



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

**Name of Service and ID: Ardview House (1573)**

**Date of Inspection: 07 July 2014**

**Inspector's Name: Priscilla Clayton**

**Inspection ID: IN017585**

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## 1.0 General information

<b>Name of Service:</b>	Ardview House
<b>Address:</b>	18 The Ward Ardglass BT30 7UP
<b>Telephone number:</b>	02844841093
<b>E mail address:</b>	Ardview.ardview@setrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	South Eastern HSC Trust
<b>Registered Manager:</b>	Therese O'Higgins
<b>Person in charge of the home at the time of inspection:</b>	Grainne Higgins( Senior Care.) 9.20am – 11.30am Therese O'Higgins 11.30 – 4.45pm
<b>Categories of care:</b>	RC-DE, RC-I, RC-MP(E), RC-PH, RC-TI, RC- E, RC-A
<b>Number of registered places:</b>	39 including maximum of 5 day care residents.
<b>Number of residents accommodated on Day of Inspection:</b>	30 Residential Unit 10 plus 1 day care service user
<b>Scale of charges (per week):</b>	Trust rates
<b>Date and type of previous inspection:</b>	25 February 2014 ( Unannounced Inspection)
<b>Date and time of inspection:</b>	07 July 2014 (9.20am – 4.45pm)
<b>Name of Inspector:</b>	Priscilla Clayton

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the inspection**

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## **4.0 Methods/Process**

Specific methods/processes used in this inspection include the following:

- Discussions with the registered manager and care staff.
- Examination of records
- Observation of care delivery and care practice
- Discussion with one relative
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## **5.0 Inspection focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to Standard 20,(Management and Control of Operations) categories 6, 7, 8, 9, 15, 16, 18 and 19 of the DHSSPS Residential Care Homes Minimum Standards (2011)

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 Profile of service

Ardview House Residential Care home is situated in Ardglass within a local community neighbourhood.

The residential home is owned and operated by the South Eastern Health and Social Care Trust. The registered manager is Therese O'Higgins.

Accommodation for residents is provided single bed rooms in this double storey purpose built home. Access to the first floor is via a passenger lift and stairs.

A small secure Dementia Unit, which can accommodate ten residents, is situated on the ground floor and leads onto an outside small secure patio area.

Communal lounges and dining rooms are available in both the Dementia and general unit of the home.

A laundry room and hair dressing salon is also available.

A number of communal sanitary facilities are available throughout the home.

Car parking spaces are provided at the front of the home.

The home currently accommodates 12 permanent residents with the remaining residents admitted under the short stay intermediate care scheme or temporary respite placement. No further permanent admissions are currently being accommodated by the trust.

The home is registered to provide care for a maximum of 39 residents, plus a maximum of 5 day care places, under the following categories of care:

### Residential care

- I Old age not falling into any other category (12 residents)
- E Service users who are over 65 years of age but do not fall within the category of old age
- DE Dementia (10 residents)

### Total number of ten residents within the following categories:

- MP(E) Mental disorder excluding learning disability or dementia – over 65 years
- PH Physical disability other than sensory impairment
- PH(E) Physical disability other than sensory impairment - over 65 years
- TI Terminally ill

### Day care

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of 05 service users.

## 7.0 Summary of inspection

This secondary unannounced care inspection of Ardview House was undertaken by Priscilla Clayton, care inspector on 07 July 2014 between the hours of 9.20 am and 4.45pm. Grainne Higgins, Senior Care, was in charge of the home during the early part of the inspection. The registered manager, Therese O'Higgins, came to the home at 11.30am and was available for remainder of the inspection and for verbal feedback at the conclusion of the inspection.

Requirements and recommendations made as a result of the previous inspection undertaken on 25 February 2014 were examined. There was evidence that the home had addressed two of the three requirements and all three recommendations. One reiterated requirement not addressed within the timescale included the undertaking of competency and capability assessments with staff that are given the responsibility of being in charge of the home in the manager's absence. However, this requirement was promptly addressed by the manager following the inspection with written confirmation forwarded to RQIA. The second requirement not addressed related to the maintenance of the visitors' book which was stated at inspection conducted on 25 February 2014. The detail of the actions taken can be viewed in the section 8 of this report.

The focus of this unannounced inspection was on Standard 20, (Management and Control of Operations) categories 6, 7, 8, 9, 15, 16, 18 and 19 of the DHSSPS Residential Care Homes Minimum Standards (2011). It is pleasing to report that compliance was achieved in all of the criteria examined.

During the inspection the inspector met with residents, staff, one relative, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. One relative who met with the inspector indicated their satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard. One issue raised related to how busy staff were and the occasional delay answering incoming telephone calls.

Staff indicated that they felt supported by the manager in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

One staff member indicated that the home can be extremely busy at times due to the frequent through put of admissions from Intermediate care and respite scheme which can be a risk in regard to the overall provision of care to residents.

