

# Unannounced Care Inspection Report 18 October 2018



## Glenowen Court

**Type of Service: Residential Care Home**  
**Address: 177a Andersonstown Road, Belfast, BT11 9EA**  
**Tel No: 028 9060 2898**  
**Inspector: Priscilla Clayton**

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

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 44 persons in the categories of care cited on the home’s certificate of registration and detailed in section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Radius Housing Association  <b>Responsible Individual:</b> Fiona McAnespie	<b>Registered Manager:</b> Siobhan Savage
<b>Person in charge at the time of inspection:</b> Siobhan Savage	<b>Date manager registered:</b> 2 November 2015
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category DE – Dementia MP – Mental disorder excluding learning disability or dementia MP (E) – Mental disorder excluding learning disability or dementia – over 65 years LD – Learning Disability LD (E) – Learning disability – over 65 years PH (E) – Physical disability other than sensory impairment – over 65 years SI – Sensory Impairment	<b>Number of registered places:</b> Total number 44 comprising: 24 – RC - I 10 – RC - DE 05 – RC – LD/LD (E) 02 – RC – SI 03 - RC-MP/MP (E)

### 4.0 Inspection summary

An unannounced care inspection took place on 18 October 2018 from 10.00 to 18.00 hours.

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 the promotion of a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. There were further examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control (IPC), risk management and effective team working.

One area identified for improvement related to the signing/dating of care plans. Positive responses regarding the quality of care were received from residents, staff and relatives. No issues or concerns were raised or indicated.

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>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Siobhan Savage, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 29 March 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 29 March 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 registered manager, 18 residents, five staff and three residents' visitors/representatives.

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. Two questionnaires were returned by residents. No staff questionnaires were returned within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records

- Annual Quality Review report
- Minutes of recent residents' meetings/representatives' meetings
- Evaluation report from annual quality assurance survey
- 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.
- Resident Individual written agreements
- Programme of activities
- Policies and procedures relevant to this inspection

An inspection of the internal environment of the home was undertaken.

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 29 March 2018

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

### 6.2 Review of areas for improvement from the last care inspection dated 29 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 20.2 <b>Stated:</b> First time	The registered person shall ensure that monthly audits of accidents/incidents are conducted to enable identification of trends and patterns. Action plans should be developed to address issues to minimise recurrence.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Audits of accidents/incidents alongside action plans were in place.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 27.8</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all portable electrical appliances have had a PAT (Portable Electric Appliance) tested to ensure these are in safe working order. Where necessary action should be taken to ensure these are not used until checks were undertaken. (Electric Appliances at Work Regulations)</p> <p><b>Action taken as confirmed during the inspection:</b>  The registered manager advised that all portable electrical appliances were checked. PAT testing was undertaken as recommended.  Records of PAT testing were retained.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the annual quality report reflects systems in place for reviewing at appropriate intervals the quality of care and improvements made as a result of audits undertaken. For example; analysis of audits undertaken, resident satisfaction surveys conducted alongside action taken and improvements made as a result.</p> <p>The registered person should ensure the recording of action taken to address negative responses from the residents' satisfaction survey and the action taken/improvement made, within the resident annual satisfaction report.</p> <p><b>Action taken as confirmed during the inspection:</b>  Review of the annual quality report (2017) reflected improvements as outlined within this recommendation. The registered manager advised that the forthcoming annual report for 2018 will reflect satisfaction survey responses and if necessary action taken to address negative responses.</p>	<p><b>Met</b></p>



## 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 registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff were commissioned occasionally to cover leave when permanent staff were unable to work additional shifts. The registered manager stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care. Discussion with the registered manager further highlighted that any turnover of staff was kept to minimum where possible and was monitored by the management of the home.

No issues or concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home at the time of inspection.

Discussion with 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 registered manager. Staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Review of the recruitment and selection policy and procedure dated 21 June 2016 confirmed compliance with current legislation and best practice.

