

Unannounced Care Inspection Report

19 September 2018



Alpine House

Type of Service: Residential Care Home
Address: 20 Ballyholme Road, Banogr, BT20 5JN
Tel No: 028 9145 4904
Inspector: Alice McTavish

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 22 beds that provides care for older people.

3.0 Service details

Organisation/Registered Provider: Alpine House Responsible Individual: Sathrouhun Bogun	Registered Manager: Joanne Glendinning
Person in charge at the time of inspection: Joanne Glendinning	Date manager registered: 3 April 2009
Categories of care: Residential Care (RC) I – Old age not falling within any other category	Number of registered places: 22

4.0 Inspection summary

An unannounced care inspection took place on 19 September 2018 from 09.30 to 18.00.

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 staff recruitment, induction, training, supervision and appraisal, care records, communication between residents, staff and other interested parties, listening to and valuing residents, governance arrangements, quality improvement and maintaining good working relationships

One area for improvement was identified during the inspection. This related to notification to RQIA of accidents and incidents.

Residents said that they enjoyed living in the home and that the staff treated them well. Residents' representatives said that they believed the standard of care to be good and that staff maintained good communication with them. The lay assessor observed that the staff showed a caring, polite and respectful approach to residents.

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	1	0

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

Enforcement action did not result from the findings of this 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 inspections on 2 November 2017 and 30 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 reports, the returned QIPs, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, two care staff, the cook, two residents' representatives and one visiting professional. A lay assessor was present during the inspection to speak with residents regarding their experiences of living in the home. The lay assessor spoke with seven residents and comments received are included within this report.

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 by residents, residents' representatives and staff within the agreed timescale.

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

- Staff duty rota
- Staff induction records
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule
- Two staff files
- Care files of four residents
- The home's Statement of Purpose and Resident Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews, environment, Northern Ireland Social Care Council (NISCC) registrations
- Equipment maintenance records
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider

- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

Areas for improvements identified during two previous care inspections were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 3 July 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspections dated 2 November 2017 and 30 January 2018

Areas for improvement from the last care inspections		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (4) (a) (b) (c) Stated: First time	The registered person shall ensure that staff recruitment and selection files contain all of the required information as outlined in Schedule 2 of the Regulations.	Met
	This area for improvement formed part of a Failure to Comply Notice issued on 6 February 2018. Ref: 6.3	
	Action taken as confirmed during the inspection: Compliance was achieved on 5 March 2018.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.8 Stated: First time	The registered person shall ensure that staff meetings are held on a regular basis and at least quarterly. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of staff meeting minutes confirmed that staff meetings are held on a regular basis and at least quarterly.	

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. No agency staff were used in the home. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

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

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

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules of staff appraisals and supervision were reviewed during the inspection. The most up to date records of staff training were forwarded to RQIA after the inspection.

Discussion with the registered manager 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. Discussion with the registered manager and review of staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The registered manager advised that AccessNI enhanced disclosures were 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 (where applicable). The registered manager described how monthly checks of all NISCC registrations were completed on a monthly basis. Care staff spoken with advised that they were registered with NISCC.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. 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.

The registered manager advised that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

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.

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 restrictive practices within the home, notably the use of a locked external door for security, a keypad system on the door from the dining room to the garden and the management of smoking materials for the small number of residents who smoked. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the statement of purpose.

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. Advice was provided to the registered manager regarding the availability of IPC information for residents, visitors and staff. Information regarding IPC compliance audits was provided to the registered manager after the inspection.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

“The Falls Prevention Toolkit” was discussed with the registered manager and advice was given on the benefits of using this or a similar toolkit. Written information was provided to the registered manager after the inspection.

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

On the day of the inspection there were high winds; a draught was evident at the fire door on the first floor. The double glazed window in one identified ground floor bedroom was found to have a broken seal and this obscured the view. These issues were discussed with the registered manager who provided assurances that they would be addressed immediately. The registered manager later confirmed that each issue was in the process of being rectified. These areas will be reviewed during the next care inspection.

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 advised that the home’s policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety and smoking etc.

The home had an up to date Legionella risk assessment in place dated 19 January 2018 and all recommendations had been actioned.

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.

The registered manager advised that no hoists were used in the home and that the stair lift was regularly serviced.

The home had an up to date fire risk assessment in place dated 7 December 2017 and all recommendations had been actioned.

A 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 and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

The review of fire safety records identified that there had been two unplanned activations of the fire alarm which were not notified to RQIA. This was discussed with the registered manager who agreed to submit notifications in retrospect; the notifications were later received. One additional event, described in section 6.7 of this report and noted as an area for improvement, occurred in the home which was not notified to RQIA.

Residents spoken with during the inspection made the following comments:

- “It’s ok here and I sleep well.”
- “My bed is comfortable and the home is very clean.”
- “My bed is comfortable and I have enough pillows.”
- “The staff make sure they wash their hands and it is all very clean.”
- “I feel safe here. I’m not happy being here, but that’s not the fault of the home, it’s just my situation....the home is comfortable and warm, I am well cared for and the staff are polite.”
- “Everything is A1! The staff couldn’t be better.”

Residents’ representatives spoken with during the inspection made the following comments:

- “I think the care here is very good and everything my (relative) tells me about is very positive; he’s very happy here. When anything happens, for instance, if he has a fall (just like he had before he came here), the staff tell me immediately. I think there’s enough staff around to meet the needs of the residents and the staff team know the residents well. I am in here almost daily and at all different times of the day so I see how the other residents are treated. I have no worries about the care here.”
- “I think Alpine House is excellent! The place is always clean and warm. The staff are happy and friendly and they always make us feel most welcome. If I need any updates on my (relative) Joanne (the manager) is happy to help me. The food is good and the staff always have a smile on their face and that gives everyone a lift. I’m very happy with how I see my (relative) being cared for and how the other residents seem to be getting good care.”

