

Unannounced Care Inspection Report 5 July 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

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a residential care home with twenty seven beds that provides care for elderly residents. In addition the home can accommodate up to five residents living with dementia and four day care places.

3.0 Service details

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

4.0 Inspection summary

An unannounced care inspection took place on 5 July 2018 from 11.00 to 16.00. 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. Staff are to be commended in this regard.

Areas requiring improvement included; update training for staff in first aid and audit of care plans to identify those which are unsigned to ensure these are in compliance with good practice and minimum care standards. Action taken to address negative responses are recorded within the home's resident evaluation questionnaires was recommended.

Residents and two representatives said they were really satisfied with the provision of care. No issues or concerns were raised or indicated.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Iris Cromie, 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 January 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 the registered manager, twelve residents, four staff, and two residents' visitors/representatives.

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

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

- Staff duty rotas
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Audits
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings/ representatives' meetings/ other
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Food hygiene certificate
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures relevant to this inspection

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 26 January 2018

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 26 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
Area for improvement 1 Ref: Standard 28.3 Stated: First time	The registered person shall ensure that the keys to the domestic store are removed from the current position and held in a secure place. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The keys to the domestic store had been removed and appropriately stored.	
Area for improvement 2 Ref: Standard N46 Stated: First time	The registered person shall ensure that soiled laundry is not placed on the laundry room floor. Appropriate storage is required. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Unclean laundry was observed to be appropriately stored. A notice regarding the handling of unclean linen was displayed.	

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 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 or temporary staff were not commissioned to work in the home. The registered manager advised that there was a stable staff team which ensured continuity care to meet residents actual and potential needs.

No concerns were raised regarding staffing levels during discussion with the registered manager, residents, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

Discussion with staff and review of records confirmed that mandatory training, supervision and annual appraisal of staff was being provided. Schedules and records of training, staff appraisals and supervision schedules were reviewed during the inspection.

Discussion with 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

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

The registered manager advised that no staff had been recruited since the previous inspection. Staff employment files continue to be retained within Southern Health and Social Care Trust (SHSCT) Human Resource department. The registered manager, who sits on interviews for applicants to Crozier House, advised that recruitment and selection of staff were in keeping with the trust policy/procedures and staff employment regulations.

The registered manager advised that Access NI enhanced disclosures was undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy in place was consistent with the current Department of Health regional guidelines. An adult safeguarding champion had been identified and reflected within records retained.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager advised that no safeguarding issues had been reported or alleged since the previous inspection. Review of accident and incidents notifications, care records and complaints evidenced no indication of any safeguarding issues.

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. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission for periods of respite or intermediate care. No permanent residents were currently being admitted.

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 none were observed. No behavioural issues were observed during the inspection.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management if required. The registered manager was aware that when individual restraint was 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), for example, wall mounted disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

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

The registered manager reported that there had been no outbreaks of infection since the previous inspection and that 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 this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on monthly basis and analysed for themes and trends; 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 with most residents' bedrooms found to be adequately furnished and decorated. The home was observed to be exceptionally clean, organised, fresh-smelling, clean and ventilated during this hot period of daily sunshine.

Improvement in regard to the some designated bedrooms for residents admitted on temporary placements through intermediate or respite care scheme was discussed with the registered manager as effort should be made to improve the general ambience. For example; provision of different colour schemes, pictures and attractive accessories.

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. No malodours were detected in the home. The registered manager explained that she had plans for environmental improvements both internally and externally. It was pleasing to see the provision of attractive garden furniture and protective sun umbrellas, tidy garden areas, flower beds and colourful hanging baskets. Residents commented that they really enjoyed sitting outside watching the comings and goings and enjoying the good weather. The registered manager explained that she had other plans in mind to make further improvements so that residents can avail of additional outside activity including a secure garden area. The registered manager is to be commended on the improvements made to the external environment.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly. For example; moving and handling, control of substances hazardous to health (COSHH), fire safety, and smoking.

