



# Unannounced Care Inspection Report

## 13 December 2018



## Crozier House

**Type of Service: Residential Care Home**  
**Address: Meeting House Road, Banbridge, BT32 3ER**  
**Tel No: 028 4066 2734**  
**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 27 residents which includes five residents with diagnosis of dementia. Day care may also be provided for four persons provided the maximum number of residents does not exceed twenty seven.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern HSC Trust  <b>Responsible Individual:</b> Shane Devlin	<b>Registered Manager:</b> Iris Cromie
<b>Person in charge at the time of inspection:</b> Martina McConville senior care assistant until 14.00 hours. Registered manager, Iris Cromie from 14.00 hours.	<b>Date manager registered:</b> 9 September 2013
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category DE – Dementia	<b>Number of registered places:</b> Total number of residents 27 comprising: RC – I 5 – RC – DE 4 places for day care service

### 4.0 Inspection summary

An unannounced care inspection took place on 13 December 2018 from 11.00 to 19.00 hours and on 17 December 2018 from 10.30 until 13.30 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 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 effective team working and the ongoing provision of a culture and ethos which supported residents' rights and the values of dignity and respect, independence, equality and diversity, choice and consent, staff support through staff supervision / appraisal, the range of accessible trust policies / procedures and the open door approach provided by the manager alongside good modes of communication. The home was exceptionally clean tidy and organised. A good standard of infection, prevention and control was observed.

Areas requiring improvement identified included the provision of update staff training in GDPR and care record keeping. Audit and close monitoring of care record keeping was also identified for improvement.

Staff training in first aid (for staff who did not attend previous training) and complaints handling, identified for improvement at the previous care inspection, had been partially met. This standard is stated for a second time within the QIP.

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>	0	4 *The total number of areas for improvement includes one recommendation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Iris Cromie as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 4.2 Action taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent care inspection on 05 July 2018.

#### 5.0 How we inspect

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

During the inspection the inspector met with Iris Cromie, the registered manager, 12 residents (eight individually, others in group format) and four staff.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Four questionnaires were completed and returned by residents within the agreed timescale. No staff questionnaires were returned within the timescale.

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

- staff duty rota
- staff training schedule and training records
- three residents' care files
- minutes of staff meetings
- complaints and compliments records
- audits

- staff supervision and appraisal schedules
- equipment maintenance/cleaning records
- accident, incident, notifiable event record
- minutes of recent residents' meetings
- reports of visits by the registered provider
- legionella risk assessment
- fire safety risk assessment
- individual written agreements
- programme of activities
- policies and procedures

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

An inspection of the environment was undertaken.

The findings of the inspection were provided to Iris Cromie, registered manager and Tierna Armstrong, head of residential care and day care services, at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 28 November 2018

The most recent inspection of the home was an unannounced finance inspection. This QIP will be validated by the finance inspector at the next finance inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 5 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 29.1 <b>Stated:</b> First time <b>To be completed by:</b> 31 July 2018	The registered person shall ensure that a review of the home's fire risk assessment is undertaken as discussed.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the home's Fire Risk assessment evidenced this was undertaken on 10 July 2018. Recommendations made for improvement was a work in progress and will be followed up by RQIA estates inspector.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2018</p>	<p>The registered person shall ensure that plans to improve the general ambience in some designated bedrooms for residents admitted on temporary placements through intermediate or respite care scheme.</p> <p>Ref: 6.4</p> <p><b>Action taken as confirmed during the inspection:</b> Inspection of bedrooms evidenced that these had been redecorated with new units and pictures provided. Residents were pleased with their accommodation.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2018</p>	<p>The registered person shall ensure that two care plans reviewed are signed by the resident or their representative and audit of remaining care plans is undertaken to ensure compliance with minimum standard 6.6.</p> <p>Ref: 6.5</p> <p><b>Action taken as confirmed during the inspection:</b> Care plans were noted to be signed as recommended.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23.4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 September 2018</p>	<p>The registered person shall ensure staff are provided with refresher training in complaints and first aid.</p> <p>Ref:6.7</p> <p><b>Action taken as confirmed during the inspection:</b> Training records examined evidenced that seven staff had received training in first aid. The registered manager advised that the remaining staff would receive training when the next set of courses becomes available. Training in complaints has been organised to take place on the next available date set by the trust training unit.</p>	<p><b>Partially met</b></p>

### 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.**

On arrival at the home all residents were observed to be within various areas; several were watching television in two lounges while others moved freely around or chose to remain within their bedrooms, reading or watching television.

