



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 18 and 25 July 2019

WH



Roxborough House

Type of Service: Residential Care Home

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 30 residents, and includes two residents with dementia and one with learning disability.

3.0 Service details

<p>Organisation/Registered Provider: Southern HSC Trust</p> <p>Responsible Individual: Shane Devlin</p>	<p>Registered Manager and date registered: Lucia Donnelly 5 October 2010</p>
<p>Person in charge at the time of inspection: Lucia Donnelly</p>	<p>Number of registered places: 30 comprising: 27 – RC - I 2 – RC - DE 2 – RC – LD</p> <p>Up to 5 places for day service providing the total number of residents accommodated does not exceed 30.</p>
<p>Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia LD - Learning Disability</p>	<p>Total number of residents in the residential care home on the day of this inspection: 17</p>

4.0 Inspection summary

An unannounced inspection took place on 18 July 2019 from 08.55 hours to 16.00 hours.

This inspection was undertaken by the care inspector supported by the estates and pharmacy inspectors. The finance inspection was undertaken on 25 July 2019 from 10:30 to 12:00 hours. The estates inspection was completed on 18 July 2019 from 13.50 to 16.00 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement in respect of previous estates, pharmacy and finance inspections have also been reviewed and validated as required

Evidence of good practice was found in relation to the ethos and staff practice which was observed to be friendly, caring and respectful. Feedback from residents indicated they felt valued, were listened to and their rights upheld. This is to be commended. Other areas of good practice included the provision staff training, staff supervision, effective modes of communication and the overall improvements made to the internal environment including the new intermediate care scheme's residential DE unit.

Areas requiring improvement included: reformatting of the template for staff NISCC registrations; navigation signage within the new DE unit; staff training in IDDIS; and review the practical support arrangements for the cook until the staff new appointment commences. Improvement in the comprehensive needs assessment template: include all identified actual and potential needs of residents admitted from hospital under the Intermediate care scheme. Care plans should only reflect/indicate relevant assessed needs.

Residents described living in the home as being a good experience/in positive terms. No issues or concerns were raised or indicated.

Comments received from residents, visiting professionals and staff during the inspection are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' 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 Lucia Donnelly, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

There were no estates management issues listed as requiring rectification or improvement; therefore, no estates items are included in the QIP.

4.2 Action/enforcement taken following the most recent inspection dated 8 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 8 January 2019. No further actions were required to be taken following the most recent inspection on 8 January 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.

- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an electronic satisfaction questionnaire.

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

- staff duty rotas from 01 July 2019 to 18 July 2019
- staff training schedule
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of reports of visits by the registered provider/monthly monitoring April, May, and June 2019
- RQIA registration certificate
- medicine records
- two residents' finance files including copies of written agreements
- a sample of various financial records including, payments to the hairdresser and podiatrist and purchases undertaken on behalf of residents
- a sample of records of residents' personal property

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 last care inspection dated 8 January 2019

There were no areas for improvements made as a result of the last care inspection.

Areas of improvement identified at the last finance inspection have been reviewed. Of the total number of areas for improvement all were met.

6.2 Inspection findings

6.3 Is care safe?

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

On arrival at the home we were welcomed by the registered manager who remained on duty throughout the inspection. The atmosphere within the home was welcoming, warm and friendly.

An obvious staff presence was observed on both floor of the home as staff assisted and supported residents. One senior care assistant was administering medication while other staff members were busy assisting and supporting residents with their personal care needs in preparation for their breakfast. Several residents were seated at tables within the dining room enjoying breakfast, assisted and supervised by care staff. Staff call bells were being answered promptly.

All residents were observed to be comfortable and content with no aimless wandering around the home. Residents told us they were “very well cared for by excellent staff that would go the extra mile for them”. No issues or concerns were raised or indicated.

Review of the staff duty roster from 1 July 2019 to 18 July 2019 was undertaken and discussed with the registered manager, who advised that staffing levels were determined by the number of residents accommodated, dependency levels, throughput of intermediate care scheme (ICS) by way of planned admissions and discharges and general layout of the home. Staffing was reflected within the duty roster in accordance with minimum care standards. An indicator was placed at the staff member’s name in charge of the home when the manager was off duty. The registered manager explained that three care staff posts had been advertised, interviews undertaken shortlisting completed. New staff would be appointed when Access NI checks were received. Currently part time staff work extra hours if needed. One care staff member had recently been appointed to cover for a staff member on long term leave. The registered manager and staff informed us that the needs of residents were being met by the current staffing levels.

