



# Unannounced Care Inspection Report 27 September 2018



## Fairhaven

**Type of Service: Residential Care Home**  
**Address: 58 North Road, Belfast, BT5 5NH**  
**Tel no: 028 9065 0304**  
**Inspector: Bronagh Duggan**

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 36 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report. The home consists of 30 places within the main building, and two, three bedded bungalows on the same site.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Fairhaven Residential Homes Ltd  <b>Responsible Individual:</b> Mr James McElroy	<b>Registered Manager:</b> Mrs Elizabeth Sweetlove Orr
<b>Person in charge at the time of inspection:</b> Elsie Beggs, Senior Carer	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) MP - Mental disorder excluding learning disability or dementia LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment	<b>Number of registered places:</b> Total number: 36  No more than 10 – RC –PH  Approved to provide care on a day basis only to 3 persons.

### 4.0 Inspection summary

An unannounced care inspection took place on 27 September 2018 from 11.00 to 18.30.

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

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

Evidence of good practice was found in relation to staff induction, infection prevention and control, communication between residents, staff and other interested parties, taking account of the views of residents, management of incidents and maintaining good working relationships.

Areas requiring improvement were identified in relation to environmental improvements, legionella risk assessment, completion of risk assessments and corresponding care plans regarding smoking, fire safety, and to ensure an up to date care needs assessment and risk assessments are in place for an identified resident. Three areas for improvement have been stated for a second time; these related to staff supervision, the completion of a risk assessment for an identified resident and to review the legibility and accuracy of care records. One area for improvement was not reviewed and has been carried forward; this related to the completion of an audit regarding menu and food choices.

Residents and one resident's visitor/representative said they liked living in the home, the staff were very nice and there was good communication.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	6	4

Details of the Quality Improvement Plan (QIP) were discussed with Elsie Beggs, Senior Carer, as part of the inspection process. The registered manager was also made aware in a telephone call following the inspection. 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 February 2018.

#### 5.0 How we inspect

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

During the inspection the inspector met with the person in charge, 13 residents, two staff and one residents' visitor/representative. On the day of inspection the senior carer advised the inspector that the registered manager had to take absence from the home at short notice. The registered manager contacted the home via telephone during the inspection.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Eight questionnaires were returned by residents and residents' representatives.

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

- Staff duty rota
- Induction programme for new staff
- Staff annual appraisal information
- Sample of staff training records
- Three residents' care files
- The home's Statement of Purpose
- Complaints and compliments records
- Accident, incident, notifiable event records
- Annual Quality Review report

- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Sample of policies and procedures

Areas for improvements identified at the last care inspection 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 most recent inspection dated 22 February 2018

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

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

### 6.2 Review of areas for improvement from the last care inspection dated 22 February 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 15 (2) (b) <b>Stated:</b> First time	The registered person shall ensure a risk assessment is put in place for the identified resident reflective of the recent change.  Ref: 6.5	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the senior carer and review of records showed this had not been done. This has been stated for a second time in the QIP appended to this report.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 24  <b>Stated:</b> First time	The registered person shall ensure staff are supervised and their performance appraised to promote the delivery of quality care and services.  Ref: 6.4	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Information pertaining to the completion of annual appraisals for staff was available for inspection. Information was not available regarding the completion of staff supervision. This area for improvement has been partially met and has been stated for a second time in the QIP appended to this report.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 29.6  <b>Stated:</b> First time	The registered person shall ensure all staff participate in a fire evacuation drill at least once per year and action taken on problems of defects is recorded.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records available in the home showed fire drills were completed regularly and staff who participated were recorded.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 8.5  <b>Stated:</b> First time	The registered person shall ensure records held are legible, accurate and up to date.  Ref: 6.5	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> This referred to the general condition of care records available; whilst some improvements were observed regarding the general presentation of the records more should be done to ensure these are legible, accurate and up to date. Following the inspection the registered manager was advised of the benefit of indexing records and having a clear and ordered system in place.	

<b>Area for improvement 4</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time	The registered person shall ensure an audit is completed regarding menu and food choices.  Ref: 6.6	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was not reviewed during the inspection and has been carried forward to the next inspection.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The senior carer advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were used in the home. The senior carer stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care.

No concerns were raised regarding staffing levels during discussion with residents and staff. The senior carer reported there had been a change made to the duty rota on the day of inspection due to unforeseen circumstances and confirmed the duty rota would be amended accordingly.

A review of completed induction records and discussion with the senior carer and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and a sample of training records and staff appraisals were reviewed during the inspection. Although there was evidence of staff appraisals being completed there was insufficient information available regarding the formal supervision of staff. This area for improvement has been stated for a second time on the QIP appended to this report.

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

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. The senior carer confirmed there had been no recent safeguarding referrals and any suspected, alleged or actual incidents of abuse would be fully and promptly referred to

the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The senior carer advised there were restrictive practices within the home, notably the use of lap belts, pressure alarm mats, management of smoking materials etc. In the sample of care records examined the restrictions were appropriately assessed, documented, minimised and reviewed as required.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

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

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

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The senior carer 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.

