



Unannounced Care Inspection Report 10 September 2018



The Cedars

Type of Service: Residential Care Home
Address: 130 Upper Knockbreda Road, Belfast, BT6 9QB
Tel No: 028 9079 9517
Inspector: Priscilla Clayton

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a residential care home with 26 residents within the categories of older people and one identified resident with dementia.

3.0 Service details

Organisation/Registered Provider: Selkirk Investments Ltd	Registered Manager: Jane Hurley
Responsible Individual(s): Jane Hurley	
Person in charge at the time of inspection: Jane Hurley	Date manager registered: 1 April 2005.
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 25 – RC - I 01 – RC - DE

4.0 Inspection summary

An unannounced care inspection took place on 10 September 2018 from 08.45 to 16.00 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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

Evidence of good practice was found in relation to the promotion of a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. There were examples of good practice found during the inspection in relation to meals and mealtimes, governance arrangements, staff recruitment, staff induction, staff training, staff supervision and appraisal, team work, maintaining good working team relationships and the overall general cleanliness and décor of the home's environment.

Areas requiring improvement related to the replacement of the hand towels waste disposal bin, safe and secure storage of cleaning liquids, review and revision of residents care plans in regard to smoking, signing of care records where required, provision of a central index within policies/procedures, complaints training and improvement in respect of complaints recording.

A lay assessor was present for part of the inspection and spoke with six residents. Residents said they were very happy and content living in the home where the staff were kind and considerate. They confirmed that the care provided was safe, effective, compassionate and well led. No issues or concerns were raised or indicated by residents during the inspection.

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.

The inspector wishes to thank the registered manager and staff for their warm welcome, assistance and co-operation throughout the inspection.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	6

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 31 January 2018.

5.0 How we inspect

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

During the inspection the inspector met with the registered manager, most residents and four staff.

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. No questionnaires were returned to RQIA from residents, their representatives or staff within the agreed timescale.

The lay assessor present during part of the inspection spoke with six residents regarding their experiences of living in the home. Comments received are included within this report.

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
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records

- Audits
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings/ representatives' meetings/ other
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- 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
- Input from independent advocacy services
- Programme of activities
- Policies and procedures

An inspection of the internal environment of the home was undertaken.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 January 2018.

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

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

6.2 Review of areas for improvement from the last care inspection dated 31 January 2018

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff were not used in the home as permanent staff or a bank staff member usually works additional time to cover for staff leave. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home. A review of the duty rota confirmed that it accurately reflected the staff working within the home at the time of inspection.

Staffing levels were discussed with residents and staff. Residents felt that staff were always around and promptly answered their call for assistance when required. No issues or concerns were raised in this regard. Two of the four staff who spoke with the inspector indicated that there can be pressure on staff to assist residents during the morning shift when on occasions staffing levels fell to three instead of the usual four which is required. This was shared with the registered manager who advised that the home had a bank staff member who would be used when deemed necessary in keeping with the number and the assessed dependency levels of residents accommodated

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

Discussion with the registered manager and review of one staff employment file 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 Access NI enhanced disclosures was undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that Access NI 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. Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The current adult safeguarding policy 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. The registered manager confirmed that she had received ASC training and demonstrated awareness of the role and function in this regard.

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

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that no suspected, alleged or actual incidents of abuse issues were raised since the previous inspection. The registered manager advised that any issues in this regard would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

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 confirmed there were no restrictive practices within the home. On the day of the inspection no restrictive practice was observed.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. The registered manager was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), for example, 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. One improvement identified related to ensuring the hand waste paper disposal bin placed within the communal bath/toilet room opposite room seven is replaced with pedal operated type bin. This action would minimise the risk of cross infection within the home. The registered manager readily agreed to address this matter.

The registered manager reported that there had been no outbreaks of infection within the last year and that 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.

Records of accidents and incidents records and high number of notifications submitted to RQIA were discussed with the registered manager who explained that she understood that all types of falls, slips and trips should be notified to RQIA and the commissioning trust. Advice was given by the inspector with reference to RQIA Guidance on Statutory Notifications, dated September 2017.

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, exceptionally clean and appropriately heated and ventilated throughout. No malodours were detected in the home.

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. The treatment room which was open had a large unlocked cabinet which contained various cleaning liquids. The requirement to have all cleaning liquids securely stored within a locked area was discussed with the registered manager who readily agreed to address this matter. An area for improvement in relation to the standards was identified in this regard.

The home had an up to date Legionella risk assessment which was dated November 2015. This is due to be reviewed on 24 September 2018. Any recommendations made are to be addressed with assessment action plan dated and signed. An estates checklist was completed and signed by the registered manager.

It was established that two residents smoked. A review of the care records of these residents care plans identified that greater detail in respect of smoking was required. The risk assessment/care plan should take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance. Action was required to ensure compliance with the standards.

The registered manager advised that there was no equipment; hoists or slings and medical devices in use in the home. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated 29 May 2018. Six recommendations for action were signed and dated as actioned. The registered manager completed and signed/dated the RQIA estates checklist in this regard.