The home achieved a five rating in the food hygiene assessment undertaken by Environmental Health. Kitchen staff are to be commended. The kitchen was observed to be exceptionally clean, tidy and organised. Records of the kitchen audits were completed and retained.

The registered manager was provided with an RQIA estates checklist for completion and return to RQIA following the inspection.

It was established that no residents currently accommodated smoked.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary. Records of maintenance and service were retained.

The home had a fire risk assessment which was dated 17 May 2017. The registered manager advised that request had been made for annual review to be undertaken by the trust fire safety officer and that this would be completed within the near future.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the 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 or monthly as required. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) within care records.

Residents spoken with during the inspection made the following comments:

- “I feel safe here. The night staff are good, they keep a good eye me as they know I get up sometimes and could fall.”
- “Good care here, I feel safe.”
- Staff are really good, always about to help if I need them.”

Relatives spoken with during the inspection made the following comments

- “I feel this is a safe home, always staff about helping and keeping an eye on the residents.”
- “I visit frequently and see how staff ensures residents are well cared for, providing and encouraging them to drink especially during this hot weather. I’m really impressed.”
- “I leave here and know my mother is in safe hands.”

Comments from staff were as follows:

- “This is a really good home where I believe the care provided is safe. We have the resources to ensure the care provided is of a high standard.”
- “A high standard of care and rehabilitation of residents is our focus.”
- “We have safe staffing levels at the moment.”

Areas of good practice

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

Areas for improvement

Review of Fire risk assessment dated 17 May 2017.

Some bedrooms were noted to be in need of updating in decoration to improve the general ambience.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

Discussion with the registered manager, staff and residents established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

A review of three care records confirmed that these included an up to date assessment of needs which were complemented with a range of risk assessments, life histories, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments; manual handling, nutrition and falls were reviewed and updated on a regular basis or as changes occurred.

The care records reviewed also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. However, two care plans of the three care plans reviewed were not signed by the resident or their representative. An audit of all care plans should be undertaken to identify those which are unsigned with appropriate action taken to ensure compliance with good practice. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example where they liked to sit in the dining room, daily choice of menu and what time they liked to go to bed and get up each day.

A varied and nutritious diet is provided which meets the individual and recorded dietary needs and preferences of the residents. Dining room tables were observed to be nicely set with a range of condiments, drinks and napkins provided. A staff presence was observed throughout the meal to supervision and assistance residents when necessary. Meals were nicely presented with adequate portions served. A pleasant ambience prevailed throughout this important social occasion with residents quietly conversing and staff pleasantly providing assistance as required. Residents who spoke with the inspector advised that they enjoyed their chosen meal and could have additional portions of food if desired.

Systems are in place to regularly record residents' weights. The registered manager advised that weights were closely monitored and any significant changes in weight are responded appropriately. There are arrangements in place to refer residents to the dietitian 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 inspected.

Discussion with the registered manager and staff confirmed that wound care is managed by community nursing services. Staff advised that they were able to recognise and respond to any early signs pressure area damage and that no residents had any pressure area damage. Referrals were made to the multi-professional team as required in respect of health and social care needs and any concerns identified were responded to in a timely manner.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. For example; audits of risk assessments, care plans, care review, accidents and incidents (including falls), complaints, environment, catering evidenced that any actions identified for improvement were incorporated into practice. Evidence of monitoring was also reflected within the reports of the visits by the registered provider visits and referenced within the homes annual quality review report.

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 recorded and retained. 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, monthly visit reports made on behalf of the registered provider, latest RQIA inspection reports , annual satisfaction survey report/Annual Quality Review report, residents’ meeting minutes were available on request for residents, their representatives any other interested parties to read.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Residents spoken with during the inspection made the following comments:

- “Really good care provided here.”
- “Cant suggest any improvement.”
- “Staff are quick to attend to me when I need them.”

