



Unannounced Care Inspection Report

13 May 2019



Crozier House

Type of Service: Residential Care Home
Address: Meeting House Road, Banbridge, BT32 3ER
Tel No: 028 4066 2734
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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.

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 is registered by RQIA to provide care and accommodation for a maximum of 27 residents including five residents requiring dementia care and four places for day care. With the exception of two permanent residents the home currently accepts residents via the intermediate care and respite scheme.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Shane Devlin	Registered Manager and date registered: Iris Cromie 09/09/2013
Person in charge at the time of inspection: Elaine Caine, senior care worker until 13hours. From 13.00 hours until 17.00 hours: Tierna Armstrong, head of residential and day care services,	Number of registered places: 27
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia. (Day Care places for 04 people providing the maximum occupancy does not exceed 27 residents.)	Total number of residents in the residential care home on the day of this inspection: 20

4.0 Inspection summary

An unannounced inspection took place on 13 May 2019 from 09.20 hours to 17.00 hours.

This inspection was undertaken by the care inspector supported by the estates and finance inspectors.

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

This inspection was undertaken by the care inspector supported by the estates and finance inspectors.

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

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

Evidence of good practice was found in relation to effective team working and provision of a culture and ethos which supported residents' rights and values of dignity and respect. There was also evidence of good practice found in relation to staff supervision, appraisal, adult safeguarding and the home's environment.

Positive feed- back was received from residents, staff, visitors and visiting professional in regard to the provision of safe, effective, compassionate and well led care.

Areas requiring improvement included two recommendations stated for a second time from the previous care inspection relating to care record audits and staff training. Improvements identified from this inspection included notification to RQIA of accidents/incidents, retention of complaints records and training.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents, people who visit them, professionals and staff during and after 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	1	*6

*The total number of areas for improvement includes two recommendations which have been stated for a second time. (Ref: 6.1)

Details of the Quality Improvement Plan (QIP) were discussed with Tierna Armstrong, head of residential and day care services, 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 inspection dated 13 December 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 13 December 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

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 estates and finance issues, registration information, and any other written or verbal information received.

During our inspection we:

- speak with residents, people who visit them and visiting healthcare professionals about their experience of the home

- talked 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 views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

Four completed questionnaires were returned from residents. Positive responses were received from respondents indicating they were very satisfied with care and life within the home. No staff questionnaires were returned to RQIA within the timescale.

During the inspection a sample of records examined included:

- staff duty rotas from 29 April 2019 to 13 May 2019
- staff training schedule and training records
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records from 1 April 2019 to 13 May 2019
- a sample of reports of visits made on behalf of the registered provider
- RQIA registration certificate
- Fire risk assessment
- RQIA registration certificate
- Food hygiene certificate

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

The findings of the inspection were provided to Tierna Armstrong, head of residential and day care at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 13 December 2018

Areas of improvement generated from previous estates and finance inspections have also been validated and reported on within the main body of this report.

Areas for improvement generated from previous inspections have been reviewed by the appropriate inspector. Please see Appendix 1 for further details.

Any area/s for improvement which have not been met are included in the QIP at the back of this report.

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 most residents were up washed and dressed in the dining room having breakfast which was served between 7.30 and 10.30 hours each morning. Other residents were being assisted by care staff with personal care within their bedrooms. The home was observed to be clean, tidy and comfortably heated throughout. The registered manager was off duty and a senior care assistant was in charge of the home during the morning shift. The head of residential and day care came on duty and was in charge during the afternoon shift.

Following breakfast several residents choose to sit within lounges which were considered to be appropriately furnished, decorated and heated. Residents were observed to be comfortable, neatly clothed with their personal care needs attended. Call bells were positioned within each room which was occupied by residents.

We spoke to residents and two visitors who advised that they were very satisfied with the care provided and that staff were always around assisting residents and seeing that they were comfortable and content. Staff stated that they felt the needs of all residents were being met and explained that if required additional staff would be commissioned. Staff stated they would not hesitate to report any issues or concerns in this regard to the senior care staff or registered manager.

Review of the staff duty roster was undertaken. This was found to reflect data in respect of staff on duty each day, shift times and indication of the senior care staff member in charge of the home during the registered manager's absence. Staff shift hand over times was reflected to allow time to provide information of any changes in residents care and share other information as deemed necessary to ensure continuity of care.

