

Unannounced Care Inspection Report 23 June 2017



Roxborough House

Type of Service: Residential Care Home

Address: 2 Dungannon Road, Moy, Dungannon, BT71 7SN

Tel No: 028 8778 9956

Inspector: Priscilla Clayton

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a residential care home which can accommodate up to a maximum of 30 people. The home currently provides care for people who may be frail elderly, have mild / moderate dementia, and for two persons with learning disability.

3.0 Service details

Organisation/Registered Provider: Southern Health and Social Care trust Francis Rice	Registered Manager: Lucia Donnelly
Person in charge at the time of inspection: Errol McNally ("acting" senior care assistant)	Date manager registered: 6 August 2010
Categories of care: Residential Care (RC): I - Old age not falling within any other category DE – Dementia LD - Learning Disability	Number of registered places: 30 Maximum of two persons: RC -LD Maximum of five persons: Day Care

4.0 Inspection summary

An unannounced care inspection took place on 19 June 2017 from 09.45 to 16.15 hours.

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 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 throughout the inspection in relation to governance arrangements, management of complaints, accident / incidents, quality improvement and maintaining good team working relationships.

Areas requiring improvement included: audit of care plans and service user agreements to identify those not signed and as stated for a second time from the previous care inspection; ensure that fall risk assessments are dated. The provision of residents' meetings on a regular basis and staff meetings at least on a quarterly basis was also recommended.

Residents and two relatives said they were very satisfied with the care provided. No issues or concerns were raised or indicated.

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	4

Details of the Quality Improvement Plan (QIP) were discussed with Errol McNally, “acting” senior care assistant, 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 estates inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent estates inspection on 22 November 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous care inspection report and QIP
- Accident / incident notifications
- Correspondence

During the inspection the inspector met with 10 residents individually and with others in small groups, three staff, and two residents’ relatives.

A total of 18 satisfaction questionnaires were provided for distribution to residents (6), their representatives (6) and staff (6) for completion and return to RQIA. One staff questionnaire was returned within the requested timescale.

The following records were examined during the inspection:

- RQIA registration certificate
- Statement of Purpose
- Service user guide
- Staff Induction
- Staff training
- Accident / incidents
- Policies and procedures
- Audit
- Fire risk assessment
- Four care records
- Staff supervision / annual appraisal schedule
- Staff meetings
- Service user meetings
- Activity / events schedule
- Annual satisfaction survey
- Annual quality report
- Complaints / complements
- Monthly monitoring visits

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 3 October 2016

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 3 October 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 (5) Stated: Second time	The registered person shall ensure that monthly monitoring reports are retained in the home and made available on request to – RQIA, the registered manager, the resident or representative and an officer of the HSC Trust. The reports should reflect any staffing issues, review of accidents/incidents and interviews with relatives/representatives.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that monthly monitoring reports were being retained in the home and were available on request.	
	Reports inspected reflected staffing complement, accident / incidents and interviews with residents / representatives.	

<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1) (2)</p> <p>Stated: First time</p>	<p>The registered provider shall ensure that all residents admitted under the intermediate care scheme has an individualised care plan developed in accordance regulation 16 (1) (2) and standard 6 of The Residential Care Homes Minimum Standards (2011).</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that individualised care plans were in place for residents admitted under the intermediate care scheme.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 3 Sch 1 1</p> <p>Stated: First time</p>	<p>The registered provider shall undertake a review and revision of the statement of purpose to ensure that the name of the current trust registered provider / chief executive is reflected.</p> <p>A copy of the amended statement of purpose should be forwarded to RQIA with the return of the QIP.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that the statement of purpose had been reviewed and revised as recommended.</p> <p>A copy of the statement of purpose was forwarded RQIA as recommended.</p>		
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 23.6</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the staff training matrix is updated to reflect training provided.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that the staff training matrix had been updated. The matrix reflected current staff training provided.</p>		

Area for improvement 2 Ref: Standard 20.10 Stated: First time	The registered provider should ensure that an audit of risk assessments within care files is undertaken to ensure these are dated and signed in accordance with good professional practice.	Partially met
	Action taken as confirmed during the inspection: The inspector confirmed that audits of risk assessment were undertaken. Four care records inspected contained risk assessments which were signed. However one (fall risk) was not dated.	
Area for improvement 3 Ref: Standard 1.2 Stated: First time	The registered provider should ensure that residents meetings recommence with minutes recorded and circulated to residents.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that residents' meetings were recommenced with minutes recorded and circulated to residents.	
Area for improvement 4 Ref: Standard 6.6 Stated: First time	The registered provider should ensure that the care plan of one resident at risk of choking fully reflects the measures in place to minimise the identified risk, including recommendations made by the speech and language therapist and the level of staff supervision required at meal and snack times.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that measures to minimise the risk of choking were reflected within the care plan reviewed.	

6.3 Inspection findings

6.4 Is care safe?

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

The “acting” senior care assistant 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 including the staff member in charge of the home.

The “acting” senior care assistant confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to satisfactory.

Review of the Trust recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice.

Discussion with the “acting” senior care assistant confirmed that staffs were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the SHSCT personnel department.

