 22 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, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspectors met with the registered manager, assistant manager, seven residents, four care staff, an administrative assistant, one visiting professional and one resident's visitor.

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. No questionnaires were returned within the agreed timescale.

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

- staff duty rota
- staff supervision and annual appraisal schedules
- staff competency and capability assessments
- staff training schedule and training records
- one staff recruitment file
- three staff files
- the care files of four residents
- the home's Statement of Purpose and Resident's Guide
- minutes of staff meetings
- complaints and compliments records
- accident, incident, notifiable event records
- minutes of recent residents' meetings
- maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- 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 22 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 22 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 1.2 Stated: Second time	The registered person shall ensure that minutes of residents' meetings record the names of those residents and staff in attendance. Ref: 6.2	Met
	Action taken as confirmed during the inspection: A review of minutes of residents' meetings from April until October 2018 confirmed that the names of those residents and staff in attendance were recorded.	
Area for improvement 2 Ref: Standard 20.2 Stated: First time	The registered person shall ensure that all assessments of staff competency and capability are signed and dated by the registered manager. Ref: 6.4	Met
	Action taken as confirmed during the inspection: A review of three staff files confirmed that competency and capability assessments were signed and dated.	

Area for improvement 2 Ref: Standard 21.1 Stated: First time	The registered person shall ensure that a policy and procedure is developed in relation to residents who smoke. Ref: 6.7	Met
	Action taken as confirmed during the inspection: A suitable policy and procedure was reviewed on the day of inspection.	

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 assistant manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff were not used in the home. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, a resident's representative and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home. The assistant manager advised that staffing levels were increased once a month for deep cleaning of the home.

A review of induction records and discussion with the assistant manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The assistant manager was advised of the recently launched NISCC induction programme and signposted to the NISCC Induction template.

Discussion with staff confirmed that mandatory training, additional specialised training, supervision and annual appraisal of staff was regularly provided. Schedules of training, staff appraisals and supervision were reviewed during the inspection. It was noted that supervision was provided quarterly which exceeds the standards. Advice was provided to the assistant manager in relation to the addition of the last two dates of supervision in the written schedule in order to provide a fuller supervision history.

Discussion with the assistant manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the assistant manager and review of one staff file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The assistant manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. The assistant manager described the system in place to monitor the registration status of staff with their professional body (where applicable).

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 with the assistant manager.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. There was also a child protection policy in place. Staff were 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 assistant manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained. Appropriate protection plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns.

The assistant 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 confirmed there were restrictive practices within the home, notably a locked external door, a lap belt on the stair lift, a stair gate and management of smoking materials. The use of internal CCTV use was discussed with both the assistant and registered manager. The registered manager reported that the CCTV system was not in use; installation of a more up to date system had been considered; the registered manager was signposted to RQIA's most recent guidance on the subject.

Discussion with the assistant manager and review of the care records confirmed that restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the statement of purpose and residents' guide.

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 and alcohol hand gels wherever care was delivered. It was noted, however, that there were no disposable paper towels available and that hand towels were provided. The assistant manager advised that pipes had become blocked when paper towels were down the toilet by residents. The assistant manager advised that the hand towels were changed a minimum of three times daily or more often if required. Advice was sought from senior inspector colleagues in RQIA and suggestions for suitable alternative arrangements were shared with the assistant manager after the inspection.

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 assistant 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.

“The Falls Prevention Toolkit” was discussed with the assistant manager and advice was given on the benefits of using this or a similar toolkit. Any incidents of accidents or falls were recorded and referrals made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents’ bedrooms were found to be individualised with photographs, memorabilia and personal items. Overall, 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 or safety of residents, visitors or staff, with the exception of one fire door being wedged open. This was immediately rectified once drawn to the attention of the assistant manager. No malodours were detected in the home.

Some areas of improvement, however, were identified. In the upstairs bathroom and the staff bathroom, the handles on the toilets were loose. In the staff bathroom, the taps and soap dispenser were noted to be slightly marked and the protective cover for pipes was damaged and could not be effectively cleaned. In the downstairs bathroom the grouting in the shower stall was damaged; the legs and underside of the shower chair were dirty and the toilet paper dispenser was damaged. Wipeable sheaths for light cords had been ordered but yet to be attached. Some window frames and skirting boards required additional dusting. One double bedroom required a new dividing curtain. There were several bedroom blinds which required minor repair and safety clips to secure the looped pull cords were not in place. Action was required to ensure compliance with the standards in relation to the home’s environment.