Staff who spoke with us raised some issues in respect of early availability of the planned staff duty roster and at times when the home can be very busy with admissions and discharges of residents they would need additional staff. This was discussed with the registered manager who agreed to address issues raised by staff.

Residents told us they were satisfied that their needs met by staff who were always around to see to them. One resident commented, “The best staff you could ever wish for, they see to everything, we are very happy here.”

Staff who spoke with us explained that a handover report was given to them each morning so that they were fully informed of any changes in residents care needs including new admissions and necessary care plan interventions. Allocation of duties for care staff on duty was also given by the senior care staff to ensure that all necessary care was provided as required. Care staff explained how they monitor care by reading care plans so that they are aware of the

care to be provided, doing their observations, talking and seeking feedback from residents/relatives, and reassessing risk assessments. Any changes or concerns were reported to the senior care assistant or registered manager.

We also met with two professional staff from the intermediate care scheme who explained that staff in the home were very good at communicating and providing care as prescribed by the ICS team and how this would be greatly enhanced by way of having a designated office base within the home.

Throughout the inspection we could see how staff supported and encouraged residents to mobilise and participate in passive exercise as prescribed within care plans by the ICT physiotherapist.

Discussion was held with the registered manager regarding the recruitment, selection and induction of new staff. The registered manager explained that records of recruitment were held at the Southern Health and Social Care Trust (SHSCT) human resource department and that all new staff were appointed in accordance with staff employment regulations and trust policy/procedures. The registered manager explained that she chairs the panel for appointment of new staff to the home and advised that Access NI enhanced disclosures were always obtained before any new staff appointment commences work. (This disclosure is a Police Service of Northern Ireland (PSNI) check to ensure that the appointed staff is safe to work in the home).

The Induction programme of new staff was viewed with one new staff member who advised that she was currently undertaking the programme with support from the registered manager and senior care assistant who was her mentor. This programme was designed to help make sure staff provide a quality service for residents and the staff member is competent to do so. One programme reviewed evidenced this was an adapted form of Northern Ireland Social Care Council (NISCC) comprehensive induction.

The registered manager explained that all care staff within the home were registered with NISCC and registrations which was closely monitored to ensure staff re-register within the required timescale. Review of the monitoring record retained by the registered manager indicated that improvement in the layout of the matrix template would facilitate monitoring of date checks.

Review of staff training records evidenced that mandatory training was being provided as required. Training was updated annually and reflected the professional development needs of individual staff. Staff told us that in addition to mandatory training they had recently received training in dementia care awareness and two senior staff had undertaken a two day intensive training in dementia care.

The registered manager explained that all care staff were supervised no less than six monthly or more frequently if deemed necessary, for example, for newly appointed staff. Records of all supervisions and appraisals were retained.

The home had an adult safeguarding policy which was readily available to staff. Training in adult safeguarding was provided as required. The registered manager is the safeguarding champion for the home and retains records of any allegations or actual safeguarding issues reported. All such incidents are reported to the adult safeguarding team for screening purposes. No adult safeguarding issues had occurred since the previous inspection.

Inspection of all areas within the home confirmed that a very good standard of cleanliness was evident throughout. Staff training records evidenced that training in infection, prevention and control (IPC) was provided. There was evidence of adequate IPC resources such as disposable aprons, gloves, liquid soap, and disposable hand towels wherever care was delivered. Observation of staff practice identified that staff adhere to IPC policy/procedures. Disposal of waste management was in accordance with good practice.

The home had a risk management registered which reflected the governance arrangements in place to manage identified risks, trust wide responsibilities processes, and responsibilities of staff. The home's general Risk Assessment record is reviewed annually. Recent review was dated 20 March 2019. Risk assessments included, for example, manual handling, choking, nutritional and fall risk. Three care records reviewed contained identified current risk assessments with measures in place to minimise the risk.

Bedrooms within the home were all similar in size but differently decorated. Inspection of the new ICS dementia unit evidenced this environment had been adapted, furnished and decorated to accommodate seven residents with dementia. The provision of additional navigational signage within the unit and throughout the home was identified as an area for improvement so that residents can easily find their way around.

Operational approval was granted to use this unit as required in accordance with the trust multi-professional capacity assessment and resident/relative approval. The variation submitted to RQIA regarding an increase from two to seven residents within the RC – DE category of care was approved by the care and estates inspectors.