A member of staff spoken with during the inspection made the following comments:

- “I got a good induction when I started work here and I got to shadow other staff as they were doing their duties. The shadowing was in addition to the usual staff numbers. I get supervised and the manager and the other staff are always available to me for support and guidance if I need it. I feel there is good staffing levels to meet the residents’ needs. We get good training too.”

A visiting professional spoken with during the inspection made the following comments:

- “Everything in this home is perfect and that’s always been my experience. The staff are very friendly and welcoming to community nursing staff. They know the residents very well and they let us or the doctors know immediately if there are any changes in the residents. If we have any recommendations for care, the staff follow these. I have no concerns about the care of residents in Alpine House.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal and the home’s environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 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 General Data Protection Regulation (GDPR). A review of the care records of four residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. moving and handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records 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. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place, up to date and was appropriately signed.

Discussion with staff confirmed that they were familiar with person centred care and 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.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Systems are 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 dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within individual residents' care plans and associated risk assessments.

The lunch time service was observed. It was noted that the dining room provided a pleasant environment for meals. Tables were attractively laid and residents were provided with meals which looked and smelled appetising. Additional portions were offered and provided and there was a variety of drinks available. Staff were on hand to serve meals and assist residents where necessary. In discussion with staff and the cook it was established that the choices and preferences of residents was well known and alternatives were always available if residents did not like what was on offer. Residents spoken with during the inspection commented positively on the food.

The registered manager and staff advised that no residents currently had issues with broken skin. Staff confirmed they were able to recognise and respond to pressure area damage and make referrals to the multi-professional team in a timely manner; wound care was managed by community nursing services. Where a resident's skin was at risk of potential damage, prescribed creams would be applied and pressure relieving equipment would be requested.

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. Audits of risk assessments, care plans, care reviews and the home's environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

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. The importance of putting systems in place to ensure openness and transparency of communication was discussed with the registered manager who agreed to have a larger notice board positioned in the hallway of the home so that the visits by registered provider reports, latest RQIA inspection reports could be displayed.

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.

The registered manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Residents spoken with during the inspection made the following comments:

- “The food is good, I have no complaints. I am able to move around without help but the staff help me to get up in the morning and into bed at night. They make sure they look after my dignity when they are helping me.”
- “I know the staff have information about me, but I’m not interested in reading about myself.”
- “The food is ok and I go out into town once a week with another resident. I look after my own finances.”
- “The food is fine but I don’t eat much. I am able to look after myself so I don’t need much help and I am able to go out with my daughter.”
- “The food is good and I go into Bangor where I enjoy a burger and chips and Pavlova.

A member of staff, spoken with during the inspection, made the following comments:

- “We get the time to read through residents’ care plans so that we get to know their care needs. I feel there is a good quality of care provided for the residents.”

Areas of good practice

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

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 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, residents and their representatives 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.

Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, 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.

Discussion with staff, residents and their 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.

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 their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The registered manager advised that staff consulted with residents daily about what activities they wished to do and their wishes were accommodated. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- "I have visits from my family and friends and I go out to church on Sunday nights."
- "We have good craic here."
- "The night staff rub cream on my knee, as I don't like taking painkillers. The staff are kind, both day and night. The ministers take it in turn to come in on Sunday evenings."
- "The staff took the curtains in the sitting room down to be washed. We found that it made it much brighter without them and we asked for them not to be put up again. That was no problem."
- "There are activities organised and sometimes I feel like joining in. I have complete freedom here and I am able to go out to functions if I want to."

A member of staff spoken with during the inspection made the following comments:

- "Our residents are so lovely....and the staff team support them to live as independently as possible and to be themselves."

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 advised 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. 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. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

The registered manager advised that no formal complaints had been received since the last care inspection. A review of the complaints documentation confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. The home also retained compliments received, e.g. thank you letters and cards and there are systems in place to share complaints and compliments 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 established that these were effectively documented and, for the most part, reported to other relevant organisations in accordance with the legislation and procedures. It was noted, however, that one fall had occurred and there had been two unplanned activations of the fire alarm; these were not notified to RQIA in line with current guidance. The fall was appropriately reported to the resident's representative and to the trust. Action was required to ensure compliance with the regulations in regard to notifications to RQIA.

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

There was evidence of managerial staff being provided with additional training in governance and leadership. The deputy manager had completed the Qualification and Credit Framework (QCF) level 5 in management and a senior care assistant as in the process of completing the same qualification. 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.

Discussion with the registered manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

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 and staff reported that the registered provider was kept informed regarding the day to day running of the home through regular visits to the home, emails and telephone calls.

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 responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were 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 registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

Residents spoken with during the inspection made the following comments:

- "I know all of the staff by name and I know who to go to if I have a problem."
- "I know I can go to Tori (deputy manager) if I needed anything."
- "We are part of the house and should know about it if staff are leaving."
- "I would report anything that I was worried about or unhappy about and I have told that to the owner of the home."

A member of staff spoken with during the inspection made the following comment:

- “There is good team working here and good support from the manager.”

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

One area for improvement was identified during the inspection. This related to notification to RQIA of accidents and incidents.

	Regulations	Standards
Total number of areas for improvement	1	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 Joanne Glendinning, 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 Residential Care Homes Regulations (Northern Ireland) 2005

Area for improvement 1 Ref: Regulation 30. - (1) Stated: First time	The registered person shall ensure that all RQIA is given notice of the occurrence of all events outlined within current guidance. Ref: 6.7
To be completed by: 19 September 2018	Response by registered person detailing the actions taken: This matter was addressed by the manager on the 19/09/18.

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



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