The head of residential and day care came to the home during the afternoon and explained that she was covering for the registered manager who was off on long term leave. The head of residential care explained that staffing levels had been increased following the previous care inspection and that current staffing levels were meeting resident's needs. If necessary, part time staff would work additional hours. Consistent agency staff were being commissioned while awaiting appointment of additional staff and that this arrangement did not prevent residents from receiving continuity of care. Discussion further highlighted that staff turn-over was kept to a minimum and was monitored by the registered manager.

Throughout the inspection we observed that residents were being cared for by staff in a supportive respectful manner. Call bells were answered promptly and assistance given to residents as required. Several residents were provided with walking frames or rollators to assist them to mobilise safely around the home.

Professional staff from the intermediate care unit (ICU) visited the home to monitor the rehabilitation progress of residents admitted from hospital. Visiting professional staff from this service explained how staff in the home followed the individualised care plan agreed with each

resident and how the extra period of time spent within Crozier House gave the resident time for their health to improve before going home. Residents said they felt that the care provided in Crozier House was good and that staff were always kind and helpful. No issues or concerns were raised or indicated.

We spoke with the district nurse who visited the home to attend to two residents. The nurse stated that the care provided was of a high standard and that staff were particularly good at keeping her fully informed of any nursing issues or concerns arising.

The head of residential and day care explained that all staff recruitment records were retained at Southern Health and Social Services (SHSCT) human resource department and that recruitment of staff was undertaken in accordance with relevant statutory employment regulations. Two staff induction records examined were based on NISCC recommendations, for example training, principles of person centred care and confidentiality was included. Records were signed as each component of training was achieved.

Staff advised that induction for new staff, supervision and appraisal was being provided. Records of same were retained.

Staff training matrix was reviewed and discussed with the head of residential and day care. Records evidenced that mandatory training was being provided. However, the matrix did not reflect that the second session of fire training was provided.

Training in General Data Protection Regulations (GDPR) and care record keeping which was identified for improvement at the previous care inspection had not been addressed. This area of improvement is therefore stated for a second time. Discussion with staff evidenced that other mandatory training provided was embedded into their practice. For example, staff demonstrated good knowledge and understanding of adult safeguarding including what action they would take if they felt a resident was being exploited or harmed in any way. The head of residential and day care services explained that no safeguarding issues had arisen since the previous inspection and that the SHSCT safeguarding annual position report for 2018/19 was available and held by the trust safeguarding champion.

Residents who spoke with us indicated they were very satisfied with the care and they felt safe within the home. No issues or concerns were raised or indicated.

The head of residential and day care explained there were no restrictive practices used in the home. However, plans were in place to reconnect the front door egress with a key pad system to provide additional security of residents accommodated.

Three care records reviewed contained evidence of multi-professional collaboration and care delivery to improve and promote residents' health and well-being. Current risk assessments were in place for various identified areas, for example, falls, nutrition and pressure area. Measures to minimise the identified risk were reflected within care plans reviewed.

The management of falls was discussed with the senior care assistant head of residential and day care who advised that they utilised the SHSCT falls pathway which included risk assessment. Review of care records evidenced the measures were in place to minimise the risk of falls. A range of appliances were provided to assist residents with mobilising. These included a range of walking frames and delta rollators. Call bells were observed to be placed within residents reach should they require staff assistance.

The home had a fire risk assessment which was dated July 2018. Recommendations for improvement were recorded as actioned. Fire doors were closed and fire exits. The provision of six monthly fire awareness training was identified as an area for improvement.

There was evidence of good infection prevention and control (IPC) throughout the home with a plentiful supply of resources including disposable gloves, aprons and liquid soap readily available to staff. Seven step wash hand notices were displayed at wash hand basins. Staff were observed washing their hands following practical care activity. Staff advised that resources were always readily available and that training in IPC was provided. All areas of the home were exceptionally clean, tidy and organised. Regular audits of the environmental cleanliness were undertaken, outcome shared with staff and recorded.

During our inspection of the home we noted that three clocks were not working. This was addressed by staff who promptly changed the batteries.

The development of the new intermediate care wing/unit for five residents with DE remains a work in progress. A variation for any planned structural changes to the new unit must be forwarded to RQIA before any work commences.

Several bedroom wardrobes had been replaced since the previous inspection. Improvement in the remaining bedrooms should be addressed with wardrobes replaced as planned.