Comments received from residents, representatives, staff and one relative are included in section 10.0 of the report.

The internal area of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be satisfactory.

One of the main areas of concern related to the poor standard of maintenance in the external secure patio area for dementia residents and the surrounding lawns and shrub /

flower beds of the entire home were very overgrown with grass and weeds which were unsightly and present as a risk to residents who would attempt to use the garden.

Additional areas were also examined which included, complaints management, staffing and internal and external environment. Further details can be found in section 10.0 of the main body of the report.

Four requirements and one recommendation were made as a result of this secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, one visitor, registered manager and staff for their warm welcome, co-operation and assistance throughout the inspection process.



### 8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 07 July 2014

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	Regulation 20 (3)	The registered manager is required to carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home in her absence.	This requirement was addressed following the inspection with written confirmation of same submitted by the manager to RQIA on 08 July 2014.	Compliant
2.	Regulation 15 (1) (c)	The registered manager must ensure that there is appropriate consultation regarding the assessment of residents prior to admission to the home to ensure residents needs can be met in the home.	Examination of three care records and discussion with staff confirmed that pre admission consultation is now procedure. Multi professional assessments were contained in care records examined.	Compliant
3.	Regulation 19 (2) Sch 4	The registered manager must ensure that the visitor's book is completed by all visitors to the home.	<p>Examination of the visitors' book evidenced that this requirement had not been addressed. Visitors recorded for the month of June was 4.</p> <p>It is important that this requirement is addressed as visitors to the home must be known for fire safety and security reasons. This requirement is reiterated for a second time. An urgent response letter was given to the manager on conclusion of the inspection.</p>	Not compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	22.6	The registered manager must ensure administrative arrangements are in place so that all records are managed correctly ensuring the correct retention, storage, transfer and disposal of records in accordance with the homes policy and procedure.	Compliance verified through discussion with the manager who confirmed that records had been archived in keeping with EHSC Trust policy and procedures. Observation of records retained evidence compliance.	Compliant
2.	28.3	The registered manager must ensure the sluice room and cupboard within containing hazardous cleaning products are secure at all times.	Sluice rooms were observed to be locked	Compliant
3.	17.10	The registered manager must ensure that the complaints record format is amended to reflect the complainant's level of satisfaction or otherwise with the investigation.	Examination of the complaints record evidenced that resolution was recorded.	Compliant

9.0 Standard 20, categories 6, 7, 8, 9, 15, 16, 18 and 19.

<b>STANDARD 20 - MANAGEMENT AND CONTROL OF OPERATIONS</b> <b>Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.</b>	
<b>Criterion Assessed:</b> 20.6 The statement of purpose is kept under review.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> The manager confirmed that the Statement of Purpose was reviewed annually and when any changes occur in the home.	Compliant
<b>Criterion Assessed:</b> 20.7 Any change to: - <input type="checkbox"/> Part 1 of the statement of purpose <input type="checkbox"/> The person registered on behalf of the organisation or any change in: - <input type="checkbox"/> The registered manager, or <input type="checkbox"/> The registered premises is made only with the approval of the Regulation and Quality Improvement Authority.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> The home's Statement of Purpose was dated April 2013 with review April 2014. The manager confirmed review had taken place and there are no changes pending.	Compliant

**STANDARD 20 - MANAGEMENT AND CONTROL OF OPERATIONS**

**Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.**

<b>Criterion Assessed:</b> 20.8 An up-to-date and accurate register of residents accommodated in the home is kept and is available for inspection at all times. (See Appendix 1)	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Examination of the home's resident register was undertaken. This document was noted to be up to date and confirmed as accurate by the senior care assistant.	Compliant
<b>Criterion Assessed:</b> 20.9 The Residents' Guide is kept under review, revised when necessary and updated versions are provided to the Regulation and Quality Improvement Authority.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The Resident's Guide was examined and discussed with the manager who confirmed this was up to date and that residents or where appropriate their representative receive a copy. This was confirmed by two residents who spoke with the inspector.	Compliant

<b>STANDARD 20 - MANAGEMENT AND CONTROL OF OPERATIONS</b>	
<b>Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
20.15 All accidents, incidents, communicable diseases, deaths, and events occurring in the home which adversely affect the wellbeing or safety of any resident are reported promptly to the Regulation and Quality Improvement Authority and other relevant organisations in accordance with legislation and procedures. A record is maintained of all adverse incidents.	
<b>Inspection Findings:</b>	
The home retains details of all accidents and incidents occurring in the home. Cross referencing records retained with those submitted to RQIA confirmed compliance with Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005.  Two recurring accidents including risk assessments / management were discussed with the manager. Associated care records examined verified risk assessments were in place and care plans reflected measures to minimise recurrence.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
20.16 The registered person and the registered manager undertake training to ensure they are up-to date in all areas relevant to the management and provision of services.	
<b>Inspection Findings:</b>	
The registered manager confirmed she has undertaken recent training in the follow areas: <ul style="list-style-type: none"> <li>• Safeguarding Vulnerable Adults for Managers</li> <li>• Governance</li> <li>• Data Protection</li> <li>• Dementia Awareness</li> <li>• Mandatory training as recommended by RQIA</li> </ul>	Compliant