“The Falls Prevention Toolkit” was discussed with the registered manager by telephone and advice was given on the benefits of using this or a similar toolkit.

A general inspection of the home was undertaken and the residents’ bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Some environmental issues were identified as needing addressed; these included the base of an identified bed which was broken, a light above an identified mirror was not working, the handle on an identified wheelchair was broken and carpet on the ground floor hall way was noted to be lumpy and frayed in places, causing a trip hazard. The identified environmental issues should be improved upon without delay to comply with the standards.

Inspection of the internal environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors.

The senior carer advised that the home’s policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. fire safety.



The home had a Legionella risk assessment in place dated 18 November 2015 all recommendations were recorded as been actioned. The legionella risk assessment should be reviewed and updated. This was identified as an area for improvement to comply with the regulations.

It was established that a number of residents smoked and there was an identified smoking room in the home. The need to ensure there is a risk assessment and corresponding care plan completed in relation to smoking for each individual resident who smokes was discussed. The assessment needs to take account of contributing factors pertaining to the risk such as medical conditions and subsequent prescribed interventions, as well as current safety guidance. This was identified as an area for improvement to comply with the regulations.

The home had a fire risk assessment in place dated 26 September 2017 the registered manager spoken with on the telephone during the inspection confirmed plans were in place to have the fire safety risk assessment reviewed. This shall be followed up at the next inspection.

Review of staff training records confirmed that staff completed fire safety training most recently in August 2018. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, and emergency lighting and means of escape were checked weekly however records showed these had not been completed from 1 August 2018 until 20 September 2018. The need to ensure the fire safety checks are maintained on an up to date and regular basis was identified as an area for improvement to comply with the regulations.

Eight completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

A comment received from a completed questionnaire was as follows:

- "I am very satisfied with my relatives care. She has lived here a long time and is very happy."

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff induction and infection prevention and control.

### **Areas for improvement**

Four new areas for improvement were identified during the inspection; these related to environmental improvements, completion of a legionella risk assessment, completion of risk assessments and corresponding care plans regarding smoking and maintaining fire safety checks on a regular and up to date basis. An area for improvement relating to supervision of staff has been stated for a second time.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	3	2

## 6.5 Is care effective?

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

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

Three care records were reviewed, two of these contained assessment information, life history, care plans and statements of health and wellbeing of the residents. One of the care records required significant improvement to ensure there was adequate information regarding the resident's assessment of needs, risk assessment and care planning. The need to ensure a comprehensive and up to date care needs assessment was in place was identified as an area for improvement to comply with the regulations. In addition, the need to ensure relevant risk assessments (e.g. manual handling, bedrails, nutrition, pressure areas, where appropriate) were in place, reviewed and updated on a regular basis or as changes occurred was discussed with the registered manager following the inspection. This was identified as an area for improvement to comply with the regulations.

The need for a specific risk assessment to be put in place was identified as an area for improvement during the previous inspection. This had not been completed and has been stated for a second time in the QIP appended to this report. The issue of care reviews was discussed with the registered manager following the inspection. The registered manager advised there had been delays with care reviews from the referring trust but that a date had been arranged with the referring trust for an identified resident. Following the inspection the inspector contacted the identified care management team and shared relevant information as identified during the inspection.

The care records reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. The general legibility of these was identified as an area for improvement during the previous inspection, this has been stated for a second time in the QIP appended to this report.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, residents are supported to maintain individual interests such as art, and follow particular musical interests.

A varied and nutritious diet was provided to meet the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights. The senior carer advised that there were arrangements in place to refer residents to dietitian's and speech and language therapists (SALT) as required. Review of one sample record showed SALT guidance was in place and staff were aware of the information provided.

Discussion with the senior carer and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals were made to the multi-professional team regarding any areas of concern identified.

The senior carer advised 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. Minutes of resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, annual quality review report, resident meeting minutes were on display or available on request for residents, their representatives any other interested parties to read. An area for improvement identified during the previous inspection regarding the completion of an audit on menu and food choices was not reviewed but has been carried forward in the QIP appended to this report.

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.

Eight completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

### **Areas of good practice**

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

### **Areas for improvement**

Two new areas for improvement were identified during the inspection these related to having a comprehensive and up to date needs assessment and relevant risk assessments in place for an identified resident. Two areas for improvement have been stated for a second time these related to the completion of a risk assessment for an identified resident and ensuring legibility, accuracy and up to date care records. One area for improvement was not reviewed and has been carried forward; this related to the completion of an audit regarding menu and food choices.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	3	2

## 6.6 Is care compassionate?

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

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

The senior carer and residents advised that consent was sought in relation to care and treatment. Discussion with a resident confirmed they were aware of their care management arrangements. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and explained how confidentiality was protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, were met within the home.

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. For example, safeguarding information and information showing how to make a complaint was displayed in a central part of the home in a user friendly format.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, a suggestion box and visits by the registered provider.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example, watching old movies, arts and crafts, pool and visiting local shops and cafes. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, residents are supported to attend local day centres.