Relatives spoken with made the following comments:

- “Yes the care is effective as my relative is doing very well, wants to stay here.”
- “Food is lovely- so my relative says.”
- “Absolutely no issues in regard to the care.”

Staff spoken with made the following comment:

- “We have resources to provide good care and attention.”
- “We have staffing levels to meet the needs of residents.”

Areas of good practice

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

Areas for improvement

Signing of two care plans by the resident/representative. Audit of remaining care plans to ensure minimum standard 6.6.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

The registered manager and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights; independence, dignity and confidentiality were protected. For example; ensure that any discussion regarding the resident's care is undertaken in private, ensuring that residents are treated with respect, promoting independence through encouragement and support.

Discussion with staff, residents and their representatives 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. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, infection, nutrition, where appropriate.

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.

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 positioned at the reception area, monthly visits made 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. Improvements made as direct result of the resident consultation included improved choice of meals and activities.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example; arts and crafts, quiz, reminiscence and puzzle games. Arrangements were in place for residents to maintain links with their friends, families and wider community through outings with family and friends.

Residents, spoken with during the inspection made the following comments:

- "Staff are very considerate and kind, easy to get on with."

Staff spoken with during the inspection made the following comments:

- “We ensure each resident’s core values of rights are upheld.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The registered manager 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.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Review of policies and procedures viewed were undertaken three yearly.

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. Staff refresher training on complaints management was recommended. RQIA’s complaint poster was available and displayed in the home.

Discussion with the registered manager and review of the complaints records confirmed that no complaints had been received since the previous inspection. Arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party should any complaints be received. Templates for recording of complaints included sections relating to investigation, communication with complainants, outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

Review of staff training records evidenced that staff refresher training in complaints and first aid is necessary.

The home retains compliments received, e.g. 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. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and reviewed as part of the inspection process. 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.

The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

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 by way of the registered manager's attendance at monthly management meetings, monthly visits undertaken by the head of residential care services and through correspondence to senior management in accordance with current governance arrangements.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider/s responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

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

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

The 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 spoken with during the inspection made the following comments:

- “Absolutely brilliant home.”
- “Iris Cromie is really kind and always around to see to things.”

Staff spoken with during the inspection made the following comments included:

- “We receive good support and guidance, staff supervision, training, meetings.”
- “Can speak to the manager at any time, always an open door.”

Relatives spoken with during the inspection made the following comments:

- “I believe the home is very well managed and the manager is always ready to listen.”
- “Staff are attentive and appear to be well managed.”

Areas of good practice

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

Areas for improvement

Staff refresher training on complaints.

	Regulations	Standards
Total number of areas for improvement	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 Iris Cromie, 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 29.1 Stated: First time To be completed by: 31 July 2018	<p>The registered person shall ensure that a review of the fire risk assessment is undertaken as discussed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Fire Risk Assessment Review took place on 10/07/2018</p>
Area for improvement 2 Ref: Standard 20.10 Stated: First time To be completed by: 31 August 2018	<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>Response by registered person detailing the actions taken: Estates undertaking some painting and decoration. 3 Bedrooms have been fitted with new units.</p>
Area for improvement 3 Ref: Standard 6.6 Stated: First time To be completed by: 31 July 2018	<p>The registered person shall ensure that two care plans reviewed were 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>Response by registered person detailing the actions taken: Two Care Plans signed by Residents. Audit of remaining care plans ongoing.</p>
Area for improvement 4 Ref: Standard 23.4 Stated: First time To be completed by: 30 September 2018	<p>The registered person shall ensure staff are provided with refresher training on complaints and first aid.</p> <p>Ref:6.7</p> <p>Response by registered person detailing the actions taken: First aid training completed/booked as follows: 27/07/18 x 1; 25/06/2018 x 1; 24/09/2018 x 3; 27/09/2018 x 2. Further dates for First aid will be applied for as training bcomes available. Complaints training before end August 2018.</p>

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



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