Residents were observed to be neatly clothed, washed and dressed with personal care needs attended. Staff were observed supervising, supporting and assisting residents in a professional respectful manner.

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff were being commissioned when part time permanent staff were unable to work additional hours to cover staff absence during periods of leave. The registered manager stated that the commissioning of agency staff was not always possible due to lack of availability and on these occasions the registered manager undertook care duties in the home and as a consequence this can impact on her management responsibilities. The registered manager reported that turnover of staff was kept to minimum, where possible, and was closely monitored and discussed with her line manager.

The registered manager explained the current staffing issues; two care staff were on leave and one post was currently vacant. Further discussion on staffing was held with the registered manager and the head of residential and day care services who visited the home during the inspection. The registered manager advised that staff can be exceptionally busy and included; the increased turnover of residents by way of intermediate care, step up step down, provision of planned respite care and the unpredictable time of day when residents were being transferred from hospital alongside increased dependency of residents and the planned multi-professional rehabilitation programmes to meet the assessed needs of residents.

Difficulties were also highlighted in regard to required maintenance of care records/recordings linked to each individual resident/programme of care. The inspector was advised that staffing levels had been reviewed. The head of residential and day care services confirmed that new additional staff appointments had been made with associated documentation submitted to BSO for processing some time ago. The head of residential care advised that she had pursued the delay with BSO and was hopeful that increased staffing levels and of new staff would commence early in the New Year.

In the meantime the registered manager and head of residential and day care services confirmed that the needs of residents would be met through the continued use additional hours by permanent staff, trust bank and consistent agency staff when available. The inspector advised that admissions should not be accepted if staffing levels were considered by the registered manager to be unsafe.

A review of the staff duty rota confirmed that it accurately reflected the staff working within the home at the time of inspection. The registered manager was rostered, on several occasions, to undertake the role of the senior care worker due to staffing shortfall. The use of the registered manager in the staff duty roster should be reviewed to take into account the impact this may have on management and associated governance arrangements. The registered manager is responsible for the staffing levels provided and must ensure at all times that the home has the required staffing complement.

On the day of inspection there was no senior care on duty from 14.00 hours until the following am. During the inspection the registered manager was observed to be extremely busy having to undertake the additional role of the senior care including; dealing with new admissions, assessments/care plan development, discharge, administration of medications and speaking with relatives/visitor enquiries. The registered manager explained this arrangement has been a frequent occurrence recently due to the staffing shortfall and that senior management were aware.

The registered manager agreed to notify RQIA should a shortfall in staffing levels arise which would have an impact on meeting the holistic assessed health, social, and therapeutic/recreational needs of residents. The internal layout of the home, the statement of purpose and fire safety requirements should be taken into account in this regard. The registered manager demonstrated awareness and understanding of the necessity to always have sufficient staff on duty to meet the assessed needs of residents accommodated.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff were regularly provided. Schedules and records of training were discussed and reviewed during the inspection. The registered manager advised that a further training session in First Aid for staff who had not attended was planned alongside training in complaints handling. This improvement was made at the previous care inspection and is stated for the second time.

The registered manager advised that staff continue to be recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that employment records were retained at the organisation's personnel department.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with confirmed that they were registered with the Northern Ireland Social Care Council (NISCC).

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.

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

The registered manager advised there were no restrictive practices within the home and on the day of the inspection no restrictive practices were observed.



The registered manager advised that any behaviour management issues arising would be referred to the trust specialist behaviour team and assessment undertaken, care plan devised and monitoring of care undertaken. The registered manager was aware that should any form of restraint be employed, that RQIA and appropriate persons/bodies must be informed.

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

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

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

IPC environmental compliance audits were undertaken and action plans developed to address any deficits noted.

The registered manager 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.

The registered manager reported that they were aware of the "Falls Prevention Toolkit" and were using guidance to improve post falls management within the home. Audits of accidents/falls were undertaken by the registered manager by way of the trust datix system and analysed for themes and trends; where required an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and residents' bedrooms were found to be individualised and appropriately furnished and decorated. Personal photographs, memorabilia and personal items were displayed. The development of dementia user friendly items/decoration and pictorial signage/art work, as an aid to residents living with dementia is planned, to assist residents navigate their way around the new unit.

Inspection of the internal environment identified that the home was organised, fresh-smelling, clean and appropriately heated throughout. A colourful range of Christmas decorations were displayed. No malodours were detected in the home. One area discussed with the registered manager related to the security arrangements at the front entrance door. The registered manager agreed to undertake a review of the associated risk in light of secure safe care of dementia residents accommodated.