Management of medicines

Medicines were managed in compliance with legislative requirements, professional standards and guidelines. Medicines were managed by staff who had been trained and deemed competent to do so. Audits were performed regularly, discrepancies investigated and records maintained. There were procedures in place to ensure the safe management of medicines during a resident's admission to the home. Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. There were satisfactory arrangements in place to manage changes to prescribed medicines. The sample of medicines examined had been administered in accordance with the prescriber's instructions.

Medicines records complied with legislative requirements, professional standards and guidelines.

Medicines were safely and securely stored in compliance with legislative requirements, professional standards and guidelines. Medicines were stored in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised.

The management of controlled drugs was in compliance with legislative requirements, professional standards and guidelines. Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement; review / revision of the NISCC registration matrix and the provision of navigational signage throughout the home.

	Regulations	Standards
Total numb of areas for improvement	0	2

6.4 Is care effective?

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

The home currently provides care for five permanent residential care residents with the remaining residents admitted through the ICS and respite care. Visiting professional staff from the scheme, for example, the physiotherapist and occupational therapy, visit the home on a regular basis to monitor the care and progress of each resident admitted through their scheme. Visiting professional trust staff told us that the care prescribed by ICS was being provided by the home and that they were really good at liaising with ICU, keeping them fully informed of each residents progress.

The registered manager explained that the care needs of residents admitted through the ICS were initially assessed by the multi-professional care team, discussed with the registered manager for admission approval and electronic notes forwarded to the home for admission. Three care records retained were reviewed and discussed with the registered manager as the needs assessment in one care record was limited in detail and standardised care plans reflected needs which were not relevant to the resident. The registered manager explained that the needs assessment template was under review as these would reflect full details and that the care plans would be amended to reflect only the actual and potential needs of the resident.

One resident's oral assessment reviewed was dated 24 August 2014. The undertaking of reassessment was identified as an area for improvement. Other risk assessments including, fall, nutritional, skin and choking were retained and reassessed in accordance with good practice. Measures in place to minimise the identified risk were identified and recorded within care plans. Care staff demonstrated good knowledge of each resident's holistic needs and told us they had direct access to all care plans and were kept fully informed at shift handovers by the senior care assistant. Staff also said they always report any changes in a resident's care to the senior care assistant or the registered manager.

Residents who spoke to us said the care provided within the home was excellent. Another said they could just stay in Roxborough forever as the care and staff were so good. No issues or concerns were raised or indicated by residents about care and life within the home.

The registered manager advised that the district nurse visits the home on a regular basis to provide care in the form of various types of injections, treatments and wound dressings when required and as reflected within care plans. Records of visits are recorded within notes retained.

Modes of communications within the care team were described by staff. These included: daily shift handover reports from night staff and at other shift changes during the day, formal staff meetings, supervision, appraisals and daily informal discussions. Staff said that all information with regard to all residents' health and wellbeing was important and was shared as required. General practitioners and multi-professional trust staff were kept informed by way of care reviews and regular monitoring visits by ICS staff. Records of all consultations were made and retained within relevant records.

A review of the minutes of staff meetings evidenced these were being held on a regular basis in accordance with minimum standards. Separate meetings were recorded for senior care staff, care assistants and ancillary staff.

Residents' meetings were also held with minutes recorded. Minutes dated 18 April 2019 evidenced that residents were consulted about care with their views and ideas noted. This information was also incorporated into the residents' satisfaction questionnaires which each resident and/or relative is given before discharge.

Staff said there was "very good team work within Roxborough and many staff had been employed for a long time which was why the care was so good." They demonstrated good knowledge of peoples' abilities and level of decision making; staff knew how and when to provide comfort to people because they know residents needs well.

Areas of good practice

There were examples of good practice throughout the inspection; effective modes of communication internally within the care team and externally. Positive feedback from residents, staff and visiting professional staff was provided.

Areas for improvement

One area was identified for improvement was in relation needs assessments and care plan templates and the review of one oral hygiene assessment.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 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 home had a wide range of policies and procedures which were held in both electronic and in hard copy format. Staff has direct access to these as and when required. Hard copies were retained within files which contained indexes for quick access.

Throughout the inspection staff were observed interacting with residents in a friendly, caring, respectful manner. Staff demonstrated understanding of their roles and explained to us that they were delivering person centred care which meets the identified actual and potential needs of residents.