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. Training records also included the names of 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/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents and staff who spoke with the lay assessor and the inspector with during the inspection made the following comments:

- "Couldn't ask for better care" (resident)
- "Staff are excellent, more than willing to help when needed" (resident)
- "Very good training provided. Good standard of care provided" (Staff)
- "Good communication, staff meetings and staff hand over reports given to ensure continuity of care" (Staff)

Areas of good practice

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

Areas for improvement

Three areas identified for improvement related to replacement of the hand towels waste disposal bin, ensure all cleaning liquids are safely and securely stored within a locked cupboard and review and revision of residents care plans in regard to smoking to ensure full details is reflected.

	Regulations	Standards
Total number of areas for improvement	0	3

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 three care records was undertaken. Care records included up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessments were complemented with risk assessments; fall, nutrition and moving and handling were reviewed and updated on a regular basis or as changes occurred.

Care records examined 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. The date on which the needs assessment was undertaken by staff was not included. Counter signature of the registered manager alongside the date was not recorded within care plans. Review of all care plans should be undertaken to ensure these are signed in accordance with minimum residential care standards.

Obtaining resident written consent for photography and access to care records was discussed with the registered manager as there was no evidence within care records examined. The registered manager readily agreed to address this matter.

Individual resident's agreements setting out the terms of residency were in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example; consultation during pre- admission needs assessment, care reviews, resident meetings and general daily informal discussions.

The care needs and interventions in place for one resident were discussed with the registered manager who advised that an urgent review of the changing needs and suitability of the placement had been made to the key social worker and general practitioner. Care plans reflected the actual and potential needs and interventions as assessed by care staff.

The three weekly rotating menus in place were reviewed. Menus reflected a good range of nutritious meals with choices recorded. The menu of the day was displayed within the dining room. Dining room tables were respectfully set with table cloths on each table, range of condiments, napkins and drinks served. The serving of the mid-day meal was undertaken by staff in a respectful unhurried manner. Meals were nicely presented with adequate portions of food served. Special diets were provided to residents in accordance with their nutritional assessments. Staff were observed supervising and assisting residents. Systems were in place to regularly record and monitor residents' weights. Any significant changes in weight were responded to appropriately. Residents who met with the inspector spoke highly of the cook and the nice meals served.

The cook advised that seasonal menus were being reviewed in consultation with residents and staff. Kitchen records retained were reviewed. Records were being made and retained in accordance with environmental standards, for example; food refrigeration, cold room, deliveries, cooking, chilling and reheating. The home had received the high rating of 5 in food hygiene standards from environmental health on 25 July 2017. The kitchen was observed to be exceptionally clean, tidy and organised. Kitchen hygiene audits were undertaken with records retained. The cook was commended on the overall high standards observed during the inspection.

There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the registered manager and staff confirmed that wound care or other nursing care interventions were managed by community nursing services. Staff advised that they were able to recognise and respond to any pressure area damage observed on residents' skin. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner.

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, residents' meetings, staff meetings and staff shift handovers.

Records of referral of residents to professional health and social care staff included; social worker, dietician, podiatry, community nursing, dentist, optician and general practitioner. 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.

Minutes of staff meeting held on 13 August 2018 and residents' meeting held on 20 August 2018 were reviewed during the inspection. Minutes reviewed were being recorded in accordance with minimum care standards.

There were arrangements in place to facilitate ongoing and meaningful audit programmes. These included; audits of care records, complaints, catering, medication, accidents/incidents and fire safety. The registered manager advised that actions identified for improvement were implemented into practice. As previously cited within this report, improvement is required in regard to ensuring care needs assessments and care plans are dated and signed. Re-audit of care records in this regard was recommended.

Observation of care 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" to everyone in regard to communication within the home.

There were systems in place to ensure openness and transparency of communication, for example, registered provider reports and RQIA inspection reports were available on request for residents, their representatives any other interested parties to read.

Residents and staff spoken with by the inspector and lay assessor during the inspection made the following comments:

- "Meals great, choice provided" (resident)
- "Very clean tidy home, good care provided (resident)
- "Satisfied that the care is effective, no issues what so ever" (resident)
- "Good training and other resources to provide effective care"(staff)

Areas of good practice

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

Areas for improvement

Improvement in regard to ensuring needs assessments are dated and care plans dated and signed by the registered manager.

	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.

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.

A range of policies and procedures was in place which supported the delivery of compassionate care. Core values were also reflected within individual resident agreements, Statement of Purpose and Resident Guide.

The registered manager, staff and residents advised that verbal 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.

There was evidence that residents and/or their representatives views and opinions are taken into account in all matters affecting them, for example choice to actively participate in annual reviews, residents' meetings, monthly reviews satisfaction survey and availability of suggestion box at the reception area of the home. The registered manager advised that satisfaction questionnaires were currently distributed to residents on their discharge. Plans were in place to distribute annual questionnaires to all residents accommodated which would be analysed and the outcome report shared with residents and/or their representatives.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, were met within the home. Clergy visit and local church attendance was available for those who wished to attend.

Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, infection, nutrition, where appropriate.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example; residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, daily informal discussions, residents' meetings and availability of the registered provider reports. Notice boards contained a wide selection of leaflets and notices on health promotion.

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 observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful therapeutic activities. Arrangements were also in place for residents to maintain links with their friends, families and wider community. Open visiting by relatives/representatives/friends was permitted.

Residents and staff spoken with by the inspector and/or lay assessor during the inspection made the following comments:

"Yes, staff are very respectful to us and they always seek our views on what's going on"
(resident)

"Staff are excellent, the chef chats and asks about any food left over" (resident)

"Staff are friendly and would do anything for you" (resident)

“We treat all our residents with dignity and respect” (staff)
 “I can have my meal in my room if I want” (resident)

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, taking account of the views of residents and the provision of therapeutic activities.

.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 who is also the registered provider 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.

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 confirmed that she was well supported at operational level by a mixed skill care team and ancillary staff and that staff in charge of the home when she was off duty were competent and capable to undertake this role.

A range of policies and procedures was in place to guide and inform staff. Search of specific policies was found to be cumbersome and time consuming. A central indexed was recommended for ease of access. The registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred. Those reviewed by the inspector were current.

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 hallway of the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints.

Review of the complaints records was undertaken and discussed with the registered manager Improvement in regard to the provision of staff training in complaints handling and the recording of greater detail of investigations conducted and outcome was made. An area for improvement was identified in relation to providing complaints handling training to staff and ensuring that

complaints investigations/outcomes were recorded in sufficient detail. An audit of the recording of complaints was also recommended.

The home retains compliments received, for example; thank you letters and cards were held on file and those recently received displayed.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. The high number of notifications submitted to RQIA was discussed with the manager who advised that she felt all events including slips, trips and falls were to be notified. Reference to RQIA Guidance document titled Statutory Notifications of Incidents and Deaths dated September 2017 was explained and accepted by the registered manager. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff for example; Department of Health (DoH), Northern Ireland Social Care Centre (NISCC) and Public Health Agency. Staff were provided with mandatory training and additional training opportunities relevant to specific needs of the residents.

Registered provider monthly monitoring 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.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the current RQIA certificate of registration and employer's liability insurance certificate (April 2018) 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.

Residents and staff spoken with during the inspection made the following comments:

"Very good team work within the home" (staff member)

"Supervision, appraisals held provide good support" (staff member)

"Family told what's happening" (resident)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, effective team work, ongoing quality improvement, transparent modes of communication and maintaining good working relationships.

Areas for improvement

Areas of improvements related to the inclusion of a central index within the policies/procedures manual and complaints training and recording/audit.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jane Hurley, registered provider/registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

Area for improvement 1 Ref: Standard 35 Stated: First time To be completed by: 30 September 2018	<p>The registered person shall ensure the waste bin placed within the communal toilet opposite room seven, first floor, is replaced with a pedal operated type of bin.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The bin has been replaced with a pedal bin</p>
Area for improvement 2 Ref: Standard 28.3 Stated: First time To be completed by: 10 September 2018	<p>The registered person shall ensure that all cleaning liquids are safely and securely stored within a locked cupboard in accordance with COSHH requirements.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All cleaning liquids have been removed from the unlocked cupboard and staff are aware that liquids are only permitted to be stored in locked storage.</p>
Area for improvement 3 Ref: Standard 6.6 Stated: First time To be completed by: 20 September 2018	<p>The registered person shall ensure that a smoking risk assessment and care plan for one resident is reviewed, revised and discussed with the resident.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: This have been completed and the careplan reflects this.</p>
Area for improvement 4 Ref: Standard 6.3 Stated: First time To be completed by: 31 October 2018	<p>The registered person shall ensure;</p> <ul style="list-style-type: none"> • That the registered manager signs/dates all care plans. • Undertake a review of all care plans and needs assessments to ensure these documents are dated in accordance with minimum residential care standards. • Written consent is obtained from residents or their representative, as appropriate, for consent to photography and access to care records <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A new system is in place whereby senior staff place updated careplans in a residents file after the manager has signed . Written consent has been obtained for each resident.</p>

Area for improvement 5 Ref: Standard 21.3 Stated: First time To be completed by: 31 October 2018	The registered person shall ensure that a central index is contained within the policy/procedure file. Ref:6.7 Response by registered person detailing the actions taken: A central index has been placed in the policy file
Area for improvement 6 Ref: Standard 17.1 Stated: First time To be completed by: 31 October 2018	The registered person shall ensure that staff receives training in complaints handling and that records retained fully reflect investigation/outcome. Ref:6.7 Response by registered person detailing the actions taken: Staff have received training in relation to recording complaints giving clear details of the investigation and outcome.

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



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