

# Unannounced Care Inspection Report

## 30 April 2018



## Roxborough House

**Type of Service: Residential Care Home**

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

**Tel No: 028 8778 4278**

**Inspector: Priscilla Clayton**

[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 which is registered with RQIA to accommodate a maximum of thirty residents within the category of older people, two persons with dementia and two persons with a learning disability. The home can also provide day care for a maximum of five service users so long as the total number of residents accommodated does not exceed thirty at any time.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern HSC Trust  <b>Responsible Individual:</b> Shave Devlin	<b>Registered Manager:</b> Lucia Donnelly
<b>Person in charge at the time of inspection:</b> Errol McNally, senior care assistant, until 14.00 From 14.00 Lucia Donnelly, registered manager	<b>Date manager registered:</b> 5 October 2010
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category DE – Dementia LD – Learning Disability	<b>Number of registered places:</b> Total number: 30 comprising: RC-I RC-DE: 2 RC-LD: 2 Day care: 5 service users; providing the total number of residents does not exceed 30.

### 4.0 Inspection summary

An unannounced care inspection took place on 30 April 2018 from 09.00 to 16.45.

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 the promotion of a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas requiring improvement identified included; nutritional risk assessments of newly admitted residents, undertaking of regular audit of accidents/incidents, inclusion of action taken to address negative responses within satisfaction surveys and the inclusion of the standard of environment and food/meals within questionnaires. One improvement, stated for a second time, related to ensuring that interventions by the district nurse are reflected within residents' care plans.

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	4

Details of the Quality Improvement Plan (QIP) were discussed with Lucia Donnelly, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 4.2 Action/enforcement taken following the most recent finance inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 and 28 February 2018.

#### 5.0 How we inspect

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

- The previous care inspection report and Quality Improvement Plan
- Written and verbal communication
- Statement of Purpose
- Accident/Incident notifications

During the inspection the inspector met with the registered manager, twelve residents, four staff and two visiting resident relatives.

A total of ten satisfaction questionnaires were provided for distribution to residents/representatives for completion and return to RQIA. No questionnaires were returned within the timescale.

A poster was provided for display which contained information on how care staff can obtain access to RQIA electronic satisfaction questionnaires. No staff questionnaires were completed and forwarded to RQIA.

The following records were examined during the inspection:

- RQIA registration certificate
- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule
- Staff recruitment file(s)
- Three resident's care files

- Resident individual written agreement
- The Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Quality assurance
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Legionella risk assessment
- Fire drill records
- Maintenance of equipment
- Input from independent advocacy services
- Selected 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 27 and 28 February 2018**

The most recent inspection of the home was an unannounced finance inspection.

This QIP will be validated by the finance inspector.

## 6.2 Review of areas for improvement from the last care inspection dated 3 January 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
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.4  <b>Stated:</b> First time	<p>The registered person shall ensure that update training is provided;</p> <ul style="list-style-type: none"> <li>Adult safeguarding for new staff and other staff who are unaware of the new DoH policy and procedures and development of the corporate trust policy/procedures</li> <li>Dementia training for all staff in accordance with their roles and responsibilities.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            The registered manager explained that training in adult safeguarding was set for 11 and 16 June 2018. Staff training in dementia has been placed on the trust residential training needs analysis.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.3  <b>Stated:</b> First time	<p>The registered person shall ensure that referral is made to the trust professional dementia care adviser in regard to conducting a dementia environmental update audit. The outcome of the audit should be discussed with the head of residential and day care services and an action plan developed to address recommendations to include planned phased timescales for improvement.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            The registered manager explained that the audit was conducted on 14 March 2018. The report alongside recommendations for improvement is to be forwarded to the registered manager when completed. The registered manager agreed that improvements as recommended will be discussed with the head of residential and day care services.</p>	



<b>Area for improvement 3</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time	The registered person shall ensure that the specific resident's needs requiring intervention by the district nurse is reflected within the home's care plan.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> Examination of one care plan evidenced that the identified need and care provided by the district nurse was not included.	

### 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 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 issues or concerns were raised regarding staffing levels during discussion with the registered manager residents, residents' representatives and staff. Agency staff are not currently commissioned.

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

Review of two completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for new staff, relevant to their specific roles and responsibilities.

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

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; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments reviewed at the previous care inspection were found to satisfactory.

The registered manager advised that staff 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 organisation's personnel department.