These findings were shared with the assistant manager, who advised that required cleaning would be addressed immediately. It was later noted that staff were in the process of cleaning some of the identified areas. The assistant manager also advised that plans for required repair and redecoration work were in place and work was due to commence within the next four to eight weeks; residents had also been able to choose the colour schemes for their bedrooms.

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) and smoking.

The assistant manager confirmed that the home had an up to date Legionella risk assessment in place dated November 2016 and all recommendations had been actioned or were being addressed.

The home had an up to date fire risk assessment in place dated 30 December 2017 and no recommendations were made. Review of staff training records confirmed that staff had completed fire safety training twice annually. The assistant manager later confirmed in writing that fire drills had been completed on 16 June 2018 and 17 September 2018. A review of care records identified that risk assessment and corresponding care plans had been completed for any residents who smoke.

Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents spoken with during the inspection made the following comments:

- "There are enough staff here."
- "There's enough staff morning and night."

Staff spoken with during the inspection made the following comments:

- "If I noticed anything wrong, I'd go straight to my supervisor."
- "I had a good induction before I started; I have had plenty of training, like on food hygiene."
- "It's a good team, lots of training and a good induction."
- "I've been working here for around a year and I'm still happy here."

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

- "Since (Resident) has been here I see a big improvement...it's absolutely safe...residents have freedom and supervision."

A resident's visitor spoken with during the inspection made the following comments:

- "I'm happy with the quality of care here...There are plenty of staff around and they know (my relative's) care needs."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal and adult safeguarding.

Areas for improvement

One area of improvement was identified during the inspection. This related to the cleanliness and maintenance of the home.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Discussion with the assistant manager, a resident’s relative and a visiting professional 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 two 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 assessments and risk assessments 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. An individual agreement setting out the terms of residency was in place and appropriately signed.

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, for example, in relation to daily routines and personal care.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents’ weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) if required.

The assistant manager advised that none of the residents currently accommodated required any wound care, but this would be managed by community nursing services, if required. All the mattresses in the home were high pressure relieving; this is the registered manager’s preference as a precautionary measure.

The assistant manager described the arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. The assistant manager gave verbal assurances that audits of risk assessments, care plans, care review, accidents and incidents, NISCC registrations and the environment were closely monitored by management who were on site daily.

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 and the afternoon staff handover was observed during the inspection.

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

Residents spoken with during the inspection made the following comments:

- “I feel I am okay here. The staff keep it clean, my room is very clean.”
- “I’m happy in the home, staff look after me well.”

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

- “(Resident) came in on a walking stick and is now more mobile. (They) have gained weight and (their) memory scores have improved due to the stimulation from staff. (They have) benefitted from the company here.”

A resident’s visitor spoken with during the inspection made the following comment:

- “This is the most settled (my relative) has ever been.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 assistant 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 assistant manager, residents and staff 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 how confidentiality was protected. For example, staff reported that they ensured they asked for consent before providing personal care and adhered to residents' preferred rising and retiring times.

It was noted that there were no written consents for photographs to be taken of residents, access to care records, the completion of night checks and the management of smoking materials, where necessary. It was also noted that there was no policy present relating to consent. This was discussed with the assistant manager who agreed to develop suitable documents. These were later submitted to RQIA.

Observation of the environment and review of training records and policy confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with the assistant manager established that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Discussion with residents, staff, a resident's visitor and a visiting professional 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. One example of this is regular residents' meetings. Residents were also encouraged and supported to actively participate in the annual reviews of their care; the assistant manager detailed their recent efforts to organise these meetings around the planned visits of any family members who might live overseas. This ensured that residents had additional support and advocacy.

Residents were consulted with, at least annually, about the quality of care and environment. The most recent findings from the consultation were yet to be collated into a summary report; once completed, an action plan would be made available for residents and other interested parties to read. This area may be examined in further detail during future care inspections.

Discussion with staff, residents and a resident's visitor confirmed that residents were enabled and supported to engage and participate in meaningful activities such as memory games and chair exercises, which were facilitated by staff members. The assistant manager reported that some residents had requested a day trip, to go for a drive, and they were in the process of organising this. Arrangements were in place for residents to maintain links with their friends, families and wider community. On the day of inspection, visitors were encouraged and warmly welcomed by the residents and staff. Local nursery and primary schools had also arranged to visit during the Christmas period, as well as the local Girls Brigade.

