

# Inspection Report

## 3 & 4 October 2022



## Camphill Community Glencraig

**Type of Service: Residential Care Home**

**Address: 4 Seahill Road, Craigavad,**

**Holywood, BT18 0DB**

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Camphill Community - Glencraig  <b>Responsible Individual:</b> Dr Elizabeth Mitchell	<b>Registered Manager:</b> Mrs Ellen Majella Mcveigh  <b>Date registered:</b> 14 September 2021
<b>Person in charge at the time of inspection:</b> Mrs Ellen Majella Mcveigh	<b>Number of registered places:</b> 55  The maximum number of residents to be accommodated within individual houses is as follows: Bethany (7), Craigowen (7), Comgall (3), Dell O'Grace (4), Emmaus House (7), Hermitage (3), Kintyre (7), Novalis (6), Parsifal (2), Pestalozzi (1), Samaria (4), Ceridwen (1), Columbanus (3). RQIA should be notified in advance of any changes in the occupancy of Columbanus House (3) and Ceridwen (1).
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 45
<b>Brief description of how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 55 residents, many of whom have complex learning disabilities and may present with behaviours which challenge. The residential home is made up of 13 houses of various size and occupancy across a large site. The home is managed by a board of Trustees from Camphill Community and beds are commissioned by a number of trusts on a regional basis.	

## 2.0 Inspection summary

An unannounced inspection took place on 3 October 2022 from 9.30 am to 5.15pm, and on the 4 October 2022 from 9.30am to 4.45pm by two care inspectors.

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

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff spoke positively about working in the houses.

Areas requiring improvement were identified. Please refer to the Quality Improvement Plan (QIP) for details.

RQIA were assured that the delivery of care and service provided in Camphill Community Glencairg was safe, effective and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Camphill Community Glencairg.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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 on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team via teleconference on the 5 October 2022.

#### 4.0 What people told us about the service

Residents told us that they were happy in their environment, and enjoyed helping in the grounds or taking part in activities provided or facilitated by staff.

Residents unable to clearly verbally express their thoughts appeared relaxed and indicated through body language or non-verbal communication, such as smiling or giving the thumbs up.

Staff spoke positively of working in the homes, the training provided and the support of management. Staff emphasised the positive sense of community within the service.

Following the inspection, no additional feedback or comments were provided by staff residents or relatives.

#### 5.0 The inspection

##### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 7 & 8 December 2021		
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 30 (1) (d)  <b>Stated:</b> Second time	The registered person shall ensure that any estates issues which may adversely affect the care, health, safety or welfare of any resident, should be notified to RQIA through the web portal without delay.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall, having regard to the size of the residential care home, statement of purpose and the number and needs of residents –</p> <p>(a) Ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>This includes ensuring the presence of wake in staff at night.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was partially met and is now stated for a second time. Please refer to section 5.2.1 for further information.</p>	<p><b>Partially Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27(1)(b) &amp; E13</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a comprehensive refurbishment plan is developed, detailing specific and realistic timescales as to how the home will be kept in a good state of repair externally and internally.</p> <p>Floor coverings, wall finishes and soft furnishings should be reviewed and made good to ensure they remain suitable for the purpose of each room and meet health and safety and infection control requirements.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 29 (4) (a)</p> <p><b>Stated:</b> First time</p>	<p>The person carrying out the monthly Regulation 29 visit shall interview, with their consent and in private, such of the residents and their representatives and persons working at the home as appears necessary in order to form an opinion of the standard of provided in the home.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was met.</p>	<p><b>Met</b></p>

<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	<p>The responsible person shall ensure that the management of medicines that are transferred out of the home are appropriately packaged and labelled.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<b>Carried forward to the next inspection</b>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.4  <b>Stated:</b> First time	<p>The registered person shall ensure that arrangements are in place for staff to complete the home's care quality staff training, in line with their roles and responsibilities. This includes, but is not limited to, training in relation to communication, management of complex behaviours, autism awareness and epilepsy awareness.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was partially met and is now stated for a second time.</p> <p>Please refer to section 5.2.1 for further information.</p>	<b>Partially Met</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time	<p>Corridors and fire exits must remain free from obstruction and the practice of wedging open fire doors must cease immediately.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was met.</p>	<b>Met</b>