Enhanced Access NI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager confirmed that a trust safeguarding champion had been identified and that she was the identified champion for the home.

Staff who met with the inspector demonstrated knowledgeable and good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. The registered manager explained that staff update training in adult safeguarding was planned for 11 and 16 June 2018 and that newly appointed staff would receive this training.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records evidenced that there was no suspected, alleged or actual incidents of abuse. The registered manager was fully informed of the procedure including; prompt referral to the relevant persons and agencies for investigation in accordance with Southern Health and Social Care Trust procedures, legislation and minimum care standards.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. For example: moving and handling, falls, fire safety, legionella and Control of Substances Hazardous to Health (COSHH).

Lengthy discussion was held with the registered manager regarding the home's RQIA registered category status and appropriateness of the placement of one resident. The registered manager explained that the placement had been brought to the attention of the care manager/social worker and head of residential and day care services and that she was assured that an alternative placement was being sought. Every effort must be made to ensure that the identified needs of this resident can be met within an appropriate setting.

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). The policy reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed that no restrictive practices were undertaken within the home. No restrictive practices were observed on the day of inspection.

The registered manager confirmed that equipment and medical devices in use within the home were serviced and well maintained. Records were retained and available for inspection.

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 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, disposable towels, aprons and gloves wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

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



The registered manager reported that any outbreaks of infection within the last year had been managed in accordance with the trust policy and procedures. The outbreak had been reported to the Public Health Agency (via the trust IPC nurse), and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment which was carried out by the SHSCT fire safety officer was dated 24 October 2017. Recommendations for improvement were noted to be addressed.

The legionella risk assessment viewed was dated 20 February 2016. The registered manager advised that the seven recommendations made had been addressed.

An estates checklist in regard to areas of fire risk, legionella risk, hoists and slings and Northern Ireland Accident/Incident Check (NIAIC) was completed, dated and signed by the registered manager.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed annually. Records were retained 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 as required.

No issues or concerns were raised by staff in regard to the provision of safe care. Examples of comments made by staff included:

- "I feel the care provided is safe, risk assessments are completed and training provided to meet the needs of residents."
- "I got a good induction and residents' needs are met."

No issues or concerns were raised or indicated by residents / relatives who spoke with the inspector. Some comments included:

- "I feel we are well looked after here, no problems what so ever."
- "We feel safe here, the care is really good. Plenty of staff who always available to help when I ask."

Nine of the ten resident satisfaction questionnaires were completed and returned to RQIA. Respondents indicated their satisfaction that care provided was safe.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

## Areas for improvement

One area of improvement identified related to ensuring arrangement is made in regard to the appropriate placement of one resident.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 6.5 Is care effective?

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

A review of three care records confirmed that these were individualised and securely stored. Records examined included; life history, up to date assessment of holistic needs which were complemented with risk assessments risk, person centred care plans and daily/regular statement of health and well-being of the resident. Care needs assessments were complemented with risk assessments; manual handling and falls which were reviewed and updated on a regular basis or as changes occurred. It was noted in one care plan reviewed did not include the intervention by the district nurse.

Examination of residents' weight records evidenced that these were recorded monthly or more frequently when weight loss/excessive gain was identified. The weight loss of one resident was discussed with the senior care assistant and registered manager who advised that the general practitioner had been informed on the morning of inspection. The registered manager confirmed that residents' weights were closely monitored and where necessary referral made to the general practitioner.

Two areas of improvement identified from discussion with the registered manager and review of care records included:

- The undertaking of nutritional risk assessment on admission of new residents in accordance with best practice guidelines.
- Ensure that interventions by the district nurse are included within care plans (stated for a second time).

Care records examined 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. Staff advised the inspector that 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 a person centred approach underpinned practice. For example; all residents or where appropriate their representatives were included in the development of individual care plans.

A review of care records, and 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. As cited within section 6.4 of this report the registered manager advised that referral to the social worker had been made in regard to the placement of

one resident. The registered manager had also notified her line manager who visits the home on behalf of the registered provider. The registered manager agreed to notify RQIA when the arrangement to transfer has been made.