Residents and one resident's visitor/representative spoken with during the inspection made the following comments:

- "I like it here, yes I am happy." (resident)
- "I am getting on ok, I like my room, staff are nice." (resident)
- "I love it as far as I am concerned everything is good." (resident)
- "The staff are all very nice, couldn't be better. I am happy enough here, the food is good if you don't like it you can get something different. I am waiting for supported living, can't complain about anything here." (resident)
- "Staff have been very good, the manager is great there is good communication. Happy with the care the home provides for (relative)." (resident's representative)

Eight completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied and one response was undecided.

Comments received from completed questionnaires were as follows:

- "I feel that Fairhaven is my home. Staff are always there for us." (resident)
- "My brother is very happy in Fairhaven." (resident representative)
- "My relative is well cared for at Fairhaven and the staff are very caring and loving towards him." (resident representative)

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the home taking account of the views of residents.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.7 Is the service well led?

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

The senior carer outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

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.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. RQIA's complaint poster was available and displayed in the home.

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. The need to ensure the complainant's level of satisfaction with the outcome of the complaint investigation is recorded was discussed.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. It was noted the report for September had been started but was incomplete on the day of inspection; this shall be followed up at a future inspection.

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 senior carer stated that the registered provider was kept informed regarding the day to day running of the home through regular telephone calls, emails and visits to the home.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Eight completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to management of incidents and maintaining good working relationships.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Elsie Beggs, Senior Carer, as part of the inspection process. The registered manager was also informed via telephone during and following the inspection. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

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

## **7.2 Actions to be taken by the service**

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

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 15. 2 (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 29 September 2018</p>	<p>The registered person shall ensure a risk assessment is put in place for the identified resident reflective of the recent change.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> risk assessment has been added to the care plan from physio and district nurses and the careplan updated accordingly. the request for a dietician has been done to complete all areas to ensure documentation is up to date a caremanagement review was also carried out and an update of the residents condition.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 14 (2) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 October 2018</p>	<p>The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> careplans has been reviewed and recorded ref health and safety some residents do not carry lighters as staff supervise them smoke room is closed and checked at 11.00pm as per fire regulations smoking is only allowed in designated area or outside policy in place.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 13.(7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 October 2018</p>	<p>The registered person shall ensure a legionella risk assessment is completed and any recommendations actioned accordingly.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> the home has a certificate for chlorinisation on tanks yearly this is due on the 16<sup>th</sup> dec 2018 also water temp are recorded under the risk assessment and shower heads are cleaned weekly . samples of water are tested by environmental health as a routine inspection no issues have arisen from this.</p>



<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27.(4) (d) (v)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2018</p>	<p>The registered person shall ensure fire safety checks are completed regularly and maintained on an up to date basis.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> risk assessment has been carried out by atlas on the 26/9/18 also fire training for staff was done on the 23/8/18.staff attend training 6 monthly as recorded</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 15. (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 September 2018</p>	<p>The registered manager shall ensure there is a comprehensive and up to date needs assessment in place for the identified resident which clearly reflects all the identified care needs of the resident.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> this has been put in place.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 14.(2) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 September 2018</p>	<p>The registered person shall ensure unnecessary risks to the health, welfare or safety for the identified resident are identified and so far as possible eliminated through the completion of comprehensive risk assessments relating to their identified needs.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> this is ongoing as far as possible</p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 24</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 27 October 2018</p>	<p>The registered person shall ensure staff are supervised and their performance appraised to promote the delivery of quality care and services.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> staff appassals have been carried out and the manager supervises on the floor with all staff to identify any problems staff may have to deliver safe and good care practices .</p>

<p><b>Area for improvement 2</b></p> <p>Ref: Standard 8.5</p> <p>Stated: Second time</p> <p>To be completed by: 27 October 2018</p>	<p>The registered person shall ensure records held are legible, accurate and up to date.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> careplans had all been seperated to ensure all documentation and up dated to ensure staff can understand residents needs to deliver good and safe care to all the residents. manager and senior staff will look again at indexs for the careplansthis will be discussed at a team meeting the best way to go forward with this.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 20.10</p> <p>Stated: Carried forward</p> <p>To be completed by: 22 May 2018</p>	<p>The registered person shall ensure an audit is completed regarding menu and food choices.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> the home menu is discussed with all the residents and is recorded in the residenting meetings which are held within the home also it is on the surrvey which is carried out by residents and family members.there is a likes and dislikes list in the kitchen and all diet needs are being meet the home has a 5 star rating for the kitchen this has been ongoing.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 27 October 2018</p>	<p>The registered person shall ensure the following environmental improvements are addressed:</p> <ul style="list-style-type: none"> <li>• The identified bed should be replaced</li> <li>• The identified mirror light should be fixed</li> <li>• The handle should be secured on the identified wheelchair</li> <li>• The hallway carpet on the ground floor should be improved upon or replaced.</li> </ul> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> the bed has been replaced by the family. the light has been replaced by the home for the 2<sup>nd</sup> time the wheelchair had been reported twice to the trust for repair this has been repaired. the hallway carpet has been secured and will be replaced as part of the home redecoration program</p>

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



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)