The registered manager advised that staff were recruited in compliance with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. Written confirmation of compliance was received from the human resource department during the inspection.

The registered manager advised that Access NI enhanced disclosures was always undertaken for all staff prior to the commencement of employment.

A 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.

A register of staff working in the home was available and contained all information as outlined within the legislation.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

Staff who spoke with the inspector demonstrated knowledge and 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 would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained. Appropriate action plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that resident care needs and risk assessments were obtained from the commissioning health and social care trust (HSCT) prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager advised there were restrictive practices within the home, notably the use of locked doors, keypad entry systems, lap belts, pressure alarm mats, alarm tags and management of smoking materials. In the associated care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, 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 HSCT and noted to be regularly updated and reviewed as necessary. The registered manager was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

There was an Infection Prevention and Control policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE) including disposable gloves and aprons were 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 registered manager reported that there had been no outbreaks of infection within the last year. Discussion with the registered manager provided assurance that any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the commissioning trust and RQIA with appropriate records retained.

The notification of accidents submitted to RQIA since the previous care inspection and associated Statutory Notification Guidance issued by RQIA were discussed with the registered manager who confirmed that only those which require to be notified would be submitted including the correct category of care. The registered manager advised that they were aware of the "Falls Prevention Toolkit" and were using similar guidance to improve post falls management within the home.

Audits of accidents/falls were undertaken on monthly basis and analysed for trends and patterns by the registered manager; an action plan was developed in an attempt to minimise the risk of recurrence. Monitoring of accidents/incidents was also undertaken by the care services manager, Radius governance team and the commissioning trust who all receive notifications of accidents/incidents from the registered manager. The senior care assistant advised referrals made to the trust falls team when necessary although stated that the waiting list can be lengthy.

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. The registered manager advised that plans were in place to replace the lift to levels 1-3 and that RQIA would receive the required statutory notification before work would take place.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly, for example, Control of Substances Hazardous to Health (COSHH), fire safety, moving and handling and smoking.

The home had an up to date Legionella risk assessment which was dated 28 January 2018. The registered manager advised that recommendations arising from this risk assessment had been actioned.

The home had a smoking policy in place which was dated 29 June 2017. It was established that four residents who smoked used the designated outside sheltered area. A review of two care records identified that a risk assessment and corresponding care plans had been completed in relation to smoking. Review of accident/incident records highlighted that one resident had smoked within their bedroom on one occasion. This matter was discussed with the registered manager who advised that immediate action was taken at the time and the commissioning trust notified. The registered manager advised that close monitoring and management of smoking materials were in place and detailed within the resident's care plan.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

Discussion with the registered manager and review of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date.

The home had an up to date fire risk assessment which was dated 05 June 2018. Eleven recommendations were made. Four recommendations had been dated and signed as actioned. The registered manager stated that the remaining recommendations were being followed up with the organisation's estates officer.

An RQIA estates checklist of risk assessments relating to legionella, fire risk, hoists and slings and NIAIC alerts was completed, dated and signed by the registered manager and returned to the inspector during the inspection.

Review of staff training records confirmed that staff completed fire safety training twice annually. 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, emergency lighting and means of escape were checked weekly/monthly as required and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents, staff and residents' visitors/representatives spoken with during the inspection made the following comments:

- "Great home, everything is to my satisfaction, I would give it 10 out of 10" (resident)
- "We can see our care plan if we want to" (resident)
- "Totally safe home, no issues or concerns" (staff)
- "We have staffing levels to meet residents' needs" (staff)
- "Always enough staff around seeing to residents" (relative)

Two completed resident questionnaires were returned to RQIA. Respondents described their level of satisfaction with the safe delivery of care as "very satisfied."

