



# Unannounced Care Inspection Report 29 October 2019



## Clifton House Residential Home

**Type of Service: Residential Care Home**  
**Address: 2 North Queen Street, Belfast BT15 1ES**  
**Tel no: 028 9089 7532**  
**Inspector: Elizabeth Colgan**

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Assurance, Challenge and Improvement in Health and Social Care

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 27 residents in the categories of care cited on the home's certificate of registration.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Radius Housing Association  <b>Responsible Individual:</b> Fiona McAnespie	<b>Registered Manager and date registered:</b> Frances McKernon 17 November 2016
<b>Person in charge at the time of inspection:</b> Frances McKernon	<b>Number of registered places:</b> 27
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment A – Past or present alcohol dependence.	<b>Total number of residents in the residential care home on the day of this inspection:</b> 26  RC-PH for one identified individual

### 4.0 Inspection summary

An unannounced inspection took place on 29 October 2019 from 09.30 hours to 15.00 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.

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, and risk management. Further examples of good practice were found in relation to audits and reviews; communication between residents, staff and other key stakeholders; the culture and ethos of the home; dignity and privacy; listening to and valuing residents and their representatives; taking account of the views of residents; governance arrangements; management of complaints and incidents; quality improvement; and maintaining good working relationships.

Areas requiring improvement were identified in relation to the retention of a summary of recruitment and vetting outcomes for all staff, and the decluttering, reorganisation and cleaning of equipment in the sluice rooms, ensuring records are legible and care plans and daily progress notes reflect the care given for short term conditions.

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

Comments received from residents, and their representatives and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, and enhance practice and residents' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	*6

The quality improvement plans for the previous medicines management and premises inspections were not reviewed during this inspection. Therefore, the total number of areas for improvement includes \*two which have been carried forward for review at the next care inspection

Details of the Quality Improvement Plan (QIP) were discussed with Frances McKernon, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 15 November 2018

The most recent inspection of the home was an unannounced premises inspection undertaken on 15 November 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: previous inspection reports from care, estates and pharmacy inspections and the returned quality improvement plans (QIP), notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, 12 residents, and four staff.

A total of 10 questionnaires was 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.

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

- Staff duty rota from the 14 October to 3 November 2019
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Four residents care records
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews, accidents and incidents and residents rooms
- Accident, incident, notifiable event records
- Minutes of recent residents' and representatives' meetings
- Reports of visits by the registered provider
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met. Two areas for improvement were not reviewed as part of this inspection and are carried forward to the next care inspection.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 22 October 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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (3) (b) <b>Stated:</b> First time	The registered person shall ensure that fire doors are not wedged open and that a review is carried out to determine the need for hold open devices linked to the fire alarm to be installed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation confirmed that at the time of the inspection fire doors were not wedged open. Mrs McKernon confirmed that hold open devices linked to the fire alarm had been installed.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 7.4  <b>Stated:</b> First time	The registered person shall ensure that there are written consents for access to residents care records by professionals including RQIA inspectors.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation confirmed that a consent system had been put in place.	

#### Areas for improvement from the last estates inspection

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28.2  <b>Stated:</b> First time	The registered person shall liaise with their fire safety advisor regarding the letterbox openings in the bedroom doors. It is essential that suitable remedial works are implemented without further delay to all affected doors, ensuring that they provide the required 30 minutes fire resistance.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	

#### Areas for improvement from the last medicines management inspection

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time	The registered person shall ensure that the process of verifying the accuracy of the personal medication records is reviewed and revised.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

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. 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 and staff. A review of the duty rota from 14 October to 3 November 2019 confirmed that it accurately reflected the staffing levels within the home were sufficient to meet the needs of the residents. Residents spoken with were very complimentary of the staff.

Review of documentation and discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory.

The registered manager confirmed that there were systems in place for the safe recruitment and selection of staff, and staff consulted confirmed that they had only commenced employment once all the relevant checks had been completed. We were unable to review staff personnel records as all the documentation relating to the recruitment process was maintained by Radius Housing Human Resources Department. The registered manager does not retain any of the relevant details of recruitment on file. The registered provider and manager should review this area to ensure that all relevant details are available for inspection. This was identified as an area for improvement.

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 the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

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

The registered manager 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 resident' care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

It is important that where choice and control are restricted due to people's understanding, restrictions are carried out sensitively and complies with legislation. This is so that people feel respected, included and involved in their care. When we spoke with staff they had a good knowledge of people's abilities and level of decision making and what could be considered restrictive practices. The registered manager confirmed that only a bed sensor was in use. Care records reviewed also confirmed that where possible, residents, their relatives and the healthcare professionals from the relevant health and social care trust were involved in the decision making to use restrictive practice.

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

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures. Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors.

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

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. Some floors throughout the home were stained or worn in places the registered manager confirmed that these are to be replaced in November 2019.

The two sluice areas were found to be cluttered and untidy, no shelving or cupboards had been provided therefore all equipment and supplies were stored on the floor creating difficulties with ensuring these areas are adequately cleaned. Some equipment in the sluice rooms such as mop buckets and brushes were very dirty and in need of detailed cleaning.