There was strong evidence of positive working relationships between staff members and the trust multi-professional ICS team, trust care manager and the wider professional teams of social workers, district nurses, and general practitioners (GP). During the inspection we spoke with one paramedic who had been allocated a visit by the GP to undertake an assessment of a resident who was referred to the GP earlier that day. The paramedic explained that this was a new pilot in the form of triage assessment established by Southern Area GP Federation. Feedback on the outcome of the assessment was given by the paramedic to the senior care worker.

Three main meals, breakfast, dinner and tea, are served each day with mid- morning, afternoon snacks and supper served each day. A seasonal three weekly menu showing choice were in place. These appeared varied and nutritious. Residents said the food was good and that they were well pleased with the choice and variety of meals provided. One resident said, "You wouldn't get better in the best of hotels." Another said they could have additional serving if they wanted and could have a snack at any time if they wanted. One resident said if they decided to change their chosen meal to another it was never a problem and an alternative meal would be offered and provided.

Review of discharge questionnaires, which were waiting to be analysed, showed positive comments with regard to meals/mealtimes.

The daily menu was displayed in a suitable format on a white board so that residents and representatives knew what is being provided. The serving of the mid-day meal was discreetly observed. Meals were prepared/plated by the cook and served to residents in a respectful manner by care staff who assisted and supervised residents as required. Meals were observed to be nicely presented with adequate portions of food served. Fresh drinking fluids were provided alongside a range of condiments and napkins. Special therapeutic diets were provided as prescribed by the dietician was appropriately presented. The ambience within the dining room was pleasant with residents quietly conversing and staff respectfully attending to residents.

Records of meals provided to residents were retained. Residents' preferences and special diets were recorded within care records examined. Needs assessments were complemented with nutritional risk assessments with measures in place to minimise identified risks reflected within the care plan. Residents were weighed monthly, weights recorded and closely monitored. The registered manager advised that weigh loss or excessive gain would be notified to the GP with referral made to the dietician.

One area identified for improvement related to the provision of training in the new terminology for modified diets and fluids known as International Dysphasia Diet Standardisation Initiative (IDDSI) for the cook and staff.

The registered manager advised that each resident admitted via the ICS and respite were given a satisfaction questionnaire when leaving the home. These were analysed and collated for the annual report which was developed at the end of each financial year. Any issues recorded on the return of the questionnaire were addressed with a record made of the action taken. Review

of returned questionnaires waiting to be analysed were noted to be positive in all sections. The undertaking of seeking residents' views on the quality of the service is to be commended.

Ten RQIA resident satisfaction questionnaires were left with the registered manager for distribution to residents and their family members for return within the timescale of two weeks. No questionnaires were returned within the timescale.

Residents' care records were observed to be securely stored with information managed discreetly and sensitively.

Residents' preferences in regard to their care and time spent in the home were reflected within care records reviewed. During the inspection we observed staff speaking respectfully to residents and seeking their views and permission regarding the provision of treatment and care.

A wide range of activities was being provided for residents. These were determined by residents who advised us that the programme developed was in accordance with their preferred choice and preferences. On the day of inspection some residents were involved in the planting flowers within window boxes and tubs at the front of the home. Others relaxed outside in the sunshine watching and conversing, or had short walks with staff around the home. The activity programme for the week included: various quizzes, arts and crafts, bingo and weekly religious service. The home had purchased a new Tovertafel table for residents. This was for particular use of those with dementia in an attempt to stimulate memory recall by way of visible team quiz. The daily timetable of events planned was displayed on the residents' notice board.

Areas of good practice

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

Areas for improvement

One area identified for improvement related to the provision of IDDIS training for all staff and the cook.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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 is supported in her role by senior management and at operational level by a mixed skill care and ancillary team of staff. The manager outlined the management arrangements and governance systems in place that support and promote the delivery of a safe, quality care service.

Review of the home's RQIA registration certificate evidence the current status of registration. The registered manager advised that residents accommodated in the home were in accordance with information as cited within the registration certificate.

There was no change in the management structure of the home since the previous inspection.

The registered manager explained that staffing levels and skill mix were kept under review which takes account of the number and dependency levels of residents accommodated; the assessed care needs including social and recreational needs of residents; throughput of ICS admissions and discharges; the size and layout of the home; and fire safety arrangements. Additional staff are to be appointed in respect of the new ICS dementia unit and one temporary staff member to cover long term leave. The appointment of a kitchen assistant is planned and in the meantime this is covered by bank staff and additional hours worked by permanent staff.

The registered manager explained that a competent, capable senior care assistant would be in charge when she is out of the home. Related competency assessments were undertaken, recorded and retained. Review of one assessment evidenced this was current, dated and signed by both parties.