### Areas of good practice

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

### Areas for improvement

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

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

## 6.5 Is care effective?

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

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

There was a records management policy in place which included the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR). A review of three care records confirmed that these were held electronically in the computer system known as "Epic" and in hard copy format. Care staff confirmed that they had ready access to electronic care plans by way of monitoring screens positioned throughout the home. Records retained included an up to date assessment of needs which were complemented with associated risk assessments, life history, care plans and daily/regular statement of health and well-being of the resident. A hard copy of the care plan was available to each resident or if appropriate, their representative if desired.

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. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. As discussed with the registered manager one area identified as requiring improvement related to ensuring that care plans are dated and signed in accordance with 6.3 of the DHS Residential Care Minimum Care Standards as two hard copies of care plans were unsigned.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff and review of three care records evidenced 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, person centred care plans were discussed and agreed with the resident or their representative, as appropriate. It was agreed with the registered manager that obtaining residents'/relatives' signatures and recording dates within care plans an essential aspect to confirming their involvement in the care planning process.

A varied and nutritious four weekly rotating seasonal menu was provided to meet the individual and recorded dietary needs and preferences of the residents. The daily menu was displayed. Special diets were provided as required. Dining room tables were observed to be set with table cloths, a range of condiments and central small flower arrangements. The midday meal was served to residents by staff in a professional and respectful manner. Adequate sized portions of food being served were nicely presented. Systems were in place to regularly record residents' weights and any significant changes in their weight were responded to appropriately by staff. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's associated risk assessments and care plans. Following the meal, residents who spoke with the inspector indicated satisfaction with their meal and commended the cook on the food served and on the daily provision of freshly baked cakes/pastries provided during mid-morning and afternoon snacks.

Inspection of the kitchen evidenced a high standard of cleanliness throughout with all equipment reported to be in good working order. Records of food deliveries/storage/fridge temperatures were recorded as required. The home achieved the high score of 5 in food hygiene/standards by environmental health. The cook and kitchen staff are to be commended in this regard.

Discussion with the registered manager and staff confirmed that any nursing care required by residents is managed by community nursing services, for example, diabetic management and wound care. Referrals were made to other health and social care professional staff as required, for example, social worker, podiatrist, optician, general practitioner, speech and language therapist, occupational therapy and dietician. A review of care records and accident and incident reports, confirmed that referrals to other healthcare professionals was timely and responsive to the assessed needs of the residents.

The registered manager advised 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 reviews, accidents and incidents, complaints, environment, catering were available for inspection and evidenced that any areas identified for improvement were addressed through time bound actions which were incorporated into practice. Further evidence of auditing was contained within the reports of the visits by the registered provider and the annual quality review report.

The registered manager advised that the commissioning trust's CReST (Care Review and Support Team) team visit the home on a monthly basis to review the individualised care which is commissioned. Feedback on the visit was provided to the registered manager.

The registered manager 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, newsletters and staff shift handovers. Minutes of three monthly staff meetings and resident meetings were reviewed during the inspection. These were satisfactorily recorded in accordance with minimum standards.

Observation of practice evidenced that staff communicated effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy to everyone in regard to communication within the home.

There were systems in place to ensure openness and transparency of communication, for example, reports of monthly visits by the registered provider, RQIA inspection reports, annual satisfaction survey report and resident newsletter were available on request for residents, their representatives any other interested parties.

The registered manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Residents, staff and visitors spoken with during the inspection made the following comments:

- "I feel we get very good care here and would not want to move" (resident)
- "I am very pleased with the care provided here and can leave content knowing my relative is well cared for" (visitor)
- "We have all the resources we need to provide effective care" (staff)

Two completed resident questionnaires were returned to RQIA. Respondents described their level of satisfaction with this aspect of the delivery of effective care as “very satisfied”.

### Areas of good practice

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

### Areas for improvement

One area identified for improvement related to ensuring that care plans are signed and dated by the resident or representative as appropriate, staff member and registered manager.

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

#### 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 were in place which supported the delivery of compassionate care.

The registered manager advised 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.