All care staff were registered with Northern Ireland Social Care Commission (NISCC). Arrangements were in place to monitor the registration status of staff with NISCC.

Review of completed induction records and discussion with the “acting” senior care assistant and staff evidenced that an induction programme was in place for all new staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of one staff satisfaction questionnaire returned to RQIA confirmed that mandatory training, supervision and appraisal of staff were provided. A schedule for mandatory training was in place. Review of minutes of staff meetings held on file was dated May 2017, January 2017, October 2016 and September 2016. Action is required to ensure compliance with standards in that staff meetings take place on a regular basis and at least quarterly.

The “acting” senior care assistant confirmed that review and revision of the adult safeguarding policy / procedures was work in progress in view of the Department of Health (DOH) revised regional policy and procedures. A trust interim guidance notice was issued to the home on 18 August 2016 which included information regarding the champion for the trust.

Discussion with staff confirmed that they were aware of the new regional policy (Adult Safeguarding Prevention and Protection in Partnership, July 2015). A copy was readily 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 adult safeguarding training was provided during September 2016. Further training is scheduled for 2017.

Discussion with the “acting” senior care assistant, review of accident / incidents records, and notifications forwarded to RQIA confirmed that accidents and incidents were appropriately managed. Risk assessments were reflected within care plans. The “acting” senior care assistant confirmed that there were no safeguarding allegations since the previous inspection.

The “acting” senior care assistant confirmed there were risk management procedures in place relating to the safety of individual residents and that the home did not accommodate any residents 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 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).

The “acting” senior care assistant confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Inspection of four care records confirmed there was a system of referral to the multi-professional team when required.

Discussion with the “acting” senior care assistant and review of the home’s policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly. For example; moving and handling, falls risk, choking and fire safety.

The “acting” senior care assistant confirmed that equipment in use in the home was being maintained and regularly serviced in keeping with trust policy and manufacturers recommendations.

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 among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The “acting” senior care assistant reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust 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. There were no visible hazards to the health and safety of residents, visitors or staff. Environmental improvements made included new replacement flooring and replacement carpets. This is to be commended.

The home had an up to date fire risk assessment which was dated 05 September 2016. One recommendation made was recorded as actioned, dated and signed by the registered manager.

Review of staff training records confirmed that staff completed fire safety training twice annually. Records of fire drills provided details of the last undertaken on 20 January 2017 and during October 2016. Records retained included the names of 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/monthly. Fire doors were observed to be closed with fire exits unobstructed. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Care staff spoken with during the inspection made the following comments:

- “Staffing levels are satisfactory and there is good team working”
- “We get good support by the manager and receive a wide range of mandatory and professional development training”
- “There is no restrictive practice used within the home”
- “We provide a good standard of safe care”

One staff member completed and returned a satisfaction questionnaire to RQIA within the time scale. This respondent described their level of satisfaction as “very satisfied”.

Two relatives of residents who spoke with the inspector confirmed they were very satisfied with the care provided to their relatives. They commended staff on keeping them very well informed and the warm welcome they received when visiting the home.

One relative commented “I can leave this home content as I know my mother is in safe hands”

Areas of good practice

There were examples of good practice found in relation to; staff induction, training, supervision and appraisal, adult safeguarding procedures, infection prevention and control measures, and the good standard of home’s environment.

Areas for improvement

One area of improvement included regular provision of staff meetings no less than every three months.

	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 “acting” senior care assistant established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of four care records confirmed that these were maintained in line with the legislation and standards. Care records 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. For example; manual handling, falls and choking were reviewed and updated on a regular basis or as changes occurred.

Areas identified for improvement included:

- One care plan and one service user agreement were noted to be unsigned.
- One fall risk assessment was not dated. (Previously recommended at the last inspection held on 3 October 2016.)
- One fall risk care plan gave incorrect information which included the interventions related to an identified choking risk.

Improvements in regard to the aforementioned issues were discussed with the “acting” senior care assistant who stated these would be addressed.

The care records reflected 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.

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

Ongoing quality monitoring methods and improvements were discussed with the “acting” senior care assistant. Audits conducted during 2016 included: care record documents, complaints, accidents / incidents, medications, fire risk prevention measures and environmental.

A resident satisfaction survey (2017) was also conducted with an annual quality report developed. Overall improvements made as a result of the outcome of audits included:

- Development of new staff induction programmes
- Implementation of a new discharge pro-forma
- Improved internal environment – new flooring in the corridors and carpet replacement.
Replacement toilet seats
- Review and improved questions within resident satisfaction survey planned for next survey
- Completion of person centred care plans
- Updated staff medication training
- Staff dementia training
- Displaying outcome of falls audit / discuss at team meetings

The “acting” senior care assistant 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” senior care assistant and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and two relatives spoken with and observation of practice evidenced that staff communicated effectively with residents, their representatives. Minutes of residents’ meetings held on file were dated May 2017, November 2016 and June 2016. Action is required to ensure compliance with standards in that meetings are held on a more regular basis to provide opportunity for residents to express their views and be consulted about the running of 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. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Staff, residents and their representatives spoken with during the inspection gave positive feedback in regard to the care provided. No issues or concerns were raised or indicated.