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 28.3  <b>Stated:</b> First time	<p>The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in Infection Prevention and Control measures and Control of Substances Hazardous to Health (COSHH).</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was partially met and is now stated for a second time. Please refer to section 5.2.3 for further information.</p>	<b>Partially Met</b>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 35.7  <b>Stated:</b> First time	<p>The registered person shall ensure that all staff employed in the home adheres to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual (PHA) Specifically that staff are bare below the elbow and not wearing nail polish or jewellery when on duty. Please refer to the following link for details: <a href="https://www.niinfectioncontrolmanual.net/hand-hygiene">https://www.niinfectioncontrolmanual.net/hand-hygiene</a></p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was partially met and is now stated for a second time. Please refer to section 5.2.3 for further information.</p>	
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 20  <b>Stated:</b> First time	<p>The registered person shall ensure that robust governance arrangements are implemented and maintained which ensure consistent and effective oversight by the manager within all resident areas. Completed monitoring reports and audits contain clear, time limited action plans and a review of any actions taken to ensure that the organisation is being managed in accordance with minimum standards.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was partially met and is now stated for a second time. Please refer to section 5.2.5 for further information.</p>	<b>Partially Met</b>

<b>Area for improvement 6</b>  <b>Ref:</b> Standard 6.4  <b>Stated:</b> Second time	The registered person shall ensure that the resident or their representative is given written notice of all changes to the agreement and these are agreed in writing by the resident or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 7</b>  <b>Ref:</b> Standard 32.1  <b>Stated:</b> First time	The registered person shall ensure that the maximum and minimum temperature of the medicines refrigerator is accurately monitored each day and corrective action taken if temperatures outside the required range are observed.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 8</b>  <b>Ref:</b> Standard 30.8  <b>Stated:</b> First time	The responsible person shall ensure that the process of auditing the management of medicines within the home is reviewed to ensure it is effective.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Review of training records following inspection indicated that some staff had not received care quality training in autism awareness, epilepsy awareness and fire training.

Following the inspection, RQIA received written assurances that any outstanding fire training was planned for November 2022. The management team also advised that a new training coordinator had recently been appointed to oversee the staff training process going forward. However; given that these arrangements had yet to be fully implemented, this area for improvement was stated for a second time.

The staff duty rota accurately reflected the staff working in the home on a daily basis. In one identified house, the person in charge was not identified on the rota. This was discussed with the management team for action.

Review of the staff rotas indicated that in some identified houses, minimum staffing levels were at times not being maintained. In discussion with the management team, it was identified that systems were in place, when staffing levels fell below minimum numbers, for staff to alert senior management to staffing deficits. This system of reporting issues was not being consistently adhered to by staff. The area for improvement around staffing levels was stated for a second time.

It was noted that staff responded to the needs of the residents in a timely, caring and compassionate way; and to provide residents with a choice on how they wished to spend their day. For example going out for walks, or spending time in their room.

Staff told us that the residents' needs and wishes were very important to them. Staff said there was good team work and that they felt supported in their role, and the level of communication between staff and management.

### **5.2.2 Care Delivery and Record Keeping**

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs, and able to comfort, reassure and redirect residents if they became agitated or distressed.

Resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. There was good communication reported within individual homes.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise, and the atmosphere was calm, relaxed. Residents enjoyed their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Lunch was a pleasant and unhurried experience for the residents.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were adequately maintained, and updated to ensure they continued to meet the residents' needs. In one identified house, there was no care plan around speech and language therapist (SALT) recommendations. In another identified house, there was limited evidence that care plans were being regularly reviewed, these dates not being clear on the care plans. This was discussed with the management team and an area for improvement was identified.

Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate. Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home. There were separate review arrangements for any resident whose placement was not arranged through a Health and Social Care Trust.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that, overall, the houses were clean, tidy and had 'homely' touches such as artwork, crafts and pictures that were on display.

Residents' bedrooms were furnished depending on the resident's needs, and personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

Issues with the Management of Substances Hazardous to Health (COSHH) policy were identified in some houses. Carpet cleaning chemicals, aromatherapy oils, laundry chemicals and a container of latex was found not securely stored and accessible to residents. This was shared with the management team for immediate action, and an area for improvement was stated for a second time.

Some environmental improvements were required, specifically in Dell O Grace, Craigowen, Samaria and Columbanus.

This included a small number of broken windows; flooring and carpet needing to be repaired/replaced; broken furniture and broken radiator covers. An area for improvement was identified.

In Dell O Grace, work had been completed to rearrange living accommodation; the purpose of living spaces had been changed, and a new entrance/exit door had been created. This change to a registered service had not been appropriately notified to, or approved by RQIA. This was discussed with the management team and a retroactive variation is to be submitted to RQIA. An area for improvement was identified.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. However; some staff were not fully adhering to hand hygiene best practice as some were not bare below the elbow and one wore nail varnish. An area for improvement was therefore stated for a second time.

Visiting arrangements were risk assessed and were in place with positive benefits to the physical and mental wellbeing of residents.

#### **5.2.4 Quality of Life for Residents**

There was a homely atmosphere in each house during the inspection.

Residents appeared to be well cared for. They were well dressed and staff interacted in a positive, attentive and kind way. Houses were personalised with items such as pictures and artwork belonging to residents. Staff and residents appeared to take pride in their surroundings.

Staff were knowledgeable about the resident's needs, and spoke highly of the ethos of the service and how it supported residents to live with as much independence as possible.

Discussion with staff and observation of practice showed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, and taking part in spiritual and creative events.

Residents had the opportunity to spend time in the large grounds, and many were involved in helping in the upkeep of these. The grounds facilitated seasonally dependent activities for the residents including horse riding and barbeques.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Mrs Ellen McVeigh has been the manager in this home since 28 June 2021. The manager is supported by a governance lead, two deputy managers, and individual houses have team leaders, who act as the person in charge at each shift.

There was evidence that systems of auditing were in place to monitor the quality of care and other services provided to residents. It was good to note that there was an improvement in this area since the last care inspection, with better systems in place. However; completed audits did not include detailed action plans or clear evidence that identified actions had been addressed; nor were they dated and signed by staff. Therefore this area for improvement was only partially met and is stated for a second time.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.

Staff commented positively about the management team and described them as supportive and available for guidance.

The houses were visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

## 7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	9*

\* the total number of areas for improvement includes one regulation and four standards that have been stated for a second time, and one regulation and three standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Ellen McVeigh, manager, and the management team as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection onwards  (28 July 2022)	<p>The responsible person shall ensure that the management of medicines that are transferred out of the home are appropriately packaged and labelled.</p> <p>Ref: 5.1</p>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next care inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 (1)  <b>Stated:</b> Second time  <b>To be completed by:</b> From the date of inspection	<p>The registered person shall, having regard to the size of the residential care home, statement of purpose and the number and needs of residents –</p> <p>(b) ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>This includes ensuring the presence of wake in staff at night.</p> <p>Ref : 5.1&amp; 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All rotas are planned in advance and suitably qualified competent and experienced staff are assigned to support the residents. There are unforeseen circumstances, short notification of sickness, staff absent, and on occasions gaps will occur. All avenues are explored including email sent to all care staff to call for assistance, agency, bank staff, requested. On a rare occasion, if staff cover cannot be found an alternative arrangement is agreed with safeguarding on call, i.e shared waker, two sleepers, support from an alternative house is agreed. This system is in place to provide the best alternative in an extreme situation and maintain safety of residents at all times.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 32 (1)(h)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 03January 2023</p>	<p>The registered person shall give notice in writing to the Regulation and Improvement Authority as soon as practicable to do so when the premises of the home are significantly altered or extended. This is stated in relation to Del O Grace.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> We have been advised by RQIA estates "there is no issue with the work that has been completed, but will ensure that the changes are noted and approved on our systems". A minor variation has been submitted, 20.10.22, as requested. Any follow up documents will be subsequently provided if required.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 15 June 2020</p>	<p>The registered person shall ensure that the resident or their representative is given written notice of all changes to the agreement and these are agreed in writing by the resident or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 32.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards (28 July 2022)</p>	<p>The registered person shall ensure that the maximum and minimum temperature of the medicines refrigerator is accurately monitored each day and corrective action taken if temperatures outside the required range are observed.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 30.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 August 2022</p>	<p>The responsible person shall ensure that the process of auditing the management of medicines within the home is reviewed to ensure it is effective.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next care inspection.</b></p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23.4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 February 2023</p>	<p>The registered person shall ensure that arrangements are in place for staff to complete the home's care quality staff training, in line with their roles and responsibilities. This includes, but is not limited to, training in relation to communication, management of complex behaviours, autism awareness and epilepsy awareness.</p> <p>Ref: 5.1&amp; 5.2.1</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 28.3</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> with immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>On commencement of employment all staff are required to enrol and complete induction training. The training programme consists of both elearning and face to face trainings. Training is renewed in line with the regulatory framework. Since mid October 2022 a learning and develeopment Co-ordinator has been in post. The Learning and development co-ordinator has produced a training calender for 2023. The learning and developemnt coordinator provides a monthly training matrix for the registered manager which provides an overview of staff compliance.</p>
	<p>The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in Infection Prevention and Control measures and Control of Substances Hazardous to Health (COSHH).</p> <p>Ref: 5.1&amp; 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>All staff complete COSHH training. All staff are aware to store cleaning and laundry chemicals in a safe area so they are not accessible to residents. Storage space is available in all areas to comply with this requirement. All staff have been advsied to ensure this is adhered to.</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 35.7</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered person shall ensure that all staff employed in the home adheres to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual (PHA) Specifically that staff are bare below the elbow and not wearing nail polish or jewellery when on duty. Please refer to the following link for details:</p> <p><a href="https://www.niinfectioncontrolmanual.net/hand-hygiene">https://www.niinfectioncontrolmanual.net/hand-hygiene</a></p> <p>Ref: 5.1&amp; 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>During inspection 1 staff member was wearing nail polish. All staff are aware this is not an accepted practice and have been reminded of this. It is not always possible due to presenting behaviours and amount of outdoor activities for staff to be bare below elbow. Where it is safe and practical to do so staff will adhere to this. However the complexities of the residents does not always allow for this. Each care plan is followed to provide best practice for each residents and supported by MDT.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 20</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered person shall ensure that robust governance arrangements are implemented and maintained which ensure consistent and effective oversight by the manager within all resident areas. Completed monitoring reports and audits contain clear, time limited action plans and a review of any actions taken to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>Ref: 5.1&amp; 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>We have reviewed our auditing processes to ensure all audits include action plans and a review of actions within an agreed timeframe.</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The responsible person shall ensure that the care plan is kept up to date and reflects the resident's current needs. This is stated in relation to the identified residents SALT care plan.</p> <p>Ref: 5.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All care plans are reviewed. keyworkers have been advised to ensure any changes are added to care plans and dated and signed. A copy of the SALT and care plan held on file and recommendations displayed in relevant areas.</p>

<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 January 2023</p>	<p>The registered person shall ensure that the environmental issues identified in the report in relation to, Dell O Grace, Craigowen, Samaria and Columbanus are addressed.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>This work has been carried out, windows, carpets, have been removed replaced as required. Broken radiators covers replaced. A robust maintenance response is in place and urgent work is prioritised. There are some external factors which can delay materials arriving on time however this has improved as more companies deliver and attend to jobs following COVID. In addition monthly meetings are held to maintain collective oversight of any outstanding issues.</p>

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



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