An individual written agreement setting out the terms of residency was in place and appropriately dated/signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits undertaken included: falls, care records, care reviews, medications and recent dementia environmental audit. Further evidence of monitoring was contained within monthly monitoring reports undertaken on behalf of the registered provider. In addition seeking the views of residents/representatives on the effectiveness of care is sought in the form of satisfaction surveys which are conducted annually for permanent residents and on discharge for residents admitted on short term basis under the intermediate care scheme. An annual report for 2017/18 reflected the analysis of the resident survey. Quality indicators included within the survey report included; choice, communication, personal care, assistance, privacy and dignity. Overall positive responses were received. No reference was made of the action taken to address some negative responses reflected within the report. Improvements discussed with the registered manager related to recording of action taken to address negative responses and the inclusion of the standard in regard to environment and quality of food/meal time provided within the questionnaire.

The registered manager explained that the home's annual quality report for 2017/18 was a work in progress which would be completed within the near future. This report will be viewed at the next RQIA care inspection of the home.

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

Residents and their representatives spoken with and observation of practice evidenced that staff communicated in a respectful unhurried manner. Minutes of residents' meetings reflected evidence of consultation including seeking residents' views, preferences and choice.

Staff spoken with during the inspection made the following comments:

- "I would say that good effective care is provided and we are very aware of the necessity to report any issues in this regard."
- "We have access to all care records and policies/procedures."
- "Provided with a wide range of training."
- "Risk assessment and care reviews are ongoing to ensure the care provided is effective and meeting the needs of service users."

No issues or concerns were raised or indicated by staff.

Some comments made by resident/resident’s relatives included:

- “We have no concerns what so ever, everything is really good here.”
- “We are kept well informed about things and know how to complain if we needed to.”
- “I am doing very well here and can now walk independently.”
- “My mother is very well care for here and has enjoyed her stay. Staff have been really attentive and encouraged her to participate in new activities which she really enjoyed.”
- “The food is very nice and we have choice each day.”

No issues or concerns were raised or indicated by residents or their representatives.

Nine of the ten resident satisfaction questionnaires were completed and returned to RQIA. Respondents indicated satisfaction that care provided was effective.

**Areas of good practice**

There were examples of good practice found in relation to audits, reviews and communication between residents, staff and other key stakeholders.

**Areas for improvement**

Two areas of improvement identified related to ensuring nutritional risk assessments are undertaken on newly admitted residents and the undertaking of nutritional risk assessments on all newly admitted residents.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

**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 registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. It was noted that these core values were reflected within the home’s Statement of Purpose and Resident Guide.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents’ spiritual and cultural needs were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of one care plan which reflected the management of pain, trigger factors, prescribed pain relief and monitoring of same.

The registered manager, residents and their representatives confirmed that consent was sought 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 explained their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected. For example ensuring that their care is only ever shared with those who need to know and that permission is sought to do so.

The serving of the mid- morning tea and dinner was discretely observed. Meals were nicely presented and respectfully served by staff. Tables were set with a range of condiments with drinks provided on each table. Special diets were provided as required. The daily menu was displayed reflected choice. Three weekly menus examined were noted to be varied with choice afforded. Residents spoken with following the meal gave positive feedback on the meals provided each day.

The registered manager and staff confirmed that residents were always listened to, valued and communicated with in an appropriate manner. Residents confirmed that their 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: daily discussions with staff, residents' meetings, suggestion box, care reviews, monthly monitoring visits undertaken on behalf of the registered provider and satisfaction surveys undertaken.

The registered manager explained that 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. Reference to the survey is cited within section 6.5 of this report.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage in a programme of person centred leisure and recreational activity including, health and well- being activities; reminiscence, hand and beauty therapy, word games and puzzles, bingo and passive exercises. Arrangements were in place for residents to maintain links with their friends, families and wider community, for example, through open visiting and accompanied visits out of the home to local restaurants for family visits, tea or church attendances.

Staff spoken with during the inspection commented:

- "All residents were treated with dignity and respect."
- "Residents are fully consulted about proposed care."
- "We ensure that every effort is made to ensure residents' needs are met and should any change arise that this is reported to the manager."

Resident/resident's representative commented:

- "Staff are excellent, they see to everything and encouraged me to participate in activities which I really enjoyed."
- "Staff kept me fully informed about my care."
- "I can leave here content and know my mother is very well looked after."

Nine completed questionnaires were returned to RQIA from service users and relatives. Respondents described their level of satisfaction that the care provided was compassionate.

### 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 their views.

### 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. These were found to be in line with good practice.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed within a prominent position.