<b>STANDARD 20 - MANAGEMENT AND CONTROL OF OPERATIONS</b> <b>Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
20.18 There is a written policy on “Whistle Blowing” and written procedures that identify to whom staff report concerns about poor practice.	
<b>Inspection Findings:</b>	
The home has a written corporate policy / procedure on “Whistle Blowing” which was dated January 2013. Examination of the policy evidenced staff reporting and support procedures.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
20.19 There are appropriate mechanisms to support staff in reporting concerns about poor practice.	
<b>Inspection Findings:</b>	
Discussion was held with the manager on the current support available to staff The manager confirmed support included: <ul style="list-style-type: none"> <li>• “Care Call”, which provides independent counselling.</li> <li>• Increased one to one supervision.</li> <li>• occupational health counselling.</li> <li>• The manager also confirmed she operates an “open door” approach so that staff can speak with her when they wish to do so.</li> </ul>	Compliant

## 10.0 ADDITIONAL AREAS EXAMINED

### 10.1 Resident's consultation

The inspector met with ten residents individually and with others in small group format. Residents were observed relaxing in the communal lounge area whilst others were reading newspapers or participating in arranged therapeutic activity.

In accordance with their capabilities, all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. One resident indicated that she was in the home on a temporary basis and would prefer to remain but has to move to another home as agreed and arranged by the care manager.

Other examples of comments received included:

- "I would not want to leave this home as I have lived here for five years and the staff are great"
- "We can choose what we like to do and do not have to take part in the activities if we don't want to"
- "My visitors can come and go when they want and are always made welcome by the staff"
- "I like to sit at the front of the home but it's a pity about the grass, it's so long and they were supposed to get it cut"

### 10.2 Relatives/representative consultation

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relative and complimented staff in this regard. This relative commented on how busy staff was and how on occasions there was a long delay before telephone calls into the home were answered. No other concerns were expressed or indicated.

### 10.3 Staffing / consultation

On the morning of the inspection the senior care staff member was observed to be very busy undertaking a number of duties including medication rounds in both units, answering telephone calls, consulting with care staff, responding to residents, supervising, speaking to visitors as well as undertaking administrative duties. Review of the monthly unannounced monitoring visit record made on behalf of the registered provider reflected an issue in respect of staffing which was reported to the residential home care manager, Veronica Clelland.

Discussion with three care and one senior care staff identified that they were supported in their respective roles. Staff confirmed they had ongoing training to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents. One staff member indicated that some staff has been working additional hours as three staff were off on long term leave and as a result they were feeling very tired and stressed with the additional work undertaken. This was discussed with the manager who stated that one staff was due to return to work the next day which would help to relieve the situation.

Given the ongoing throughput of admissions and discharges arising through the provision of intermediate care and respite scheme administrative support is essential in order to ensure care staff are afforded the necessary time to undertake care duties. Currently there is no administrative support in the home as this post was not replaced resulting in additional clerical work being undertaken by care staff. In accordance with RQIA Staffing Guidelines a minimum of eighteen hours of clerical support is recommended for a home of this size. One recommendation was made in this regard.

#### **10.4 Duty Roster**

The staff duty roster was being maintained in accordance with Regulation 19 (2) Schedule 4.7 of The Residential Care Homes Regulations (Northern Ireland) 2005.

#### **10.5 Complaints**

Examination of complaints records retained showed no complaints had been received since the previous inspection. Discussion took place in regard to one complaint which was being investigated by the trust complaints officer.

Discussion was also held on the importance of date stamping all incoming mail which is not currently done as no replacement administrative staff is in post. One recommendation has been made in regard to administrative support.

#### **10.6 Visiting professionals' consultation**

The inspector did not meet with any visiting professional staff.

#### **10.7 Environment**

An inspection of the internal and external environment of the home was undertaken and a random selection of bedrooms and communal areas inspected.

The home presented as clean, organised and adequately ventilated. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were satisfactory.

Externally the secure patio area situated at the dementia unit was in a very poor state of maintenance. Concrete slabs in this area were very dirty, weeds were growing in various areas between paving and one tree in a pot was dead. Overall this is a very dismal area which requires immediate attention. Review on the future use of this patio should be undertaken as the area is small, surrounded by the tall walls of the home resulting in an area which is dull with little sunlight. A re-sited secure area where the residents can use to enjoy the fresh air and sunlight is recommended.

