



# Unannounced Care Inspection Report 31 July 2019 and 2 August 2019



## Corkey House

**Type of Service: Residential Care Home**

**Address: 1 Forthriver Crescent, Belfast BT13 3SR**

**Tel no: 028 9071 8095**

**Inspectors: Alice McTavish, Joseph McRandle and Helen Daly**

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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 35 residents.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Presbyterian Council of Social Witness</p> <p><b>Responsible Individual:</b> Mr Lindsay Conway</p>	<p><b>Registered Manager and date registered:</b> Ms Mae Clifford, acting manager since 1 July 2019</p>
<p><b>Person in charge at the time of inspection:</b> 31 July 2019: Ms Mae Clifford, Manager 2 August 2019: Ms Naomi McCorkell, Senior Care Assistant</p>	<p><b>Number of registered places:</b> 35</p> <p>This number includes a maximum of 10 existing residents in RC-DE category of care and a maximum of two existing residents in RC-MP (E) category of care.</p> <p>The home is approved to provide care on a day basis only to two persons.</p>
<p><b>Categories of care:</b> Residential Care (RC): I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years</p>	<p><b>Total number of residents in the residential care home on the days of this inspection:</b> 32</p>

### 4.0 Inspection summary

An unannounced inspection took place on 31 July 2019 from 11.00 to 17.35 and 2 August 2019 from 10.30 to 15.50. The inspection was undertaken by care, finance and pharmacy inspectors.

The inspection assessed progress with all areas for improvement identified in the home 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 staffing, the home's environment, the preparations being made to review any restrictions used in the home, care records and the culture and ethos of the home. The pharmacist inspector found evidence of good practice in regard to the management of antibiotics, time-critical medicines, pain and distressed reactions. The finance inspector found evidence of good practice in relation to providing residents with up to date written agreements, records of residents' financial arrangements and maintaining up to date reconciliations of residents' monies.

Eight areas for improvement were identified. These included one in relation to care and two in relation to medicines management which were assessed as not met and are therefore stated for a second time. The five new areas for improvement related to the standard of maintenance of the personal medication records and medication administration records; activities; audits of accidents and incidents and the reports of the visits by the registered provider.

Residents described living in the home in positive terms. Residents less able to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with other residents, visitors and with staff.

Comments received from residents and people who visit them 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, enhance practice and residents' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*2	*6

The total number of areas for improvement include three which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ms Mae Clifford, Manager, and Mr Lindsay Conway, Responsible Individual, 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 13 December 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 13 December 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings of the last care, finance and medicines management inspections, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. One questionnaire was returned by a resident's relative who indicated a high level of satisfaction with all aspects of care in the home.

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

- staff duty rotas from July to August 2019
- staff training schedule
- three residents' records of care
- complaints
- compliments
- governance audits
- accident/incident records from May to July 2019
- a report of the visit by the registered provider dated July 2019
- RQIA registration certificate
- staff training and competency in relation to medicines management
- personal medication records and medicine administration records
- records of medicines requested, received and transferred/disposed of
- management of medicines on admission and medication changes
- management of controlled drugs, antibiotics, insulin, warfarin, time-critical medicines, medication related incidents
- care planning in relation to distressed reactions, pain and thickening agents
- medicine management audits
- storage of medicines
- stock control of medicines
- two residents' finance files including copies of written agreements and details of residents' financial arrangements
- fees charged to residents
- monies and valuables held on behalf of residents
- records of the reconciliations of residents' monies and valuables

Areas for improvements identified at the last care, finance and medicines management inspections were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 13 December 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 20 (1) (c) (i) <b>Stated:</b> Second time	The registered person shall ensure that all mandatory training requirements, including fire training, are met for all staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of staff training records and the training schedule along with written confirmation provided by the manager established that this has been satisfactorily addressed.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 30 (1) <b>Stated:</b> First time	The registered person shall ensure that all accidents, incidents and notifiable events are reported RQIA in accordance with current guidance.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of accident and incident records identified that several events were not reported to RQIA in accordance with current guidance. This area for improvement has not been met and is stated for a second time.	

Two areas for improvement identified at the last medicines management inspection on 22 November 2017 have been reviewed. Both areas were assessed as not met and have been stated for a second time. (See Section 6.3)

Areas for improvement identified at the last finance inspection have been reviewed and all were assessed as met.

## 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 people who live in this home said that they felt safe. They said that there was always staff around to help them if they needed help, and that this included during the night. The manager and staff on duty advised that staffing was safe and kept under review. There was care staff, laundry, kitchen, domestic and administrative staff on duty during the day and care staff in the evenings and overnight.

#### **Staffing and recruitment**

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties. We could see that there was enough staff in the home to quickly answer any requests by residents for help and to assist with care when needed. Residents told us that staff attended them quickly if they used their call alarms for help.

The manager told us that no new staff had commenced employment in some time but that more staff were in the process of being recruited. The manager advised that the organisation has a system in place to ensure that staff are properly recruited and that all pre-employment checks are made.

#### **Staff induction, supervision, appraisal and competency**

We spoke with staff who told us that they had a good induction to working in the home and that they got supervision directly from the manager. We saw that the manager had a system in place for planning supervisions and annual appraisals with staff. The manager also described plans to train senior care staff to provide supervision to care assistants, thus allowing the manager to concentrate on other managerial tasks.

All senior care staff had an assessment of their competency and capability to ensure that they can take charge of the home. The manager reported that she intended to review this every year to ensure that it was always current. She advised that she would also review it if the member of staff was returning from a long term absence, for example, after sickness or maternity leave. This represents good practice.

#### **Staff training and registration with professional body**

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training. The manager told us that the care staff received training in all of the core areas every year.

Staff told us that they received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC). Registration with NISCC is necessary to ensure that social care staff are safe practitioners and adhere to NISCC standards of conduct and practice. We looked at the records kept by the manager of staff registrations.

### **Safeguarding residents from harm**

The manager described how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The organisation had a safeguarding champion and there was information about this on the home's notice board.

Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues. Staff reported that their first obligation was to ensure the safety of the residents and that they felt confident about reporting any poor practice.

The manager was able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations. We saw that there was written information available to guide staff, where necessary.

### **Environment**

We walked around the home and saw that it was in very good decorative state and it was kept clean and warm. We looked in the bedrooms of some residents, with their permission. We saw that bedrooms and bathrooms were personalised and there were no malodours. Residents told us that they liked their rooms and felt they had their own space and privacy.

There were communal lounges and a dining room for the use of residents along with space for activities and meetings. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair.

### **Restrictions**

The manager told us that she makes sure that residents living in Corkey House enjoy as much freedom as possible whilst remaining safe. Some restrictions were necessary to achieve this. The front door to the home is controlled by a keypad entry and exit system. Residents who are assessed as safe to leave the home alone or with family are given the code. For those residents who are not safe to leave the home, staff are available to provide reassurance or distraction.



The manager was aware of the Mental Capacity legislation which is due to come into effect in Northern Ireland in October 2019; she has begun work on reviewing the care records of all residents and updating the documentation to accurately reflect any deprivations of liberty from a human rights perspective. This is good practice.

### **Infection prevention and control (IPC)**

The manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. The manager told us about the arrangements in place to provide all staff with training in IPC in line with their roles and responsibilities. We saw that staff used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection and that there was hand washing information displayed in the home.

### **Management of medicines**

Satisfactory systems were observed for the following areas of the management of medicines: staff training and competency assessment; the majority of medicine records; the management of medicines on admission and medication changes; the management of distressed reactions, pain, controlled drugs, antibiotics, insulin, antibiotics and time-critical medicines.

We reviewed the standard of maintenance of the personal medication records. When these records are written, rewritten and/or updated with new medicines, two members of trained staff should be involved in checking and signing to confirm that the information is correct. This practice was not in place. The following improvements in the standard of maintenance of the personal medication records were also necessary:

- the route of administration should be recorded for eye preparations e.g. left eye, right eye, both eyes
- the form of the medication should be recorded e.g. oro-dispersible, modified release
- where more than one personal medication record is in place, this should be recorded e.g. 1 of 2, 2 of 2 etc

The standard of maintenance of the personal medication records was identified as an area for improvement to comply with the Standards.

We found that improvements in the standard of maintenance of the medication administration records were also necessary. Hand-written updates should be verified and signed by two members of staff. When medicines are administered outside the time of the medicine round, to facilitate compliance, the actual time of administration should be recorded. A small number of random missed signatures for administration were observed; the audits indicated that the medicines had been administered. The standard of maintenance of the medication administration records was identified as an area for improvement to comply with the Standards.

A small number of residents self-administer their inhaled medicines. It was agreed that a record of the transfer of the medicines to the residents would be maintained from the date of the inspection onwards.

The management of warfarin was reviewed. Dosage directions were received in writing and running stock balances (following administration) were maintained. Obsolete dosage directions had not been cancelled and archived. This was completed during the inspection and staff advised that this would be monitored as part of an increase in the level of audit activity.

Discrepancies in the administration of medicines, including liquid medicines, inhaled medicines and medicines prescribed at more than one tablet/capsule daily were observed at the inspection. These findings were discussed in detail with the senior care assistant and the manager. Records of medication audits and the subsequent action plans which had been completed by the community pharmacist were available for inspection. It was acknowledged that the manager was new to her position and that plans were in place to introduce a medication auditing system. The findings of the inspection indicated that a robust auditing system which covers all aspects of medicines management was not in place. This area for improvement (identified at the medicines management inspection, 22 November 2017) was assessed as not met and is therefore stated for a second time.

We reviewed the management of thickening agents. Care plans and speech and language assessment reports were in place. Senior care assistants were responsible for the administration of thickening agents. Training for other care staff had been arranged. It was acknowledged that staff were aware of the recommended consistency level, however, records of prescribing and administration were not accurately maintained. This area for improvement (identified at the medicines management inspection, 22 November 2017) was assessed as not met and is therefore stated for a second time.

The majority of medicines were observed to be stored safely and securely. A small number of eye preparations remained in use after their expiry date. These were replaced during the inspection and the manager advised that, going forward, eye preparations would be replaced prior to or at their expiry. Satisfactory recordings were observed for the room and medicines refrigerator temperature. Some omissions in the daily temperature records were observed. It was agreed that this would be monitored as part of an increase in the level of audit activity.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training, the home's environment and the preparations being made to review any restrictions used in the home. Areas of good practice were also identified in relation to the management of antibiotics, time-critical medicines, pain and distressed reactions.

### Areas for improvement

Two new areas for improvement were identified. These were in relation to the standard of maintenance of the personal medication records and the medication administration records.

	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.**

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

### Management of risks relating to residents

The manager described a robust assessment and admissions process before residents could be admitted to Corkey House. When risks are identified and assessed, a plan was put in place to meet the care needs of the resident and to reduce any risks. If, for example, a resident has dementia, this might include the use of a locked external door. The manager described how there were good working relationships with healthcare professionals and how this helped in planning and delivering the right care at the right time for the benefit of residents.

The manager told us about falls management in the home. The manager completes an audit of accidents or incidents in the home each month which includes falls. This looks for any patterns or trends. Information was provided to the manager after the inspection in relation to how such audits could be improved to capture those actions necessary to reduce the likelihood of further falls. The manager and staff were aware of how they could get professional advice from medical or trust staff.

The manager told us about how any resident who might be at risk of choking was referred to a speech and language therapist for specialist advice. The advice was shared with care and kitchen staff and the latest guidance for preparing food and fluids at the correct consistency was available. If any resident was at risk of losing weight, they were referred to a dietician and were weighed regularly.

### Care records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

There was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. We saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year.

### The dining experience

We could see that the dining room was spacious, clean and bright. There was a menu on display setting out the choice of dishes on the lunch and dinner menus. We saw that the catering kitchen was well equipped and kept clean.

We spoke with the cook who told us that all food was made fresh on the premises and this included all baked items. The cook was able to describe in detail the dietary needs and preferences of residents, including those who needed additional support with food and fluids.

The cook described how he worked with the manager to make sure that there was a good variety of dishes available each day and there were always alternatives available. The cook advised that he was to attend the residents meeting due to take place the following day and was to be involved in discussions about changing the menu to meet residents' latest preferences.

Staff described how the kitchen can be accessed when the catering staff are not on duty so that residents who want drinks or snacks in the evenings or during the night can have these. The cook also makes meals for special occasions, for example, Christmas, Easter and Halloween.

Residents said that they enjoyed the food and that they got plenty to eat. One resident said "We get too much to eat!"

We noted that some residents were provided with plastic aprons to protect their clothes while they were in the dining room. We also observed a member of staff standing beside a resident while assisting them with their lunch. These issues were raised with the manager who agreed to have fabric clothes protectors supplied and to remind staff that they must sit beside residents who are being assisted at mealtimes.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.5 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.**

### Culture and Ethos of the home

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents laughing and joking with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs which were promptly responded to by staff.

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents' daily routines were recorded. We saw that the care records noted preferences such as likes and dislikes for food. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

We could see that staff could communicate well with any residents who have a sensory disability and with those who may sometimes be confused and in need of additional reassurance or support.

We spoke with a member of clergy who was a frequent visitor to the home. The visitor said “This place is absolutely brilliant! The staff make it a very welcoming place; a place where the people who live here are treated with kindness...the environment is lovely, very comfortable...the care is excellent. All the people I visit love living here.”

### **Activities**

Staff told us about the range of activities available and how staff worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. A programme of available activities was displayed.

Whilst it was acknowledged that some residents spoke positively about the activities provided in the home, other residents said that they would like more activities in the home. We saw that this area had been raised by a relative as part of a written complaint. A resident’s relative who was contacted after the inspection also raised that there was sometimes a lack of activities for residents. The provision of activities was identified as an area for improvement to comply with the Standards.

### **Resident involvement**

The manager told us that residents’ meetings took place. We looked at the minutes of these meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like. In addition, staff reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

We spoke with residents who told us that “staff are very good and treat us well” and “staff always come quickly when we use our call bells”.

One resident’s relative who returned a questionnaire also provided the following verbal comments by telephone: “All staff are good, caring and friendly...I like the way my (relative’s) clothes are laundered every day and placed back on the hanger...I can phone if I am worried about anything and the staff reassure me about my (relative)...I am satisfied that my (relative) is getting the best possible 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, listening to and valuing residents and their relatives and taking account of the views of residents.

### **Areas for improvement**

One area was identified for improvement. This was in relation to activities for residents.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

## 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.**

Staff in the home said that they got good support from their manager who was supportive and approachable. The manager described the staff team as being dedicated and reliable with a focus on delivering a high quality of care to residents.

### Managerial oversight

The manager described how she spent some time working on the floor to make sure that the care delivered to the residents by the staff was good. This also allowed her to get to know the residents well.

The manager spends time completing managerial tasks to make sure she is satisfied that the home runs well. She completes audits of areas such as accidents and incidents, and looks for any ways in which these areas can be improved. When we looked at the monthly summary of incidents in the home we found that this had failed to identify that several accidents and incidents should have been reported to RQIA. The need for a robust system of audit was identified as an area for improvement to comply with the Standards.

### Complaints and Compliments

The manager deals with any complaints raised by residents or their family members. We looked at the records of complaints since the last inspection and could see that they were managed appropriately. Residents told us that they knew how to make a complaint and staff told us that they would not hesitate to raise issues with the manager, if needed.

The manager shared compliments received from residents, their families and professionals as this is important for staff morale and learning. Some compliments were as follow:

- “Please pass on my sincere thanks to all the staff at Corkey House for looking after my (relative) so well. She was very happy at Corkey House...you have all been so wonderful to her and, for that, I am forever grateful.”
- “Thank you for your patience and care of my (relative).”
- “Thank you so much for being so good to (my relative) during her stay with you.”
- “(Thank you) for all the kindness you showed to our (relative) during her stay in Corkey House. It is very much appreciated.”
- “We would like to thank you for everything you did for our (relative) during her time in Corkey House. Right from the first visit to her until her death you showed compassion and great care...Such kindness, compassion and thoughtfulness will not be forgotten.”

## **Communication**

The manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. She also made sure that any best practice guidance, for example, the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and was used in the home for the benefit of residents.

## **Visits by the registered provider**

The responsible individual was present for part of the inspection. Mr Conway described how he ensured that the home was well organised and managed. There was a clear management structure throughout the organisation.

The home was visited by a representative of the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the report of the visit in July 2019. The report showed evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home. The provider also checked that audits, complaints and reports were properly managed and shared, where necessary.

We saw that some areas were identified which needed to be followed up and actioned, however these did not feature in the action plan generated. This meant that any improvements were not documented in a way that they could be tracked until they had been satisfactorily completed. This was identified as an area for improvement to comply with the Standards.

## **Finance**

A review of a sample of residents' records was undertaken to validate compliance with the areas for improvement identified during the last finance inspection (14 September 2016). The records reviewed included residents' written agreements, documentation of residents' financial arrangements, fees charged to residents and the reconciliations of residents' monies and valuables.

We found that financial systems in place at the home, including controls surrounding the management of residents' finances, were satisfactory hence no new areas for improvement were identified.

## **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to management of complaints and maintaining good working relationships. Good practice was also found in relation to maintaining up to date records of the reconciliations of residents' monies, recording the details of residents' financial arrangements and providing residents with up to date written agreements.

## **Areas for improvement**

Two areas were identified for improvement. These were in relation to a robust system of audit of accidents and incidents and documenting any areas identified for improvement in the visits by the registered provider in a way that they can be tracked until they had been satisfactorily completed.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Ms Mae Clifford, Manager and Mr Lindsay Conway, Responsible Individual. 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 Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30 (1)  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 August 2019	The registered person shall ensure that all accidents, incidents and notifiable events are reported RQIA in accordance with current guidance.  Ref: 6.1
	<b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> Second time  <b>To be completed by:</b> 2 September 2019	The registered person shall ensure that records of prescribing and administration are in place for thickening agents.  Ref: 6.3
	<b>Response by registered person detailing the actions taken:</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 30  <b>Stated:</b> Second time  <b>To be completed by:</b> 2 September 2019	The registered person shall ensure that a robust audit tool is implemented.  Ref: 6.3
	<b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time  <b>To be completed by:</b> 2 September 2019	The registered person shall ensure that the necessary improvements are implemented on the personal medication records.  Ref: 6.3
	<b>Response by registered person detailing the actions taken:</b>

<p><b>Area for improvement 3</b></p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2019</p>	<p>The registered person shall ensure that the necessary improvements are implemented on the medication administration records.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b></p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 13.10</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2019</p>	<p>The registered person shall ensure that provision of activities for residents is reviewed and improved.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b></p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2019</p>	<p>The registered person shall ensure that a robust system of audit of accidents and incidents is implemented in the home.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b></p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2019</p>	<p>The registered person shall ensure that improvements identified during the visits by the registered provider are documented in a way that they can be tracked until they are satisfactorily completed.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b></p>

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



A completed Quality Improvement Plan from the inspection of this service is not currently available. However, it is anticipated that it will be available soon.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk)



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