There was a clear organisational structure and all staff was aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home by way of monthly monitoring visits conducted, registered manager's supervision and registered managers' group meetings with the head of residential and day care services.

The registered manager advised that she attended regular managers' meetings and had supervision with her line manager to provide updates on the management of the home and share any associated issues or concerns.

A range of policies and procedures were in place to guide and inform staff. Policies were held electronically and in hard copy format which were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager advised that every effort is 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 displayed, leaflets and discussion at residents' meetings. Discussion

with staff confirmed that they were knowledgeable about how to receive and deal with complaints received. A number of complementary thank-you cards and letters from residents and family/relatives were on display.

Review of the complaints records and discussion with the manager confirmed that no complaints had been received since the previous care inspection. Arrangements were in place to share information about complaints and compliments with staff. The home had a corporate complaints policy and procedure which was readily available to staff.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Regular audit of falls was undertaken with action plans developed to improve practice and learning disseminated to all relevant parties.

Consideration in regard to the undertaking of regular audits of all accidents and incidents was discussed with the registered manager so that trends and patterns can be identified and action taken to minimise identified risks. The registered manager readily agreed to undertake regular audits of accidents/incidents with outcomes and action plans developed and disseminated to staff and her line manager.

There was an electronic system available to the registered manager to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were received, appropriately reviewed and actioned when necessary.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example; dementia awareness and equality. A training matrix was in place which reflected planned training dates alongside training provided.

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. Reports which were being typed at the time of inspection were forwarded to RQIA. The registered manager was reminded of the necessity to ensure reports were always available within the home.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues arising would be managed appropriately and that any reflective learning would take place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

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

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



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

Some comments made by staff spoken with during the inspection included:

- “The manager and senior care assistants are very supportive and there is a really good atmosphere here.”
- “Good team work.”
- “The manager is very approachable and listens to our views.”
- “I have no issues or concerns.”
- “Good range of training provided and resources to provide good care.”

Some comments made by resident/representatives included:

- “We have meetings with staff and we can talk about what we like or dislike.”
- “We feel the home is well led as we get good care, all comes from the top you know.”
- “Approachable manager, kind person who is always about.”

Nine completed questionnaires were returned to RQIA from service users and relatives. Respondents described their level of satisfaction that the care provided was compassionate.

### Areas of good practice

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

### Areas for improvement

One area of improvement identified included the undertaking of regular audits of all accidents and incidents so that trends and patterns can be identified and action taken to minimise identified risks.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lucia Donnelly, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (1) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2018	The registered person shall ensure that the placement of one resident is addressed without further delay. RQIA to be notified of the arrangements agreed.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> The identified resident transferred to another facility on 06/06/2018 . RQIA notified of the arrangements.
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 5.2  <b>Stated:</b> First time  <b>To be completed by:</b> 1 May 2018 and ongoing.	The registered person shall ensure that a nutritional risk assessment is undertaken on all new residents admitted to the home.  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> Nutritional Risk Assessment has been implemented for all residents admitted to the home within the specified required timeframe.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> Second time  <b>To be completed by:</b> 4 May 2018	The registered person shall ensure that the specific resident's needs requiring intervention by the district nurse is reflected within the home's care plan.  Ref: 6.2 and 6.5  <b>Response by registered person detailing the actions taken:</b> The identified Resident's care plan has been reviewed and updated within the specified time frame. All intervention by district nurses is reflected within all residents care plans.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 20.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2018</p>	<p>The registered person shall ensure;</p> <ul style="list-style-type: none"> <li>Action taken to address negative responses contained within resident / relative satisfaction questionnaires is reflected within the report</li> <li>Include reference to the environment and food/meals within the resident satisfaction questionnaire</li> </ul> <p>Ref: 6.5</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 28.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2018</p>	<p>The registered person shall ensure that regular audit of all accidents / incidents are undertaken so that trends and patterns can be identified and measures put in place to minimise recurrence.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> The residents satisfaction survey has been reviewed to include more focus on the environment, food and meals. This has been undertaken within the specified time frame and the overall report will include actions taken in relation to negative responses.</p> <p><b>Response by registered person detailing the actions taken:</b> The audit cycle has been reviewed and a timetable has been put in place to ensure that a full cycle - ie initial audit, change implemented, re-audit to demonstrate improvement is undertaken. This will enable trends and patterns to be identified and allow measures and learning to be put in place to minimise recurrence.</p>

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



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