The registered manager, residents and staff advised that consent was always sought in relation to care and treatment, as appropriate. Discussion with staff and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting and safeguarding residents’ rights, independence, dignity and confidentiality.

Discussion with staff and residents confirmed that residents’ spiritual and cultural needs were met within the home. Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, nutrition, where appropriate.

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. Residents who were spoken with confirmed that they were listened to, valued and communicated with in an appropriate manner and that their views and opinions were taken into account in all matters affecting them. In addition, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, daily discussions, residents’ meetings and visits by the registered provider.

Residents were consulted, at least annually, about the quality of care and the home’s environment. The findings from the consultation were collated into a summary report and an action plan was made available for residents, relatives and other stakeholders to read.

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, arts/crafts, passive exercise, bingo, card games and skittles. One care assistant described the various activities and events which were provided and how much residents had enjoyed travelling by train with staff during the summer months to Lisburn and Bangor. This aspect of person centred care commended. The programme of activities was displayed in a suitable format in the hallway so that residents and their representatives know what is scheduled.

The programme of activities is reviewed regularly to ensure it meets residents’ changing needs.

Residents, staff, visiting professionals and residents’ relatives spoken with during the inspection made the following comments:

- “Yes staff are kind and treat us with respect, they are always around to help if we need anything” (resident)
- “I feel staff are kind and considerate, I am always made to feel welcome.” (relative)
- “We always treat our residents with dignity and respect” (staff)

Two completed questionnaires were returned to RQIA. Respondents described their level of satisfaction with the provision of compassionate care as very satisfied.

**Areas of good practice**

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

**Areas for improvement**

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

	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 registered manager 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.



At operational level the registered manager is supported in her role by a mixed skill team of care and ancillary staff. Support is provided at senior management level by the care service manager/responsible person who are in regular contact with the registered manager. The registered manager stated that the registered provider is kept informed regarding the day to day running of the home by way of management meetings, telephone calls, emails and visits to the home.

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 Resident's Guide. Discussion with the registered manager identified that she had a good understanding of her role and responsibilities under the Residential Care Homes Regulations (Northern Ireland) 2005.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager stated that policies and procedures were being currently reviewed and revised to ensure that the name of the registered provider was accurately referenced.

There was a complaints policy and procedure in place which was in accordance with current 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. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other concerned party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The home retains compliments received, for example, thank you letters and cards and systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. As discussed in section 6.4 of this report an audit of accidents and incidents which had been undertaken was reviewed as part of the inspection process and found to be satisfactory. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents and training with feedback integrated into practice which contributed to continuous quality improvement.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines were made available to staff, including, DoH guidelines and NISCC



communications. Staff were provided with mandatory training and additional training opportunities relevant to their roles/responsibilities. Additional professional development training included, for example; mental health awareness, oral health, human rights and dementia awareness.

Visits 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. An action plan was developed to address any issues identified which include timescales and persons responsible for completing the action(s).

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider/s responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the current RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure which was dated 29 June 2017. Discussion with staff confirmed that they were knowledgeable regarding this and how such support is provided.

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.

Residents, staff and residents' visitors/representatives spoken with during the inspection made the following comments:

- "There is good team working which is well led." (staff)
- "I feel we are very well supported by the manager through team meetings and supervision." (staff)
- "The manager is always about and sees that everything is ok." (resident)
- "I am aware of how to make a complaint if I ever needed to and feel that the manager would listen and deal with any issues raised." (relative).

Two completed questionnaires were returned to RQIA following the inspection. Respondents described their level of satisfaction with the provision of well led care as "very satisfied".

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

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

	Regulations	Standards
<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 Siobhan Savage, registered manager, as part of the inspection process. 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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the resident or their representative, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p>
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<p><b>To be completed by:</b> 31 December 2018</p>	<p>Ref: 6.5</p>
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	<p><b>Response by registered person detailing the actions taken:</b> This has been actioned the care plan has been signed as stated.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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