Four residents' satisfaction questionnaires were completed and returned to RQIA within the time scale. Respondents indicated they were very satisfied that the care was safe. One comment included; "the care in Crozier House is excellent. It couldn't be better"

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff induction, 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; fire safety awareness training and completion of replacement wardrobes within bedrooms.

	Regulations	Standards
Total number 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.

Discussion with the head of residential and day care established that staff in the home responded appropriately to and met the assessed needs of residents.

The home had a records management policy which included the arrangements for the creation, storage, maintenance and disposal of records. Records were observed to be stored securely in

keeping with General Data Protection Regulation (GDPR). Staff training in GDPR which was identified as an area for improvement at the previous inspection had not been provided and is therefore stated for a second time within the appended QIP.

A review of three care records was undertaken. Records contained pre-admission assessments, risk assessments, person centred care plans, reviews of care and daily evaluations. Data recorded reflected input from the multi-professional team, resident consent to care and treatment and photographic evidence. Records were considered to be legible, current, dated and signed appropriately. Discussion was held regarding the current retention of loose assessment pages within care records and the associated risk of misplacement. Assurance was given that these would be stapled.

Multi-professional staff who visit the home to provide support, care and treatment included; general practitioner, social worker, district nurse, speech and language therapist, dietician, physiotherapist and podiatrist. Records of visits were recorded within care records.

Improvement in the overall standard of record keeping from the previous inspection was noted. However, audit and the provision of staff training in this regard had not been provided. This area of improvement has been stated for a second time within the appended QIP.

Residents and two relatives who spoke with us confirmed that they were aware of who to contact if they were unsatisfied with the care provided.

Staff demonstrated knowledge of how to escalate concerns to the registered manager/senior care worker and stated they would not hesitate to do so if any issues arose.

Communication within the home was discussed with staff and head of residential and day care. Examples of the modes of communication included; staff hand over verbal reports at each shift to provide information on each resident's progress, multi-professional interventions and changes to care plans. In addition records were retained of care reviews, regular staff meetings, staff supervision, discussions with staff and residents during monthly visits undertaken on behalf of the responsible individual. In addition notice boards contained a wide range of health promotion, activities, daily menu with alternative choice of meal shown and RQIA notice on "how to make a complaint". We observed many informal staff communications with residents and their visitors. This was undertaken in a respectful, helpful, friendly manner. Residents reported that they felt able to approach staff if they had any worries.

Review of care records provided additional evidence that residents were involved in making decisions about their care in the home. Care plans contained signatures from residents and/or their relatives to confirm that the plan had been discussed and agreed.

We observed the serving of the mid –day meal within the dining room. Tables were set with cutlery, condiments, napkins and fluids. Meals served were nicely presented with adequate portions of food served. The majority of residents ate independently although staff were present throughout the meal to assist as required.

The day's menu was displayed with choice recorded. One area discussed related to the provision of table cloths on dining room tables at meal times to enhance the overall ambience within at this enjoyable social occasion. The head of residential and day care readily agreed to have these provided. Residents told us they enjoyed the food and they could change their choice of meal on the day if they wanted. One resident said "you wouldn't get better in the best

of hotels". The three weekly seasonal menus reviewed were considered to be varied and nutritious with choice of meal reflected. Special diets were provided as required. Interventions by the dietician and speech and language therapist are provided when nutritional risks are identified. Improvement related to the provision of staff training in the new international guidelines for modified diets and fluids for people with swallowing difficulties, known as the "International Dysphasia Diet Standardisation Initiative (IDDSI). The preparation of special diets and fluids should be undertaken in accordance with this initiative. Residents' weights were being recorded monthly or more frequently if there was evidence of weight loss or excessive weight gain. In such cases referral would be made to the general practitioner and dietician.

Records of residents' dietary intake were retained within the kitchen by the cook. Records of food temperatures, fridges and meat deliveries were also recorded. All equipment within the kitchen was reported to be in good working order. The home had received the maximum food hygiene rating of 5 from the environmental health officer. This is to be commended.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the effectiveness of care provided, communication between residents, relatives, staff and multi-professionals in the delivery of effective care.

Four residents' satisfaction questionnaires were completed and returned to RQIA within the time scale. Respondents indicated they were very satisfied that the care was effective.

Areas for improvement

One areas identified for improvement related to staff training in IDDSI.