Residents spoken with during the inspection made the following comments:

- "They (the staff) are polite. They make sure I can go and get my hair done once a week."
- "I love sitting by the fire, getting warmed."

Staff spoken with during the inspection made the following comments:

- "They (the residents) love the big fire; it's just so homely in the living room. We play memory games, or do some colouring in, chair exercises, or I-Spy."
- "It's rewarding working here; I just treat them (the residents) like one of my own. I make sure if someone wants some space or privacy, we can take them to the dining room to lie down on the sofa, or to their bedroom if they want."

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

- "It's a personal touch here, very private and personalised. The staff know how the residents like their coffee, they have their own cup. The fire is so cosy; it's a home from home."

A resident's visitor spoken with during the inspection made the following comments:

- "I did the annual survey...some outings or trips would be good."

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 of improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The assistant 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. Review of a sample of policies and procedures evidenced that they 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. Review of training records confirmed that staff had received training on complaints management and were aware of how to respond to complaints. RQIA's complaint poster was not displayed in the home on the day of inspection; arrangements were later made for this to be provided to the home.

The assistant manager advised that no complaints had been received since the last inspection. A review of the complaints documentation confirmed that arrangements were in place to effectively manage complaints. Records of complaints would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. The assistant manager described how information about complaints and compliments would be shared with staff. If required, management would also complete a complaints audit to identify trends, drive quality improvement and to enhance service provision.

The home retained compliments received, for example, thank you letters and cards and there were systems in place to share these with staff. Thank you cards were displayed on the staff notice board.

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. It was noted, however, that one event had been reported to all relevant parties except RQIA. This was discussed with the assistant manager who agreed to submit a retrospective notification to RQIA and to review RQIA's guidance on which events require to be reported. The assistant manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was evidence of managerial staff being provided with additional training in governance and leadership; the assistant manager was in the process of completing the Qualification and Credit Framework (QCF) level five award in adult residential care.

Discussion with the assistant manager confirmed that information in regard to current best practice guidelines was made available to staff through staff meetings. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents which included dementia care, challenging behaviour, diabetes, deprivation of liberty safeguards, death, dying and bereavement and hand hygiene.

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 assistant manager stated that the registered provider, who is also the registered manager, was present on the premises on an almost daily basis and was also kept updated by telephone and email.

The assistant manager advised 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.

The home had a whistleblowing policy and procedure in place. Discussion with staff confirmed that whilst they could accurately describe how to report concerns about any poor practice and felt confident in doing so, they were not always able to relate this to the whistleblowing policy. This was discussed with the assistant manager and advice was given as to how staff could be supported to more fully understand whistleblowing, perhaps by providing a short refresher session as part of a staff meeting. The assistant manager advised that staff could access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The assistant manager described the arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. For example, staff received diversity and equality training during induction. Any equality data collected was managed in line with best practice.

Residents spoken with during the inspection made the following comments:

- "I would complain (to the managers) if I needed to, but things are fine."
- "Yes, the managers are usually floating about (if I need them)."

Staff spoken with during the inspection made the following comments:

- "I worked here some years ago; I'm pleased to be back. My colleagues are very supportive."

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

- "There is good communication here (in the home). The staff maintain regular contact with me and are quick to return calls. The staff are helpful and management is accessible."

A resident's visitor spoken with during the inspection made the following comments:

- "I haven't needed to raise any concerns or issues, but I know I can go to any of the staff. Staff keep in good contact with families."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and to maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Janine Porter, assistant 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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2019</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • the handles on the toilets in bathrooms are repaired • water taps and soap dispensers are kept clean • the protective cover for pipes is replaced • the grouting in the shower stall is repaired • the shower chair is kept clean • the toilet paper dispenser is repaired or replaced • wipeable sheaths for light cords are provided • window frames and skirting boards are kept clean • a dividing curtain is provided in one identified shared bedroom • any damaged blinds in bedrooms are repaired • safety clips are provided to secure the looped pull cords on blinds <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The majority of items have been carried out as requested. However a number of items are on order such as new blinds and safety clips and dividing curtains. Other work is scheduled for repair or replacement. All work will be completed by the 28.2.18.</p>

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



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