

Unannounced Care Inspection Report 30 January 2017



Clifton House Residential Home

Type of Service: Residential Care Home
Address: 2 North Queen Street, Belfast BT15 1EQ
Tel No: 028 9089 7532
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Clifton House Residential Home took place on 30 January 2017 from 10.00 to 16.35.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

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

Two recommendations were made. These were in regard to policies and procedures and to the home's environment.

Is care effective?

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

One recommendation was made in regard to care records.

Is care compassionate?

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

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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.

One recommendation was made in regard to the development of a policy.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 16 June 2016.

2.0 Service details

Registered organisation/registered person: Clifton Care Home Limited	Registered manager: Mrs Frances McKernon
Person in charge of the home at the time of inspection: Mrs Frances McKernon	Date manager registered: 17 November 2016
Categories of care: I - Old age not falling within any other category DE – Dementia LD - Learning Disability PH - Physical disability other than sensory impairment A – Past or present alcohol dependence	Number of registered places: 27

3.0 Methods/processes

Prior to inspection the following records were analysed:

- The report and QIP from the last care inspection
- Notifications of accidents and incidents

During the inspection the inspector met with nine residents, three care staff, the chef, the registered manager, one visiting professional and two residents' representatives.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Care records of three residents

- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Equipment maintenance records
- Accident/incident/notifiable events register
- Minutes of recent residents' and representatives' meetings
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- Policies and procedures manual

A total of 30 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Four questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 January 2017

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.

4.2 Review of requirements and recommendations from the last care inspection dated 16 June 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 23.3 Stated: First time To be completed by: 16 September 2016	The registered provider should ensure that all care staff are provided with mandatory training in food hygiene. Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of staff training records confirmed that all care staff were provided with mandatory training in food hygiene.	Met

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives, a visiting professional and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

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; records of competency and capability assessments were retained. A sample of completed staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure during the last care inspection confirmed that it complied with current legislation and best practice. The registered manager advised that this document was unchanged. Discussion with the registered manager confirmed that no staff had been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

The registered manager confirmed that enhanced Access NI disclosures were viewed by her for all staff prior to the commencement of employment also that arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

Inspection of the adult safeguarding policy and procedure identified that it had been reviewed and, whilst it referenced the current regional guidance and included the name of the safeguarding champion, it did not entirely reflect the full scope of the guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). A recommendation was made in this regard.

Discussion with staff confirmed that they were aware of the new regional guidance and a copy was available for staff within the home. 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 registered manager, 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 registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this 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 restrictive practices employed within the home, notably locked internal doors at stairwells and a locked external door for security purposes. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the statement of purpose and residents guide identified that restrictions were adequately described.

The registered manager confirmed there were risk management policy and procedures in place relating to the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc. The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed 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. 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 registered manager reported that there had been one outbreak of infection within the last year which had been managed in accordance with the home's policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. 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. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible. It was noted, however, that the leather finish on some seats in the communal areas of the home was damaged. A recommendation was made that these seats should be replaced.

The home had an up to date fire risk assessment in place dated 24 October 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire safety records identified that fire alarm systems were checked weekly and that emergency lighting was checked monthly. Fire equipment was regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

During the last care inspection the registered manager advised that there were plans in place to make changes to the catering arrangements for the home. The dining experience of residents was therefore examined during this inspection.

Inspection of the catering kitchen identified that it was clean, well equipped and well maintained. Foodstuffs were properly stored and fridge and freezer temperatures were monitored and recorded. The registered manager confirmed that catering staff were provided with training in food hygiene. The chef advised that he had been included in the home's adult safeguarding, moving and handling and first aid training.

The registered manager confirmed that staff training was provided in first aid and oral hygiene. Although no residents in the home had food allergies or were currently in need of textured diets, there were several residents who adhered to a diabetic diet and others who were prescribed nutritional supplement drinks or desserts. The registered manager confirmed that records would be retained of meals eaten by individual residents if concerns were present in regard to diet or weight loss. The home would use a suitable risk assessment tool to identify and monitor the progress of residents in relation to diet and weight, if this was required.