The gardens surrounding the entire home were observed to be overgrown with long grass and weeds. This presents as risk to residents who choose to use the garden and a very bad reflection on the home within this neighbourhood. The manager stated that several requests had been made to have the grass cut. There is no secure garden area for residents accommodated in the general unit of the home.



Other areas requiring attention included:

- The smoke room ventilation system was switched off resulting in an accumulation of cigarette smoke in this room which drifted out into the reception area as the fire door was left open.
- A plastic clock which was not working and very discoloured with nicotine was left abandoned on the corner unit in the smoke room.
- The fridge in the staff room requires attention as the freezer door was missing resulting in a build- up of ice.
- Staff coat, one sweater and handbag were left abandoned in the residents' bathroom in the dementia unit. Staff to be reminded to use the staff room for storage of personal items.
- The ceiling tile in bedroom 6 was missing leaving an unsightly gap.

## **10.8 Fire Safety**

All fire doors were observed to be closed with the exception of the fire door of the staff room was propped open with a disposal bin. This practice must cease with immediate effect.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with the manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

The findings of this inspection were discussed with Therese O'Higgins, registered manager, as part of the inspection process.

This inspection resulted in four requirements and one recommendation being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquiries relating to this report should be addressed to:

**Priscilla Clayton**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Secondary Unannounced Care Inspection

Ardview House

07 July 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the registered manager, Therese O'Higgins at conclusion of the inspection.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.



<b>Statutory Requirements</b>					
<b>This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	Regulation 19 (2) Schedule 4. 22.	<b><u>Visitors Book</u></b> The registered manager must ensure that the visitor's book is completed by all visitors to the home.	Two	The visitors book has now been re sited at front entrance. A new notice notice has been placed on the wall requesting all visitors to sign same on their entrance and exit to the facility.	Immediate
2	Regulation 27 (3) (b)	<b><u>Fire safety</u></b>  1)The smoke room ventilation system was switched off resulting in an accumulation of cigarette smoke in this room and out into the reception area as the door was left open. Staff to ensure the ventilator is kept on and the resident smoke room fire door closed.  2)The fire door of the staff room was propped open with a disposal bin. This practice must cease with immediate effect.	One  One	The ventilation system has been turned on and a notice placed on the wall to inform users that it must never be turned off. Smoke room door is kept closed at all times.Fire doors in Ardview House will not be propped open at any time.	Immediate
3	Regulation 27 (2) (0)	<b><u>Patio Area</u></b> Review on the future use of the patio should be undertaken as this area is small, un-kept, surrounded by the tall surrounding walls of the home resulting in an area which is dull with little sunlight. Immediate improvement is required.	One	Patio area has been cleansed weeds removed and all summer shrubs have been planted in the flower beds. Seating arrangements in this area are adequate and the environment is secure and safe.	30 September 2014

		In keeping with the stated regulation a “secure and safe outdoor space with seating, accessible to all residents should be provided and appropriately maintained.”			
4	Regulation 27 (2) (b)	<p><b><u>Environment</u></b></p> <p>1)The ceiling tile in bedroom 6 was missing leaving an unsightly gap.</p> <p>2)The gardens to the front and side of the home were overgrown with very long grass and weeds. This was unsightly presenting as a mobility risk to residents as well as very bad reflection on the home within this neighbourhood.</p> <p>3)An unsightly plastic wall clock which was not working and very discoloured with nicotine was left abounded on the corner unit in the smoke room. This should be replaced or made good for use.</p> <p>4)The fridge in the staff room requires attention as the freezer door was missing resulting in a build- up of ice.</p> <p>5)Staff coat, one sweater and handbag were left abandoned in the bathroom in the dementia unit. The manager must ensure that staff use the staff room for storage of personal items.</p>	<p>One</p> <p>One</p> <p>One</p> <p>One</p> <p>One</p>	<p>Ceiling tile has been reported to Estates for immediate attention.</p> <p>Gardens were mowed on 08-07-14 and great attention was given to overgrown shrubs.</p> <p>The plastic clock has been removed from smoking room.</p> <p>Fridge in staff room has been de-frosted.</p> <p>Staff room is used for storage of personal belongings and items have been removed from E.M.I bathroom</p>	30 September 2014

**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 25.4	<p><b><u>Administrative Support</u></b></p> <p>It is strongly recommended that a minimum of eighteen hours per week of administrative support is provided in order to allow care staff to focus on the provision of care in this very busy home.</p> <p>Section 10.</p> <p>Ref;RQIA - Staffing Guidance for Residential Care Homes.</p>	One	Letter has been submitted to RQIA re this recommendation. Under new Waking Senior Care Rotas in Ardview, much administrative work can be captured on night duty.	30 September 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Therese O Higgins
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Hugh McCaughey

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	yes	P.Clayton	4/09/14
Further information requested from provider			