The home had a current Legionella risk assessment in place which was dated July 2018. The registered manager explained that the recommendations made for improvement had been referred to the trust estates department for action.

It was established that no residents smoked.

The home had a fire risk assessment which was dated 10 July 2018. The registered manager advised that recommendations made for improvement were being addressed by the trust maintenance department. An RQIA estate response form was provided for the manager to complete, sign and return to RQIA. This was received following the inspection.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed with records retained. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) within their care records.

Residents and staff spoken with during the inspection made the following comments:

- “Yes I feel the care is safe, though we can be extremely busy due to the increased admission, at short notice at any time of the day, of new residents transferred from hospital (staff)
- “I think the staff are good, couldn’t find fault there, anything you ask for we get ” (resident)

Four satisfaction questionnaires were completed and returned to RQIA from residents within the timescale. Respondents described their level of satisfaction with this aspect of care as “very satisfied.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, infection prevention and control, risk management and the standard of furnishing and decoration of the home’s environment.

**Areas for improvement**

On area for improvement related to the provision of safe care staffing levels at all times.

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

**6.5 Is care effective?**

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

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with General Data Protection Regulation (GDPR). Staff training in GDPR was identified as an area for improvement.

A review of three care records was undertaken and discussed with the registered manager and head of residential and day care. Issues arising included the following areas:

- The body map template within one care record was not completed.
- One care record contained a summarised pre-admission needs assessment which did not fully reflect the current holistic needs of the resident or associated risks. Reference was made to another residential care home within this assessment.
- Two care records did not reflect photographic consent.
- One care plan did not fully reflect the planned care to be provided including likes/dislikes and preferences, continence management arrangements, safe moving and handling needs and intervention measures. An individualised care plan for each identified actual and potential need should be in place.

The head of residential and day care services advised that the aforementioned issues regarding the pre-admission needs assessment received by the home had been discussed with the professional key worker.

The registered manager readily agreed to ensure staff training in care record keeping is provided and that a full audit of all care records is conducted to identify areas requiring improvement with appropriate action plan developed to address issues. These issues were identified as areas for improvement.

Staff confirmed that a varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Three weekly rotating menus were displayed. Dining room tables were observed to be nicely set with a range of condiments, napkins and drinks provided. Meals were nicely presented with adequate sized portions of food served. Staff were observed supervising and assisting residents in a respectful professional manner.

Residents who spoke with the inspector following their meal express satisfaction with the food served and commended the home on the choice of meals provided. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care plans and associated risk assessments.

The home had received the highest rating of 5 in food hygiene from Environmental Health. This is to be commended.

Discussion with the registered manager and staff confirmed that wound care and other nursing procedures were referred to and managed by community nursing services. Nursing care plans were retained in this regard. Referrals were made to the multi-professional team in a timely manner.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included; pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection.

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

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports/latest RQIA inspection reports/annual satisfaction survey report were available on request for residents, their representatives any other interested parties to read.

Residents and staff spoken with during the inspection made the following comments;

- “I feel our residents are very well cared for and the care provided is effective.” (staff)
- “We have no issues what so ever about the care here, everything is fine.” (resident)

Four satisfaction questionnaires were completed and returned to RQIA from residents within the timescale. Respondents described their level of satisfaction with this aspect of care as “very satisfied.”

No issues or concerns were raised or indicated by residents within returned satisfaction surveys or during the inspection.

**Areas of good practice**

There were examples of good practice found in relation to communication between residents, staff, registered manager and other interested parties and meals and meal times.

**Areas for improvement**

Improvements recommended included; provision of refresher staff training in care record keeping and GDPR. Care record monitoring and audit of care records was also recommended

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

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

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

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents’ rights, independence, dignity and confidentiality were protected.

Discussion with staff, confirmed that residents' spiritual and cultural needs were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. Menus and the activity programmes, for example, were written in a pictorial format.

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; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, suggestion box, visits undertaken on behalf of the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read.

Discussion with staff, residents and observation of practice confirmed that residents were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them, for example residents were encouraged and supported to actively participate in their planned rehabilitation programmes, reviews and planned therapeutic activities.

Residents who met with the inspector were relaxed and spoke openly about their care which they described as very good. No issues or concerns were expressed or indicated.

