



Unannounced Care Inspection Report 6 November 2018



Carmen House

Type of Service: Residential Care Home
Address: 3 Carmen Lane, Bangor, BT20 3PL
Tel No: 0289145 9508
Inspector: Kylie Connor

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 registered to provide care and accommodation for 15 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Carmen House Responsible Individual: Alexander Thomas Millar	Registered Manager: Patricia Millar
Person in charge at the time of inspection: Patricia Millar, Registered Manager until 15.30 and Wendy Carson, Deputy Manager thereafter	Date manager registered: 20 September 2007
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: Total of 15 places comprising: 15 – RC- I 02 – RC- DE

4.0 Inspection summary

An unannounced care inspection took place on 6 November 2018 from 11.45 to 17.45.

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 (remove if no previous QIP) 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, including, staff training, the home's environment, communication between residents, staff and other interested parties; also in regard to meals, the activity programme and maintaining good working relationships.

Areas requiring improvement were identified in relation to the completion of an annual Quality Review Report, review of the induction policy and procedure, completion of competency and capability assessments, review of the recruitment and selection policy and procedure, fixing looped pull cords to the wall, review of assessments of need and risk assessments, completion of regularly checks of the Northern Ireland Adverse Incidence Centre (NIAIC), completion of regular audits of accidents and incidents and monthly checks of fire-fighting equipment.

Residents said that they were happy with their lifestyle within the home. Their representatives said that they were satisfied with the standard of care provided, that communication was very good and that staff and management were welcoming and approachable.

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	2	7

Details of the Quality Improvement Plan (QIP) were discussed with Alexander Millar, Responsible Individual and Wendy Carson, Deputy 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 care inspection on 29 March 2018.

5.0 How we inspect

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

Upon arrival, the registered manager advised the inspector that the deputy manager would take the lead during the inspection. The inspector met with the deputy manager, responsible individual, six residents, one care staff, one ancillary staff and three residents' visitors/representatives.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. A number of 'Have we missed you?' cards were placed near the entrance advising visitors that an inspection had been undertaken today and inviting feedback regarding the quality of service provision. No questionnaires were returned by residents, residents' representatives or staff within the agreed timescale; no additional feedback was received.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- One staff file
- One resident's care file
- Complaints and compliments records
- Accident, incident, notifiable event records
- Fire safety risk assessment
- Fire drill records

- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures
- RQIA Certificate of Registration and the Employer's Liability Insurance Certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met and 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 7 June 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 29 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (3) Stated: First time	The registered person shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.	Partially met
	Action taken as confirmed during the inspection: The deputy manager reported that a competency and capability assessment had been completed with all care staff. However, one had not been completed with the deputy manager. Following review of four competency and capability assessments the inspector advised that these should be further improved to reflect the managerial responsibilities of being in charge in the absence of the registered manager. This is stated for a second time.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 4.2 Stated: Second time	The registered provider should ensure staff have recorded individual supervision at least every 6 months.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with staff and a review of supervision records for four staff.	
Area for improvement 2 Ref: Standard 24.5 Stated: Second time	The registered provider should ensure staff have a recorded annual appraisal to review their performance and to agree a personal development plan.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with staff and a review of annual appraisal records for four staff.	
Area for improvement 3 Ref: Standard 29 Stated: Second time	The registered provider should ensure that fire drills are carried out at suitable intervals and records retained.	Met
	Action taken as confirmed during the inspection: Fire practice drills had been undertaken as part of fire safety training twice during 2018. A new fire drill template had been implemented and a fire drill had been carried out on 21 July 2018; another was scheduled to take place before the end of the year.	
Area for improvement 4 Ref: Standard 19.1 Stated: First time	The registered person shall review the recruitment policy and procedure and application form to ensure compliance with statutory employment legislation and current good practice guidance.	Partially met
	Action taken as confirmed during the inspection: Review of the policy and procedure identified that the procedure did not provide sufficient detail to ensure that all necessary actions were taken in accordance with legislation and good practice. This is stated for the second time.	

Area for improvement 5 Ref: Standard 19.2 Stated: First time	The registered person shall ensure that before making an offer of employment two written references are obtained, one of which is from the applicant's present or most recent employer.	Met
	Action taken as confirmed during the inspection: Compliance was achieved following discussion with the deputy manager and review of one staff file.	
Area for improvement 6 Ref: Standard 21 Stated: First time	The registered person shall ensure that the Induction Policy and Procedure is reviewed and improved in line with NISCC current best practice guidance.	Not Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager confirmed that the Induction Policy and Procedure had not been reviewed. This is stated for the second time.	

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 deputy manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were not 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.

Discussion with the deputy manager and review of one partly completed induction record confirmed that an induction was in place for all staff, relevant to their specific roles and responsibilities. The Induction policy and procedure had not been updated and an area of improvement was stated for the second time. The inspector advised that the Northern Ireland Social Care Council (NISCC) had launched an Induction Programme in May 2018 and that this was available on their website.