One completed staff questionnaire was returned to RQIA. This respondent described the 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 audits and improvements and communication between residents, staff and other key stakeholders.

Areas for improvement

Two recommendations made for improvement related firstly to audit of care plans, risk assessments and service user agreements to ensure these are signed / dated and the provision of residents’ meetings on a regular basis.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The “acting” senior care assistant 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 were in place which supported the delivery of compassionate care. Discussion with staff, residents and two of their representatives confirmed that residents’ spiritual and cultural needs, were met within the home. Discussion with

residents, two relatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The “acting” senior care assistant, staff and residents confirmed that consent was sought from residents in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity and was able to demonstrate how residents’ confidentiality was protected. For example; staff discussions with residents and their representatives were held in private and bedroom doors were knocked before staff entered. Consultation and consent was sought from residents in regard to care planning and provision of care and treatment.

The “acting” senior care assistant and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and two of their representatives who spoke with the inspector confirmed that residents’ views and opinions were taken into account in all matters affecting them.

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

There were systems in place to ensure that the views and opinions of residents, and/or their representatives, were sought and taken into account in all matters affecting them. For example; residents’ meetings, suggestion box and annual care reviews and annual satisfaction surveys.

Residents are 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 two representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example: bingo, weekly fellowship / gospel meetings, and arts and crafts. A daily planned activity schedule was displayed. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, through open visiting, telephone, and visits out of the home to various local community venues with relatives and friends.

One completed staff questionnaire was returned to RQIA following the inspection. The respondent described their level of satisfaction with this aspect of care as “very satisfied”. No issues or concerns were raised.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The registered manager, Lucia Donnelly was not on duty in the home on the day of the inspection. Errol McNally, the “acting” senior care assistant was in charge 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. Efforts were made to ensure 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, Poster/leaflet etc. Discussion with staff confirmed 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 investigation undertaken, communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively recorded within the trust Datix electronic system and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Monitoring arrangements of accident / incidents is undertaken by the registered manager; the residential and day care manager and the trust governance officer who receives Datix data. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The “acting” senior care assistant confirmed that trends and patterns were identified and when necessary appropriate action taken. The “Falls Prevention Toolkit” guidance to improve post falls management was used.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the "acting" senior care assistant identified that he had understanding of this role and responsibilities under the legislation. The "acting" senior care assistant confirmed that the registered provider was kept informed regarding the day to day running of the home through arranged registered managers and senior managers meetings.

The "acting" senior care assistant 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 was displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered manager responded to regulatory matters in a timely manner.

Review of records and discussion with the "acting" senior care assistant and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The "acting" senior care assistant 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.

Staff, residents and two of their relatives spoken with during the inspection gave positive feedback in regard to staff and management within the home. No issues or concerns were raised or indicated.

Some comments made by residents included:

- "I do like it here, not home, but the next best thing"
- "I don't regret coming to live here, I feel safe and not afraid that someone one is going to rob or hurt me"
- "Staff are kind and always about when we call"
- "I enjoy the food, good selection of meals to choose from"

One completed staff questionnaire was returned to RQIA following the inspection. The respondent described their level of satisfaction with this aspect of the service as "very satisfied".

Some comments made by staff included:

- "I enjoy working in this home as residents are treated very well and the team work is good"
- "Staff morale is good and we are encouraged and supported by the manager to provide a high standard of care"

- “I feel the residents’ needs are being met and we would go that extra mile to ensure they are happy and content”.

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
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 Errol McNally, “acting” senior care assistant, 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 to care.team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25.8 Stated: First time To be completed by: 31 July 2017	<p>The registered person shall ensure that staff meetings take place on a regular basis and at least quarterly.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: .The Registered Manager can confirm that s Staff meeting was held on 26th July and that a schedule for Staff meetings has been planned for the for the remainder of 2017 and this is available on request.</p>
Area for improvement 2 Ref: Standard 20.10 Stated: First time To be completed by: 31 August 2017	<p>The registered person shall undertake audit of care plans and service user agreements to identify those which are unsigned. Action plans should be developed to address the outcome of audits undertaken.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager can confirm that an audit of care plans and service users agreements commenced in August . An action plan will be developed to address the outcome of audits undertaken and this will be completed within the required time frame.</p>
Area for improvement 3 Ref: Standard 1.6 Stated: First time To be completed by: 31 August 2017	<p>The registered person shall ensure that residents meetings are held on a regular basis.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Registered Manager can confirm that a schedule for residents meetings has been prepared and shared with residents. Meetings have been planned to take place at regular intervals between August and December 2017 .</p>
Area for improvement 4 Ref: Standard 20.10 Stated: Second time To be completed by: 31 August 2017	<p>The registered person shall ensure that audit of fall risk assessment is undertaken to identify undated assessments.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: An audit of falls risk assessments has been completed within the specified time frame. The Registered manager can confirm that one of the the outcomes arising from the Audit has ensured that all assessments are now appropriately signed and dated.</p>

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



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