Decluttering, reorganisation and cleaning of equipment in the sluice rooms was identified as an area for improvement.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. One identified bedroom had a strong malodour which was coming from the resident’s mattress. This mattress was replaced on the day of the inspection and the registered manager agreed to monitor this issue.

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

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, and risk management.

**Areas for improvement**

The following areas were identified for improvement, the retention of a summary of recruitment and vetting outcomes for all staff, and the decluttering, reorganisation and cleaning of equipment in the sluice rooms.

	Regulations	Standards
<b>Total numb of areas for improvement</b>	0	2

**6.4 Is care effective?**

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

Discussion with the registered manager and observation of care delivery confirmed 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 included the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely.

A review of four residents' care records showed that these were generally maintained in line with the legislation and standards. The review of care records evidenced that the handwriting of one member of staff was illegible. This has been identified as an area for improvement. The care records included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. In two identified residents' care records, no care plan or recording in the daily process notes was found for short term conditions such as infection which required treatment. This has been identified as an area for improvement

Care needs assessment and risk assessments (e.g. manual handling, abbey pain scale, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. The care records 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 by the inspector 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. The dining room was well presented; tables had been set and condiments in place. The residents reported the food was very good and they stated they are always offered a choice of meals. 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. 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 was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage. A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, and accidents and incidents, were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the report of the visits by the registered provider.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, residents' meetings, staff meetings and staff shift handovers.

Minutes of staff meetings and resident and their representative meetings were reviewed and found to be satisfactory during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home. In discussion with residents they also advised that the registered manager always takes time to speak to them individually.

There were also systems in place to ensure openness and transparency of communication, for example, regular visits by registered provider, availability of the latest RQIA inspection reports, completion of an annual satisfaction survey and annual Quality Review Report.

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

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to audits and reviews, communication between residents, staff and other key stakeholders

### Areas for improvement

The following areas were identified for improvement in relation to ensuring records are legible and care plans and daily progress notes reflect the care given for short term conditions.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

#### 6.5 Is care compassionate?

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

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

Observation and discussion with the registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager and residents 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 how confidentiality was protected.

Discussion with staff and residents 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, for example, care plans were in place for the identification and management of pain, falls, accidents and incidents and 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 and residents, confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and an 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 activities. For example, residents enjoyed taking part in baking buns on the day of the inspection. Other activities included, entertainment and crafts and attending events in the local community. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Comments received from residents and staff during inspection were as follows:

- "It is very good in here. We all get on very well." (resident)
- "It is a good place to live, but you can't beat your own home." (resident)
- "Staff do everything they can to make us happy and content." (resident)
- "We are well supported by our management. I love working here." (staff)
- "I am working here now for many years. I love it. Our residents are great." (staff)
- "I attend everything they put on (activities)." (resident)
- "The food is good; you can get what you want." (resident)
- "The residents really enjoy the outings." (staff)

Five completed questionnaires were returned to RQIA from residents' representatives; all five respondents described their level of satisfaction with all aspect of care as either very satisfied, or satisfied. One resident's representative stated, "Delighted with the care."

### **Areas of good practice**

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The registered manager outlined the management arrangements and governance systems in place within the home. The manager 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 registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

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 were systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events 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 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.

There was evidence of managerial staff being provided with additional training in governance and leadership. The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, and training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager stated that the registered provider visits the home regularly, sometimes in the evenings and at weekends and was also kept informed regarding the day to day running of the home through telephone calls and emails.

The registered manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

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 RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and would be offered support.

Observation and 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 governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### **Areas for improvement**

No areas for improvement were identified during the inspection in this domain.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Frances McKernon, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19  <b>Stated:</b> First time  <b>To be completed by:</b> 29 November 2019	<p>The registered person shall ensure that a summary of recruitment and vetting outcomes for all staff are retained in the home and are available for inspection.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Assurances were given on the day that all recruitment/ personal data information is held on file within Radius HR Dept given GDPR legislation. The Inspector was informed arrangements could be made for these records to be reviewed at Head Office, this was declined on the day. A copy of the summary sheet will be requested for all future recruitment to be held at the Scheme.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> First time  <b>To be completed by:</b> 29 December 2019	<p>The registered person shall ensure that the sluice rooms are decluttered reorganised and equipment is cleaned.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            This was actioned on the day and shelving has been requested to help better organisation of equipment.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 8  <b>Stated:</b> First time  <b>To be completed by:</b> 29 November 2019	<p>The registered person shall ensure that care records are legible.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            This matter has been addressed with the relevant staff member. An IT based record system is being introduced at the Scheme.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> : 29 November 2019	<p>The registered person shall ensure that care plans and daily progress notes reflect the care given for short term conditions.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Care plan for use of antibiotics for a resident was completed on the day.</p>



<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 28.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall liaise with their fire safety advisor regarding the letterbox openings in the bedroom doors. It is essential that suitable remedial works are implemented without further delay to all affected doors, ensuring that they provide the required 30 minutes fire resistance.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the process of verifying the accuracy of the personal medication records is reviewed and revised.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>

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



The **Regulation** and  
**Quality Improvement**  
Authority

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Assurance, Challenge and Improvement in Health and Social Care