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

Discussion with the deputy manager and review of four staff files confirmed that competency and capability assessments needed further improvement and an area for improvement was stated for the second time.

Review of the recruitment and selection policy and procedure confirmed that more detail was needed to ensure that information within the procedure section clearly reflected the actions to be taken in line with current best practice and Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. An area of improvement was stated for the second time.

The deputy 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). Care staff spoken with advised that they were registered with NISCC.

The necessity to complete the annual safeguarding champion position report from 1 April 2018 to 31 March 2019 was discussed.

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

Discussion with the deputy manager, responsible individual and review of accident and incidents notifications, care records and complaints records confirmed 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 deputy 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 deputy manager advised there were restrictive practices within the home, notably the use of keypad exit systems, lap belts and pressure alarm mats. The deputy manager reported that restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Staff training records evidenced that all staff had received training in infection prevention and control (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.

The deputy manager reported that whilst there had been no outbreaks of infection within the last year, the home took proactive steps to manage any signs of infection to contain and prevent an outbreak. Any outbreak would be managed in accordance with the home's 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 deputy manager and advice was given on the benefits of using this or a similar toolkit. Referral was made to the trust falls team in line with best practice guidance.

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. The home was being repainted at the time of the inspection.

Inspection of the internal and external environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. However, a number of looped pull cords had not been secured to the wall to prevent the risk of strangulation and an area for improvement was identified. Ceiling lights in a number of bedrooms did not have a shade fitted. The responsible individual reported that the shade had been removed with the residents' consent to improve the lighting levels in the room. Following discussion, the responsible individual gave assurances to review lighting options to make improvements in these rooms.

The responsible individual 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, fire safety and hot surfaces.

The home had an up to date Legionella risk assessment in place dated 23 July 2018 and all recommendations had been actioned or were being addressed.

The deputy manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. The system in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary had lapsed and an area for improvement was made to comply with the standards.

The home had an up to date fire risk assessment in place dated 27 January 2018 and all recommendations had been actioned or were being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and a further unannounced fire drill was scheduled to take place before the end of December 2018. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation

Plan (PEEP) in place. Whilst the responsible individual reported that fire-fighting equipment was serviced annually, monthly visual checks were not undertaken and an area of improvement was made.

Residents, staff and residents’ visitors/representatives spoken with during the inspection made the following comments:

- “I feel very safe living here. They really look after you.” (resident)
- “There seems to be enough staff. They are brilliant.....My mind is content that (my relative) is being well looked after.” (representative)
- “It’s well kept, very airy and spacious...no odours and it’s clean and tidy.” (representative)
- “The induction was invaluable. You can ask them (staff and management) anything and check if you need to.” (staff)
- “I’m up to date with all my training.” (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to training, infection prevention and control and the home’s environment.

Areas for improvement

Six areas for improvement were stated; three were stated for a second time in relation to the review of the induction policy and procedure, completion of competency and capability assessments and review of the recruitment and selection policy and procedure. Three new areas identified were in relation to the need to secure all looped pull cords to the wall, to complete regularly checks of the Northern Ireland Adverse Incidence Centre (NIAIC) and complete monthly checks of fire-fighting equipment.

	Regulations	Standards
Total number of areas for improvement	1	5

6.5 Is care effective?

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

Discussion with the deputy manager and responsible individual established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with General Data Protection Regulation (GDPR).

A review of one care record confirmed that these were largely maintained in line with the legislation and standards. They included an up to date life history, care plans and daily/regular statement of health and well-being of the resident. An area of improvement was identified to update the assessment of needs and risk assessments. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate). The deputy manager reported that all care records were being reviewed and updated. Discussion with the deputy manager identified that a care plan for the management of diabetes had not been completed;

assurances were given that this would be completed immediately and following the inspection, written confirmation of completion was received. This will be followed up at the next inspection.

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. Following discussion with the deputy manager and responsible individual of records of residents' clinical observations undertaken on a monthly basis by the registered manager assurances were given to review the need for and management thereof with the registered manager.

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 and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Part of the lunch-time meal was observed; tables were set with tablecloths, condiments and residents were observed enjoying their meal while soothing music played in the background. The meal had been well presented and staff were observed to be attentive.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. The deputy manager reported that guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the deputy manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals were made to the multi-professional team regarding any areas of concern identified in a timely manner. Resident's wound pain was found to be managed appropriately.

The deputy 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.

The deputy 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, staff meetings and staff shift handovers. The deputy manager reported that the annual satisfaction questionnaire would be completed with residents, their representatives and staff.

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

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

Residents, staff and residents' visitors/representatives spoken with during the inspection made the following comments:

- "They are very understanding and very helpful." (resident)
- "They are very good, they do things right." (resident)
- "They (staff) know (my relative) well...if she was sick they would get the doctor." (representative)
- It's (the home) is well kept and very spacious....it's clean and tidy." (representative)
- "Teamwork is very good. Everyone helps each other out. They (staff) know (the residents) all very well and pick up if someone isn't in the best of form. Anything I've suggested has been taken on board." (staff)

Areas of good practice

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

Areas for improvement

One area for improvement was identified in regard to updating the assessment of needs and risk assessments.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

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

The deputy 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 deputy manager, residents and/or 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. Following observation of a podiatry visit and discussion with the responsible individual and deputy manager, assurances were given that a privacy screen would be purchased for use when residents were receiving treatment.