	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.

Observation of staff interactions between staff and residents was very positive. There was a pleasant, relaxed atmosphere through the home with staff and residents observed having friendly discussions. Staff were noted to be respectful, offering choice and seeking preferences in various aspects of care.

We spoke with two visitors, several residents individually and with others in small group format. Positive feedback was received from everyone. No issues or concerns were raised or indicated. Comments included:

- "as a family we are delighted with the attention and good care given here"
- "my relative want to stay here but can't as he is in a short stay rehabilitation scheme"
- "if I had any concerns I would go to senior staff, but care is really good"
- " this is a great home, brilliant staff"

- “ the home is kept clean and tidy”
- “ we have choice of what we want to do or have”

Residents and staff confirmed that consent was always sought in relation to care and treatment and that residents would never be subjected to anything they did not wish to have.

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

Ten RQIA satisfaction questionnaires were provided for distribution to residents/relatives for return to RQIA within two weeks following the inspection. A poster containing access to a survey monkey satisfaction questionnaire was provided for staff.

The programme of therapeutic activities was displayed in the hallway so that residents and their relatives were aware of what was being provided. An activity therapist works two days each week. Staff said that they wished the therapist was in the home more often as it can be difficult to ensure that activities provided were not rushed, especially when they are busy with new admissions and discharges. This was discussed with the head of residential and day care services who explained that the service was under review with consideration being given to this essential aspect of care. Activities provided included; music sessions, news updates, board games, cared making, skin care and passive exercises. Records of resident participation in activities were retained.

Staff confirmed that all residents were treated equally and with dignity and respect and their differences are celebrated. Staff also confirmed that residents have equal access to safe, effective, compassion care.

Four residents’ satisfaction questionnaires were completed and returned to RQIA within the time scale. Respondents indicated they were very satisfied that the care was compassionate.

Areas of good practice

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

6.6 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 home's RQIA registration certificate was up to date and displayed in a prominent position within the home.

We were advised that the registered manager was currently on leave and that the senior care assistant was in charge of the morning shift. The head of residential and day care came to the home at 13.00 hours and explained that she would be "acting up" for the registered manager until she returns from leave and that notification in this regard would be forwarded to RQIA. This was received following the inspection. Staff in the home were to be advised of this new arrangement by the head of residential and day care following the inspection.

The head of residential and day care is supported in her role within the home by four senior care assistants and a mixed skill of care and support workers. Staff on duty each day was reflected within the duty roster. The head of residential and day care readily agreed to ensure that she includes on duty hours within the staff duty roster.

Staff meetings were being held on a regular basis with minutes recorded and retained and shared with staff.

The home had a wide range of policies and procedures. Hard copies available were held within three files which contained central indexes for ease of access to staff. Trust electronic copies were also available.

Records of complaints received were not available for inspection. The senior care staff and head of residential and day care stated they were unable to locate these records. The head of residential and day care explained that she recalled one complaint had been received since the previous inspection which was investigated and resolved to the complainant's satisfaction. Documents relating to this one complaint were available. The retention and availability of complaints records was identified as an area for improvement as these are regulatory documents which must be retained and available for inspection. Staff demonstrated awareness of the procedure to follow should a complaint be received. Records of staff training evidenced that training on the handling of complaints was provided on 12 March 2019.

Records on audits conducted included; medication, food, accidents/incidents, infection prevention and control, fire safety and finance. The conducting of care record audits was identified as an area for improvement at the previous inspection. These records could not be located by staff at the time of inspection. The head of residential and day care agreed to forward copies of audits to RQIA if these were located following the inspection. Additional management oversight and quality assurance was provided through monthly visits and reports undertaken on behalf of the responsible individual by the head of residential and day care services. Review of the records of visits carried out during March and April 2019 evidenced the summarised views of residents about the quality of care, and actions taken to ensure the home is being managed in accordance with minimum standards and good practice.

Review of the homes records of accidents was undertaken and discussed with the head of residential and day care. Data in respect of accidents/incidents were being recorded within the trust datix electronic system where monitoring for trends/patterns/risks is undertaken by the head of residential and day care and the trust governance team. During our review of the datix accidents/incidents data it was noted that four accidents relating to falls had not been notified to RQIA. Failure to notify RQIA was discussed with the senior care worker who explained that they were unaware of how to operate the portal system and felt that the trust datix system linked with RQIA. The head of residential and day care readily agreed to retrospectively notify RQIA of the accidents. This action was undertaken during the inspection. Practical training in the use of RQIA portal was provided for senior care staff on duty by the head of residential and day care services during the afternoon of the inspection.