The registered manager explained that she attends monthly management meetings with her line manager which provides opportunity for her to discuss any issues she may have with the delivery of the service alongside quality improvements in place and those planned.

The home retains an up to date register of residents accommodated in accordance with minimum care standards.

The registered manager explained that working practices are systematically audited to ensure they are consistent with good practice and the home's policies and procedures. When deficits are identified action is taken to improve practice. Examples of audits undertaken included, for example, environmental cleanliness; medicine administration and management; fire safety; care records; accidents/incidents; NISCC registrations; policies/procedures; and staff training. The outcome of audits undertaken are shared and discussed with senior management.

Reference to the home's risk management strategy is cited within 6.3 (page 8) of this report. The overall quality of the service provided is evaluated on an annual basis with the development of a composite report. The report for 2018 detailed many areas of good practice and improvements implemented as a result of resident and/or relatives satisfaction surveys conducted. This is to be commended.

The registered manager explained the modes of communication utilised within the home which included: time allocated for shift hand-over information regarding residents and other areas of accountability; quarterly staff meetings; residents' meetings; and staff supervisions and appraisals. Records were made and retained. Other means of communication included the placement of information on residents and staff notice boards, for example, previous RQIA inspection report, how to make a complaint, scheduled activities and various health information leaflets/booklets.

Staff told us that staff meetings held provided opportunity to place items on the agenda which were discussed, for example, staffing levels when busy, staff training and other information regarding updates on good practice.

Data with regard to accidents/incidents was retained within the Datix electronic system. Accidents/incidents and events which adversely affected the well-being or safety of a resident were notified to RQIA. The monitoring of all accidents/incidents and events is carried out by the registered manager and at senior management level by the manager of residential and day care services and the trust governance team. The trust governance team receive notification of all accident/incident and events data for monitoring purposes.

Review of complaints records and discussion with the registered manager evidenced that no complaints were received since the previous care inspection.

Monthly monitoring continues to be undertaken by the head of residential and day care services. Reports dated April, May and June 2019 were reviewed. The reports summarised the views of residents ascertained about the quality of care provided and actions taken by the registered manager to ensure that the home is being managed in accordance with minimum standards.

Finance inspection

A finance inspection was conducted on 25 July 2019. A review of a sample of residents' records was taken to validate compliance with the areas for improvement identified from the last finance inspection. These included copies of residents' written agreements; records of purchases undertaken on behalf of residents; records of residents' personal property; and records of payments to the podiatrist.

Financial systems in place at the home, including controls surrounding the management of residents' finances, were reviewed and were found to be satisfactory. No new areas for improvement were identified as part of the finance inspection.

Estates inspection

An estates inspection was completed on 18 July 2019. The environment & building services documents were examined and found to be compliant with DHSSPS Residential Care Homes Minimum Standards, August 2011.

The variation application to register the ground floor dementia resident accommodation is considered as approved.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements; quality improvement, modes of communication; maintaining good working relationships; providing residents with up to date written agreements; recording of transactions undertaken on behalf of residents; and recording residents' personal property following admission.

Areas for improvement

No areas for improvement were identified during the care 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 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.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard – good governance practice Stated: First time To be completed by: 31 July 2019	<p>The registered person shall review/revise the NISCC monitoring record layout of the matrix template in order to facilitate understanding of the recording of staff NISCC registration checks.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The NISCC monitoring matrix has been revised and updated.</p>
Area for improvement 2 Ref: Standard 5.2 Stated: First time To be completed by: 31 July 2019	<p>The registered person shall ensure that the needs assessment template reflects full details and that care plans would be amended to reflect only the actual and potential needs of the resident.</p> <p>The undertaking of one oral risk assessment is necessary.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Oral risk assessments have been reviewed</p>
Area for improvement 3 Ref: Standard 23.4 Stated: First time To be completed by: 30 October 2019	<p>The registered person shall ensure that training in the new terminology for modified diets and fluids known as International Dysphasia Diet Standardisation Initiative (IDDSI) for the cook and staff is provided.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Dysphagia Support Team SH&SCT are currently arranging dates for training on the new IDDSI terminology for catering and care staff.</p>
Area for improvement 4 Ref: Standard Dementia Design Standards. Stated: First time To be completed by: 31 October 2019.	<p>The registered person shall make arrangements for the provision of navigational signage within the DE unit and throughout the home so that residents can easily find their way around.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Appropriate navigational signage is being sourced for provision within the DE unit and throughout the home.</p>

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



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