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. This was further evidenced by the review of care records and discussion with the deputy manager, for example, care plans were in place for the identification and management of pain, falls, infection, nutrition, where appropriate.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, daily conversations took place in regard to residents' choice for meals; the responsible individual stated, 'at tea-time we make them what they want.' Residents were encouraged and supported to actively participate in the annual reviews of their care.

The deputy manager reported that residents were consulted with, at least annually, about the quality of care and environment; this consultation was scheduled to take place during November and December 2018.

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. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents, staff and residents' visitors/representatives spoken with during the inspection made the following comments:

- "The staff are very approachable, we have a joke." (resident)
- "I have agreed to the checks at night. I am sleeping, I am not disturbed." (resident)
- "The food is very good. We had steak....today and a desert." (resident)
- "I'm down there for all the activities. I enjoy the word games, music, Alison plays the organ on a Monday and Eileen sings and does exercises on a Wednesday and Mark comes in to sing hymns." (resident)
- "(My relative) is content here. She is very independent and if she needs any help and she did at the beginning, she gets it....it's a home I'd consider coming into myself.....They play bingo, I-spy, knit and have sing-songs." (representative)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, meals and the activity programme.

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 deputy manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

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

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 the responsible individual confirmed that training for staff on complaints management was scheduled for 11 March 2019. Staff were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

An annual quality review report had not been undertaken and an area for improvement was made to comply with the regulations.

A review of a sample of accidents and incident events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was not undertaken and an area for improvement was made. The deputy manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was evidence of managerial staff being provided with additional training in governance and leadership; the deputy manager had attended adult safeguarding champion training and was scheduled to attend training. The deputy 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 responsible individual confirmed that information in regard to current best practice guidelines was made available to staff. For example staff had received information in regard to the International Dysphagia Diet Standardisation Initiative (IDDSI). Staff were

provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example, training had been provided in regard to dementia care and training was scheduled in regard to dying and death on 19 November 2018.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The responsible individual stated that he worked in the home on a daily basis and was involved in the day to day running of the home alongside the registered manager.

The responsible individual 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 largely 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 deputy 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.

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified in regard to completing an annual Quality Review Report and to conduct a regular audit of accidents and incidents.

	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 Alexander Millar, Responsible Individual and Wendy Carson, Deputy 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 20 (3) Stated: Second time To be completed by: 30 December 2018	<p>The registered person shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Additional competency assessments of staff left in charge in the absence of the Registered Manager have now been completed and held on file.</p>
Area for improvement 2 Ref: Regulation 17 (1) Stated: First time To be completed by: 31 January 2019	<p>The registered person shall ensure that an annual Quality Review Report is completed that provides a review of care and other service provision and includes consultation undertaken with residents and their representatives.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Forum meeting with residents completed. Forum with family due for 7th January. Report to be completed by 31st January.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 19.1 Stated: Second time To be completed by: 1 February 2019	<p>The registered person shall review the recruitment policy and procedure and application form to ensure compliance with statutory employment legislation and current good practice guidance.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Research currently being undertaken, will be complete by 1st February.</p>
Area for improvement 2 Ref: Standard 21 Stated: Second time To be completed by: 10 February 2019	<p>The registered person shall ensure that the Induction Policy and Procedure is reviewed and improved in line with NISCC current best practice guidance.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Research currently being undertaken, will be complete by 10th February.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2018</p>	<p>The registered person shall ensure that all looped pull cords are secured to the wall to prevent the risk of strangulation.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Supplier was booked out over December, therefore installing on 9th January.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 28.4</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2018</p>	<p>The registered person shall ensure that there is a system in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts, keep an up to date log book of checks undertaken and action taken as necessary.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Re-commencement of checks already completed and recorded.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2018</p>	<p>The registered person shall ensure that monthly checks are undertaken of fire-fighting equipment.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Fire fighting equipment was annually inspected by AFE in December 2018. Monthly checks now being carried out and recorded in Fire Safety Log Book.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 5.5</p> <p>Stated: First time</p> <p>To be completed by: 10 January 2018</p>	<p>The registered person shall ensure that the assessment of needs and risk assessments are reviewed and up to date.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Assessment of needs and risk assessments are currently being reviewed and will be completed by 10th January.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2018</p>	<p>The registered person shall ensure that regular audit of accidents and incidents is undertaken to identify cause, trends, patterns to support effective management and prevent a re-occurrence.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: A form for auditing has now been established, all of 2018's accidents are recorded and will be monitored for patterns.</p>

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



The Regulation and
Quality Improvement
Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care