Residents' weights were monitored weekly or monthly and there was a schedule in place for this. There was evidence of liaison with residents' GPs and dieticians. Should Speech and Language Therapist (SALT) guidance be required for diet and swallow recommendations, a referral would be made by care staff to the resident's GP. The dietician and/or SALT recommendations for therapeutic diets would be present in residents' care files and shared with catering staff. This would ensure that the chef remained up to date with the specific dietary needs of individual residents, where appropriate.

The inspector was present during the lunch service in the home and observed that staff were aware of the dietary needs and preferences of residents, including those with diabetes. This supported the delivery of safe care.

Four completed questionnaires were returned to RQIA from a resident's representative and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

A comment received from a resident's representative was as follows:

- "The whole environment feels safe and secure, clean, friendly. Staff very attentive."

Areas for improvement

Two areas for improvement were identified. One was in relation to adult safeguarding policies and procedures and the second was in relation to seating in the home.

Number of requirements	0	Number of recommendations	2
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4.4 Is care effective?

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

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

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

It was established that all residents received hourly checks by care staff at night. For the majority of residents it was felt that this was required in order to maintain safety. It was noted, however, that there were no written consents in place to such checks. A recommendation was made that a risk based, person centred approach is employed to consider issues of consent; that written consents to care interventions are put in place; that discussions regarding issues of consent are incorporated within residents' meetings, staff meetings and annual care review meetings with trust personnel; consent should also be included within the Residents Guide.

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

An individual agreement setting out the terms of residency was kept up to date and was appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed 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, accidents and incidents (including falls, outbreaks), complaints, environment and catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident and/or their representative meetings were reviewed during the inspection.

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 confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

A review of care plans identified that the personal food choices and preferences of residents were noted. Daily menus were displayed in both written and pictorial formats and residents reported that meal times were regular, that choices were provided at each mealtime and that suitable alternatives were provided according to individual preferences. There were snacks and drinks provided at intervals between main meals and additional drinks and snacks were available on request. This was further confirmed in discussion with care staff who described how they had access to the kitchen and could, and often did, make tea and toast for those residents who might want this.

Observation of the lunch service noted that the dining room tables were attractively laid and that the crockery, cutlery and glassware were clean and of good quality. It was noted that meal portion sizes were sufficient and that meals were well presented. Residents reported that additional servings were provided on request.

Four completed questionnaires were returned to RQIA from a resident's representative and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

A comment received from a resident's representative was as follows:

- "Only second week of visiting. So far, very satisfied."

Areas for improvement

One area for improvement was identified in relation to consent.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

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.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs were met within the home. Discussion with residents, their representatives and staff confirmed that 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; care plans were in place for the indicators and the management of pain, 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. The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Observation of care practice identified that staff approached residents in a discreet manner in order to check if they needed assistance with personal care and to gain resident consent to provide such assistance.

Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to describe and to demonstrate how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them. 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.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them, for example there were residents' meetings and residents were encouraged to participate in the annual reviews of care with home staff and trust personnel.

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 which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified. The last annual consultation was completed in February 2016 and another was planned.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of inspection ten residents were accompanied by the activities co-ordinator and a member of care staff to a local community hall where they met with other groups to enjoy bocce (a floor game similar to bowls), dancing and lunch. Residents availed of this social opportunity every fortnight. Arrangements were in place for residents to maintain links with their friends, families and wider community. Other residents attended a monthly tea dance at another community facility and parties were arranged for special events, for example, there was an upcoming event planned outside the home for St. Patrick's Day. Residents also confirmed that there were daily activities provided within the home.

In reference to the dining experience, residents confirmed that they were included in the planning of seasonal menus and that their opinions were sought during residents meetings, in annual surveys or in one to one consultation.

Residents and staff confirmed that menus provided for special occasions, for example Easter, Christmas, Halloween, etc. The registered manager and the chef reported that a birthday list was held in kitchen and that birthday cakes were presented with candles for those residents who wished to have their specially occasions marked in this manner.

The registered manager and residents confirmed that there was a flexible system in place which adapted to individual need, for example, residents could choose to dine in their own rooms. Staff advised that suitable hospitality was extended to families or groups who might visit the home; residents confirmed that their visitors were offered tea and biscuits by staff.

The registered manager and the chef reported that the kitchen was operated over seven days weekly; a full menu was available and a roast dinner was provided as a choice each Sunday.