There was recorded evidence of ongoing staff supervision, annual appraisals and staff registration with the Northern Ireland Social Care Council (NISCC). A schedule of planned supervisions was in place.

Discussions with staff revealed that there were good working relationships within the team. One staff member said they communicated very well and were always available to help each other out with care as required. Another staff member said they enjoyed working in the home as the atmosphere and care was really good.

Four residents' satisfaction questionnaires were completed and returned to RQIA within the time scale. Respondents indicated they were very satisfied that the home was well led.

Outcome of the estates inspection

A current fire risk assessment for the premises was in place and the significant findings were being addressed in a timely manner. The fire risk assessment was undertaken by the trust's designated fire safety officer.

The servicing of the fire detection & alarm system, emergency lighting installation and fire-fighting equipment was being undertaken in accordance with current best practice guidance. Extensive user checks were also being documented and maintained.

A current risk assessment with regard to the control of legionella bacteria in the premises' hot and cold water systems was in place and the significant findings from this assessment were being addressed by the trust's estates department. Again, the servicing of these systems and the user checks appeared to be being maintained in accordance with current best practice guidance.

Current certificates with relation to the premises' mechanical and electrical installations were available for inspection. The certificates indicated that the systems were being maintained in accordance with current best practice guidance.

Outcome of the finance inspection

The following areas were examined during the finance inspection and were found to be satisfactory:

- Financial systems in place at the home, including controls surrounding the management of patients' monies and valuables.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality improvement, maintaining good working relationships, staff supervision, meetings and appraisal.

Areas for improvement

Areas identified for improvement included; retention of complaints records and notification of accidents / incidents to RQIA in accordance with Regulation 30 (1) (d).

	Regulations	Standards
Total number of areas for improvement	1	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 Tierna Armstrong, head of residential and day care and the senior care assistant, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS The Residential Care Homes Regulations (Northern Ireland) 2005.	
Area for improvement 1 Ref: Regulation 30 (1) (d) Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that all accidents and incidents occurring in the home which adversely effects the well -being or safety of any resident are reported promptly to RQIA</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: This requirement has been actioned and the senior staff now have access to the RQIA Portal to ensure that notifications can be submitted.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 20.10 Stated: Second time To be completed by: 1 August 2019	<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 monitoring of the standard of care records/record keeping should be undertaken by the registered manager on a regular basis.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: An Audit programme has been agreed and this includes monitoring of standard of care records. This will be completed within the required timeframe and before the 01 August.2019</p>
Area for improvement 2 Ref: Standard 20.10 Stated: Second time To be completed by: 30 September 2019	<p>The registered person shall ensure that the following staff training is provided:</p> <ul style="list-style-type: none"> • 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) • GDPR. <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Staff training identified in this area of improvement has been escalated to the Training and Development team with a plan to progress before the 30 September. GDPR Training will be delivered in line with requirement.</p>
Area for improvement 3	<p>The registered person shall ensure that the remaining wardrobes within bedrooms are replaced as planned.</p>

Ref: Standard N26 Stated: First time To be completed by: 31 August 2019	Ref: 6.3
	Response by registered person detailing the actions taken: Replacement of bedroom furniture is currently underway 2 rooms are being completed 24 th & 25 th June with the remaining rooms scheduled in through the summer months.
Area for improvement 4 Ref: Standard 23.3 Stated: First time To be completed by: 31 July 2019	The registered person shall ensure that a second session of fire safety training is provided. Ref: 6.3
	Response by registered person detailing the actions taken: Fire Training was held on 7 th & 9 th May 2019. There are 5 staff who are outstanding and a mop up session has been planned for staff to attend in July.
Area for improvement 5 Ref: Standard 17.10 Stated: First time To be completed by: 31 June 2019	The registered person shall ensure that records of complaints are retained within the home and are available for inspection. Ref: 6.6
	Response by registered person detailing the actions taken: The records of complaints are filed and held within the home .
Area for improvement 6 Ref: Standard 23.4 Stated: First time To be completed by: 31 July 2019	The registered person shall ensure that training is provided in the International Dysphasia Diet Standardisation Initiative for the cook and all care staff. Ref: 6.4
	Response by registered person detailing the actions taken: Registered Manager has contacted Dietetics staff for a training sessions for catering Team. Awaiting confirmation of date for July 2019.