Residents and staff spoken with during the inspection made the following comments:

- "It is very good here. I like the staff and they know me very well. Always willing to help me when I need it." (resident)
- "We always see that residents are treated with dignity and respect." (staff)
- "On some days when the activity therapist is not here staff are not always available to undertake scheduled activities due to the current increase of admissions." (staff)
- "I feel I can approach and talk to the staff and the manager at any time and they always listen and sees to things." (resident)
- "I know how to complain if I was unhappy about something." (resident)

One issue raised by a staff member regarding the provision of activities on some days was discussed with the registered manager who explained that this was due to lack of staff availability and would be addressed with the appointment of additional new staff appointments.

Four completed questionnaires were returned to RQIA from residents within the timescale. Respondents described their level of satisfaction with this aspect of care as "very satisfied".

## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.7 Is the service well led?

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

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA. Issues regarding staffing levels which were discussed with the registered manager and head of residential care and day care services are cited within section 6.4 of this report.

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

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. The registered manager advised that updated staff training in the handling of complaints was planned for the near future. RQIA's complaint poster was available and displayed in the home.

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 areas for details of any investigation undertaken, all communication with complainants and 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. One recent complaint received was being investigated by the registered manager.

The home retained compliments received, for example, many thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. One minor reported injury which was recorded within a care record was not entered electronically into the trust Datix system. The registered manager readily agreed to ensure this was entered retrospectively. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

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

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

The registered manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The registered manager described how the management and control of operations within the home was in accordance with the regulatory framework.

Inspection of the premises confirmed that the current RQIA certificate of registration and was displayed.

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

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

Residents and staff spoken with during the inspection made the following comments:

- "We have very good training and our manager is very supportive. She operates an open door to everyone." (staff)
- "Staff are very efficient and see that we are well looked after. Absolutely no issues about staff here." (resident)

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

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to open door approach by the manager, staff support through supervision and appraisal, management of complaints, maintaining good team working relationships and modes of effective communication.

### Areas for improvement

No areas for improvement were identified within this domain during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Iris Cromie, Registered Manager and Tierna Armstrong head of residential and day care, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



## Quality Improvement Plan

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 25.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate effect</p>	<p>Given the current increase in workload the registered person must ensure that there are safe staffing levels at all times.</p> <p>Contingency staffing arrangement plans must be in place to ensure that staff on duty can meet the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, statement of purpose and fire safety requirements.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Contingency staffing arrangements have been put in place to ensure compliance with Standard 25.1</p> <p>This includes Senior management approval for current residential care staff to work additional time using bank hours</p> <p>Senior management approval received for Agency staff this enabled temporary recruitment of 1 x full time residential care worker (band 3) and 1 full time temporary Facility Support (band 2)</p> <p>Permanent recruitment with BSO Recruitment services .</p> <p>2 x Senior Residential Care Workers (30 hours) Band 5 commenced 01.02.2019</p> <p>2 x Facility Support 30 hours (band 2) commencing 01.03.2019</p> <p>Residential care Support staff x 3 30 hours posts Recruitment advert closing 27/02/2019. There is close liaison with BSO Recruitment services to ensure that all positions are speedily progressed.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23.4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 28 February 2018</p>	<p>The registered person shall ensure that all staff are provided with further training in the following areas;</p> <ul style="list-style-type: none"> <li>• complaints handling</li> <li>• First aid. (for remaining untrained staff)</li> </ul> <p>Ref: 6.2, 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Complaints Training organised for 12/03/2019.</p> <p>First Aid training delivered on 27/07/2018, 24/09/2018 and 27/09/2018. The Registered Manager is liaising with L&amp;D Team to plan further dates to ensure that all staff are in compliance with standard 23.4 within the required time frame .</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 January 2019 and ongoing</p>	<p>The registered person shall ensure that audits of all care records is conducted; identify areas requiring improvement and develop action plans as necessary to improve the overall standard of care record keeping.</p> <p>In addition close ongoing monitoring of the standard of care records / record keeping should be undertaken by the registered manager on a regular basis.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Audits of Care records have been conducted with action plans within to ensure compliance with Standard 20.10 as necessary to improve standards of care record keeping.</p> <p>Ongoing monitoring of record keeping is being undertaken by Registered Manager.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Best practice guidelines in care recording.</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2019</p>	<p>The registered person shall ensure that the following staff training is provided</p> <ul style="list-style-type: none"> <li>• Care record keeping (Staff training in care recording should be provided to ensure staff adheres to best practice including; SHSCT policy, NISCC standards, and DHSSPS Residential Care Minimum Standards)</li> <li>• GDPR.</li> </ul> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Request for Care Record keeping has been discussed with Trust Learning and development Team and this will be progressed during 2019 /20. The registered Manager will ensure all care staff have an opportunity to access staff training in in best practice guidelines in care recording..</p>

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



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care