Residents spoken with during the inspection made the following comments:

- “It’s all right here. The staff are kind and treat me well. They help me with anything I might need. The home is kept clean and warm and the food is very good. I don’t eat a lot but there’s always plenty if I want it. This is a very nice place.”
- “I like it here. They (staff) are good to me.”
- “The food is lovely and, if anything, there’s too much of it and I’ve put on weight! There’s always plenty of choice and the quality is very good. If I ever wanted to take a meal in my bedroom instead of coming to the dining room, I would be able to do so. I’m pleased with the catering.”
- “I enjoyed my lunch. The food here is lovely.”
- “It’s great here. I love the food and there’s always plenty going on.”
- “The staff are great.”
- “I couldn’t say a word about anyone here. They are great. I couldn’t ask for better.”

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

- “I’m really pleased with the care given to my (relative). I only wish it was closer to my home, for I have to travel quite a distance to visit, but it’s worth it to make sure (my relative) gets the very best of care.”
- “I think the care here is really good. The staff are very attentive and are kindly to residents and to visitors.”

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

- “I’m in here fairly regularly and I find the staff to be excellent. The home keeps very good communication with community nursing staff and they act immediately on any guidance or recommendations we make on the care of residents. I have absolutely no concerns about the care provided in Clifton House.”

Four completed questionnaires were returned to RQIA from a resident’s representative and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

A comment received from a resident’s representative was as follows:

- “I feel happy to leave my (relative) here.”

Areas for improvement

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

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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. 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 Residents Guide and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with 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. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable 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. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, basic clinical skills, dementia awareness.

A monthly monitoring visit 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, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. One staff member had recently completed the QCF level 5 qualification in management and leadership in residential care and another was in the process of completing a similar qualification. The registered manager confirmed that learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement. 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 the registered provider was kept informed regarding the day to day running of the home by means of a daily communication report and frequent visits to the home.

The registered manager confirmed 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.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

In particular relation to the dining experience, it was established that residents in the home sometimes chose to have takeaway food. The home did not have a policy on residents availing of such food and a recommendation was made that a suitable policy should be developed.

The registered manager confirmed that the menu was revised seasonally and that a three weekly menu rotation was used in the home. There was a robust system of communication between the registered manager and catering staff to ensure that information was shared regarding special diets, feedback from residents, trialling menu suggestions, etc.

The registered manager advised that the new catering arrangements had proved successful; there was a noticeable improvement in kitchen hygiene as evidenced during the monthly kitchen hygiene audit completed by the registered manager. Feedback from residents regarding the quality of food was positive. Moving from using an outside catering company had given the registered manager more control over the staffing of the kitchens. The costs of catering supplies had been renegotiated with no loss of quality service from the catering supply company. Overall, the cost of catering had been reduced by more than half and an improvement in quality and service achieved. Monetary savings would be used for the direct benefit of residents.

Four completed questionnaires were returned to RQIA from a resident's representative and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas for improvement

One area for improvement was identified in relation to the development of a suitable policy and procedure relation to the use of take away food for residents in the home.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 28 April 2017</p>	<p>The registered provider should ensure that the adult safeguarding policy and procedure is reviewed to fully reflect current regional guidance and that it is implemented within the home.</p>
	<p>Response by registered provider detailing the actions taken: Policy now in place</p>
<p>Recommendation 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider should ensure that the identified seats in the communal areas of the home are replaced.</p>
	<p>Response by registered provider detailing the actions taken: new seats obtained</p>
<p>Recommendation 3</p> <p>Ref: Standard 7.2</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider should ensure that a risk based, person centred approach is employed to consider issues of consent through the following actions:</p> <ul style="list-style-type: none"> • written consents for care are put in place • discussions regarding issues of consent are incorporated within residents' meetings, staff meetings and annual care review meetings with trust personnel • the Residents Guide is updated to describe how consent for care interventions is obtained
	<p>Response by registered provider detailing the actions taken: All the above has been actioned</p>

<p>Recommendation 4</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider should ensure that a suitable policy and procedure is developed in relation to the use of take away food for residents in the home.</p>
	<p>Response by registered provider detailing the actions taken: Policy completed one sent to RQIA</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews