

Unannounced Care Inspection Report 14 February 2017



Cranley Lodge

Type of service: Residential Care Home
Address: 5 Cranley Avenue, Bangor, BT19 7BY
Tel no: 028 9147 1122
Inspector: Bronagh Duggan

1.0 Summary

An unannounced inspection of Cranley Lodge took place on 14 February 2017 from 10:00 to 19:00.

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, and infection prevention and control.

One requirement and two recommendations were made in regards to improving the internal and external environment, the completion of an environmental audit, and to complete a risk assessment regarding free standing furniture in the home.

Is care effective?

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

One requirement and one recommendation were made in regards to the completion of a care plan for an identified resident and also for a falls risk assessment to be reviewed and updated for an identified resident.

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, quality improvement and maintaining good working relationships.

One requirement previously made in regards to the reporting to RQIA of notifiable events has been stated for a second time.

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	3	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Catherine Busby, 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 August 2017.

2.0 Service details

Registered organisation/registered person: Mr Brian Adam	Registered manager: Mrs Catherine Busby
Person in charge of the home at the time of inspection: Mrs Catherine Busby	Date manager registered: 17 January 2017
Categories of care: DE – Dementia	Number of registered places: 60

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the previous inspection, the returned Quality Improvement Plan, and the previous inspection report.

During the inspection the inspector met with 13 residents individually and others in groups, seven care staff, three resident's visitors/representatives, the registered manager and the registered provider.

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
- Two staff recruitment files
- Four resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care plans, care reviews; accidents and incidents (including falls), complaints, and environment
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Evaluation report from biannual service user quality assurance survey
- Weekly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- 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. Nine questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 16 August 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

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

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20.(1) (c) (i) Stated: First time To be completed by: 16 October 2016	The registered provider must ensure that supervision and appraisals are carried out with staff on a regular basis.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of records available in the home confirmed supervision and appraisals were being carried out on a regular basis.	

<p>Requirement 2</p> <p>Ref: Regulation 20.(3)</p> <p>Stated: First time</p> <p>To be completed by: 16 October 2016</p>	<p>The registered provider must ensure competency and capability assessments are completed for any staff member who is given the responsibility of being in charge of the home for any period in the absence of the manager.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of records in the home confirmed that competency and capability assessments were completed for staff members in charge of the home for any period in the absence of the manager.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulation 30</p> <p>Stated: Carried forward</p> <p>To be completed by: 18 February 2016</p>	<p>The registered provider must ensure all notifiable events are reported to RQIA in keeping with legislation and relevant guidance.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of accident and incident records maintained in the home showed at least three incidents which should have been reported on to RQIA but had not been. This requirement has been stated for a second time in the QIP appended to this report.</p>	Not Met
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: 16 November 2016</p>	<p>The registered provider should ensure the homes Adult safeguarding policy and procedures is reviewed and updated to reflect the current regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015.</p> <hr/> <p>Action taken as confirmed during the inspection: The policy and procedure had been updated accordingly.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 16 November 2016</p>	<p>The registered provider should ensure care plans are audited on a regular basis to ensure all relevant information is completed and updated as required.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of records available in the home confirmed care plans were being audited on a systematic basis.</p>	Met

<p>Recommendation 3</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 16 2016</p>	<p>The registered provider should ensure staff meetings are held on at least a quarterly basis.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of minutes of staff meetings showed they were being held on a regular basis.</p>	Met
<p>Recommendation 4</p> <p>Ref: Standard 1.2</p> <p>Stated: First time</p> <p>To be completed by: 16 November 2016</p>	<p>The registered provider should ensure that residents meetings are held on a regular basis.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of minutes of residents meetings showed they were being held on a regular basis.</p>	Met
<p>Recommendation 5</p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be completed by: 16 December 2016</p>	<p>The registered provider should ensure policies and procedures are systematically reviewed every three years or more frequently as changes occur.</p> <hr/> <p>Action taken as confirmed during the inspection: Policies and procedures had been reviewed accordingly.</p>	Met
<p>Recommendation 6</p> <p>Ref: Standard 6.3</p> <p>Stated: Second time</p> <p>To be completed by: 16 November 2016</p>	<p>The registered provider should ensure that all care plans are signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign this should be recorded.</p> <hr/> <p>Response by registered provider detailing the actions taken: Three of the care records inspected were signed appropriately.</p>	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. Prior to the inspection RQIA received information regarding reduced staffing levels in the home. The registered manager confirmed staffing levels had been reduced over recent months due to bed vacancies; however staffing levels had recently been increased due to the increase in bed occupancy rates. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff as part of the inspection. The registered manager confirmed staffing levels would remain under continual review.

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. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the registered manager and review of two staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance. A safeguarding champion has been established. Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and copies were 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 and that reviews of residents needs were ongoing. Review of care records identified that individual care needs assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems and pressure alarm mats. 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.

The registered manager confirmed there were risk management policy and procedures in place. 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. fire safety.

An infection prevention and control (IPC) policy and procedure was in place. 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 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 no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home 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 personalised with photographs, memorabilia and personal items. Cleaning duties were observed as being completed, the home was appropriately heated.

The benefit of carrying out an audit focusing on the environment both internally and externally and identifying areas for improvement was discussed with the registered manager. A recommendation was made. General inspection of the internal and external environment identified areas for improvement these included a range of furnishings for improvement or replacement as a number of chairs, side tables, bedside cabinets and coffee tables were observed to be badly scratched or damaged on their surfaces, the impact from an infection prevention and control perspective was discussed with the registered manager. Externally the bin area, smoking area and car park where machinery and discarded cardboard boxes were situated also needed to be improved upon. Flooring in one identified bathroom was observed to be peeling off the skirting. A requirement was made. Further to this a recommendation was made that all freestanding furniture should be risk assessed and action taken accordingly.

The home had an up to date fire risk assessment in place dated January 2017 the registered manager confirmed all recommendations would be appropriately addressed within the identified timescales.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every six months the most recent was completed in August 2016. The registered manager confirmed a drill was due in February 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Nine completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- I am satisfied with the safety in the home. Residents who are less mobile are helped at all times. They have complete freedom of movement, but are safe as all (exit) doors are locked.
- Within the home the care staff are very aware of dangers and will prevent.
- The staff are wonderful, caring and treat all with dignity.
- My (relative) has been well looked after by competent staff who are very approachable and friendly. They keep me informed of any problems.

Areas for improvement

Three areas for improvement were identified in relation to completing an environmental audit, to make improvements to the environment both internally and externally, and also to complete a risk assessment regarding any free standing furniture located throughout the home.

Number of requirements	1	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.

Four care records were reviewed. The registered manager confirmed that she was currently in the process of systematically auditing each care record and identifying actions to be addressed as needed. The registered manager confirmed that plans were in place to ensure a more standardised approach to maintaining the care records. From the four care records reviewed it was noted that a care plan had not been completed for an identified resident the registered manager confirmed the resident had been initially admitted for respite purposes. The need to ensure a current care plan was in place was discussed. A requirement was made. Also the need to review and update the falls risk assessment for an identified resident was discussed with the registered manager as there had been a change in the resident's presentation. A recommendation was made.

The care records reflected the multi-professional input into the residents' health and social care needs. 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. Discussion with staff confirmed that a person centred approach underpinned practice. For example residents are encouraged to maintain individual interests including art.

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 care plans, care review, accidents and incidents (including falls), complaints, and environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within weekly observation reports and the biannual quality report.

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 meetings were reviewed during the inspection, the most recent residents meetings were held in November 2016.

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.

Nine completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- I am pleased with the care given to my (relative). If he is unsettled they would phone me, if a doctor is needed they do not hesitate to call.
- (My relative) is well cared for in all aspects, as a family we are content that (she) is safe.
- Staff in Cranley phone me about any health problems and tell me what action they have taken. I have never had to complain about any aspect of his care. The premises are very clean, chairs in the TV lounge could be replaced or recovered.

Areas for improvement

Two areas for improvement were identified in relation to the completion of a care plan for an identified resident and also to review and update the falls risk assessment for an identified resident.

Number of requirements	1	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 were 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. A weekly service is held in the home giving residents the opportunity to sing and pray together.

The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. 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 and were able to demonstrate how residents' confidentiality

was protected. For example staff were aware of the need to ensure residents personal information was not discussed in open areas of the home.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. A number of residents were observed as being confused as per their diagnosis, other 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. Representatives confirmed they were kept up to date regarding any changes in their relative's condition.

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 through participating in residents' meetings, posting views via the suggestion box, and regular care reviews.

Residents are consulted with biannually, 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.

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. For example on the day of the inspection a Valentine's Day party was being held residents were observed playing games, having a sing along while others were observed dancing. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example residents are supported to attend a local group called "Singing for the brain".

Nine completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Residents commented:

- "I like it so far, I'm not long here. The staff are very kind."
- "I'm happy here, it's better than being somewhere else."
- "I have whatever I need."
- I am getting on very well here, everyone is very kind no complaints from me. Have all I need, the food is good. I'm lucky my room has a good view I like to see the birds and things."

Comments received from completed questionnaires were as follows:

- The staff always encourage the residents to participate in all activities according to their ability. Activities are varied and enjoyed by all even the visitors.
- The staff are wonderful, caring, and treat all with dignity.
- I cannot fault the staff. They treat every resident in a caring and dignified manner. They show great patience at all time.

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 had been systematically reviewed in 2016.

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, poster / leaflet etc. 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, and the outcome of the complaint. 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 showed at least three occasions when information should have been forwarded to RQIA, the registered manager was advised to send this information retrospectively to RQIA. A requirement previously made regarding the reporting of notifiable events has been stated for a second time in the QIP appended to this report. 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.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

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 information in regard to current best practice guidelines was made available to staff, for example regional adult safeguarding guidance was available for staff on each floor, the information was also available in an easy read format. The falls prevention toolkit was also readily available. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the

residents including dementia awareness and oral hygiene training. Staff have been given the opportunity to complete additional QCF qualifications if they so wish.

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. Discussion with the registered provider identified that they had understanding of their role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular updates and 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 employers 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 respond 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 and 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.

Nine completed questionnaires were returned to RQIA from residents, resident's representatives, and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- I am pleased that anytime I visit, the owner and manager are always available and that on each floor there is adequate staff with a leader in charge.
- The home is well managed. Event days are organised and all residents are encouraged to join in. Birthdays are celebrated and there is always a special birthday cake.

Areas for improvement

No new 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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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Catherine Busby, 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

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 27.(2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 14 June 2017</p>	<p>The registered provider must ensure the following environmental issues are addressed:</p> <ul style="list-style-type: none"> • Improve or replace the badly damaged chairs, side tables, bedside cabinets and coffee tables situated throughout the home • Improve the flooring in the identified bathroom • Externally: improve the bin area, smoking area and car park
	<p>Response by registered provider detailing the actions taken: Damaged goods will be removed and replaced. The flooring in Shower room 2 will be replaced. The external area will have ashtrays provided and general tidiness will be audited monthly.</p>
<p>Requirement 2</p> <p>Ref: Regulation 16.(1)</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2017</p>	<p>The registered provider must ensure a care plan is completed for the identified resident.</p>
	<p>Response by registered provider detailing the actions taken: This has been completed within specified time frame.</p>
<p>Requirement 3</p> <p>Ref: Regulation 30</p> <p>Stated: Second time</p> <p>To be completed by: 16 February 2017</p>	<p>The registered provider must ensure all notifiable events are reported to RQIA in keeping with legislation and relevant guidance.</p>
	<p>Response by registered provider detailing the actions taken: This is ongoing and is being completed.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered provider should complete an audit focusing on the internal and external environment and identify areas for improvement and action same.</p>
	<p>Response by registered provider detailing the actions taken: This recommendation has been completed and added to the Infection Control audit.</p>

14 April 2017	
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<p>Recommendation 2</p> <p>Ref: Standard 28.5</p> <p>Stated: First time</p> <p>To be completed by: 14 March 2017</p>	<p>The registered provider should ensure a risk assessment is completed for all free standing furniture located throughout the home and any findings actioned accordingly.</p> <hr/> <p>Response by registered provider detailing the actions taken: The recommendation has been completed.</p>
<p>Recommendation 3</p> <p>Ref: Standard 5.5</p> <p>Stated: First time</p> <p>To be completed by: 21 February 2017</p>	<p>The registered provider should ensure the falls risk assessment for the identified resident is reviewed and up dated accordingly.</p> <hr/> <p>Response by registered provider detailing the actions taken: The recommendation has been completed and discussed in Senior Care Assistant meeting 01/03/17 for reviewing of all risk assessments.</p>

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



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