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

Appendix 1

Appendix 1

Review of areas for improvement from the last care inspection dated 13 December 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
<p>Area for improvement 1</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p>	<p>Given the current increase in workload the registered person must ensure that there are safe staffing levels at all times. 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>Action taken as confirmed during the inspection:</p> <p>Discussion with the head of residential and day care services took place alongside review of staff duty roster 1 April 2019 until 12 May 2019. Following the previous inspection four additional staff had been employed with approval for permanent part time staff to work extra hours and use consistent temporary agency staff until new appointments commenced.</p> <p>Staff spoken with advised that they were satisfied that staffing levels were now satisfactory and that the needs of residents were being met.</p> <p>Residents explained that staff were always readily available and they had no issues or concerns about their care.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23.4</p> <p>Stated: Second time</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"> • complaints handling • First aid. (for remaining untrained staff) <p>Ref: 6.2, 6.4</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Review of staff training records and discussion with staff confirmed that training had been provided as recommended.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</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>Action taken as confirmed during the inspection:</p> <p>Audit records of care records could not be located by staff or the head of residential and day care during the inspection.</p> <p>The head of residential and day care services explained she was unable to locate these as the registered manager was off on leave and if this recommendation was addressed she would forward the records to RQIA.</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Best practice guidelines in care recording.</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the following staff training is provided</p> <ul style="list-style-type: none"> • 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) • GDPR. <p>Ref: 6.5</p> <p>Action taken as confirmed during the inspection:</p> <p>Training had not been provided on care record keeping or GDPR. The registered manager recorded in the previous QIP that this would be provided by the trust learning and development team at a later date.</p>	<p>Not met</p>

Review of areas for improvement from the last estates inspection dated 24 March 2015

Areas for improvement from the last premises inspection on 24 March 2015		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulations 27(2)(b) 27(2)(c) 27(2)(d)</p> <p>Stated: Second Time</p> <p>To be completed by: 23 June 2015</p>	<p>Confirmation in relation to completion of the remedial works to resolve the water ingress issue and making good the décor and extract fan in the center toilet opposite the hairdressing room should be provided to RQIA.</p> <p>Action taken as confirmed during the inspection: There were no leaks at the time of the inspection and all remedial works required to the decoration of the home had been undertaken.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulations 32(1)(h)</p> <p>Stated: First Time</p> <p>To be completed by: 23 June 2015</p>	<p>The registered persons should contact the RQIA Registration Team to clarify the position in relation to the need to submit a variation application in respect of the proposed changes to the premises.</p> <p>Action taken as confirmed during the inspection: The proposed room changes were not taken forward following this inspection</p>	
<p>Requirement 3</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p>Stated: Second Time</p> <p>To be completed by:</p>	<p>The current position in relation to the monthly cold water temperature checks at the sentinel outlets and the issues that had previously been identified for attention in relation to the water tanks should be confirmed to RQIA.</p> <p>Action taken as confirmed during the inspection: These checks were in place at the time of</p>	Met

23 June 2015	the inspection.	
Requirement 4 Ref: Regulations 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q) Stated: Second Time To be completed by: 23 June 2015	The information in relation to the current safety inspections to the gas equipment and gas installation should be forwarded to RQIA. Action taken as confirmed during the inspection: The Trust Estates department confirmed that suitable Gas Safe inspections are undertaken annually in accordance with current best practice guidance.	Met
Requirement 5 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q) Stated: Second Time To be completed by: 23 June 2015	The information in relation to the control measures in place for the prevention or control of legionella bacteria in the water system should be forwarded to RQIA. Action taken as confirmed during the inspection: Information has been forwarded to RQIA by the Trust's estate department with regards to all registered properties and is being assessed separately to this report.	Met
Requirement 6 Ref: Regulations 27(4)(a) 27(4)(b) Stated: First Time To be completed by: 23 June 2015	The fire risk assessment should be reviewed. A copy of the report for this review should be forwarded to RQIA. Action taken as confirmed during the inspection: A current fire risk assessment was available in the home at the time of the inspection. There were no significant findings	Met



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Assurance, Challenge and Improvement in Health and Social Care