

Unannounced Care Inspection Report 6 September 2017



Haypark

Type of Service: Residential Care Home
Address: 36 Whitehall Parade, 36 Whitehall Parade,
Belfast, BT7 3GX
Tel No: 028 9064 1784
Inspector: Kylie Connor

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 with 30 beds that provides care for residents within the categories of care the home is registered for as described in the table in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Haypark Homes Ltd Responsible Individual: Mr J McWhirter	Registered Manager: Jennifer McClean
Person in charge at the time of inspection: Nan McConville, assistant manager Jennifer McClean, registered manager from 11:30	Date manager registered: 1 April 2005
Categories of care: 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	Number of registered places: 30 comprising: 30 – I – Old Age 5 – DE - Dementia 1 – MP/MP (E) - Mental disorder excluding learning disability or dementia / Mental disorder excluding learning disability or dementia – over 65 years

4.0 Inspection summary

An unannounced care inspection took place on 6 September 2017 from 10.15 to 17.10.

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 home's décor, communication between residents, staff and other key stakeholders and maintaining good working relationships.

Areas requiring improvement were identified in regard to recruitment procedures, staff supervision and appraisal, induction records, staff meetings, fire safety, security in accessing the home and the programme of activities.

Residents said that the standard of care delivered, the décor and cleanliness of the home and quality of food were all very good. Some residents were interested in more activity provision and some residents were not.

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
Total number of areas for improvement	3	10

Details of the Quality Improvement Plan (QIP) were discussed with Jennifer McClean, registered manager and Mr J McWhirter, responsible person, 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 February 2017.

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 14 residents, the registered manager, the assistant manager, the responsible person, two care staff and three ancillary staff.

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Twelve questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff training schedule/records
- One staff recruitment file
- Three resident's care records
- Minutes of recent staff meetings
- Compliment records
- Accident/incident/notifiable events register
- Minutes of the last residents' meeting
- Monthly monitoring reports
- Activity records.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the registered manager and responsible individual at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 August 2017

The most recent inspection of the home was an unannounced medicines management inspection. A QIP was not required following the inspection.

6.2 Review of areas for improvement from the last care inspection dated 14 February 2017

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
Area for improvement 1 Ref: Regulation 27(2)(t) Stated: First time	The registered provider must risk assess all wardrobes in accordance with current safety guidelines with subsequent appropriate action.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following an inspection of parts of the home and inspection of an audit template completed which confirmed that all wardrobes had been secured to the wall.	

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 staffing levels for the home were discussed with the registered manager who advised that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. One returned staff questionnaire commented that 'sometimes it can feel a bit short-staffed.' This was shared with the registered manager who gave assurances that staffing levels would remain under review. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

One personnel record reviewed did not contain an induction record pertaining to an in-house induction. An area for improvement was identified. Action is required to comply with the standards. The registered manager advised that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. There was evidence that the staff member had attended a two day induction with an external training provider.

Discussion with staff and review of two personnel records confirmed that supervision and appraisal of staff had not been provided in accordance with the standards. One annual appraisal had last been undertaken in 2013 and neither personnel file held a record of supervision. A policy and procedure was not in place in regard to supervision and appraisal of staff. Two areas for improvement were identified. Action is required to comply with the regulations and standards. The inspector advised the registered manager that consideration should be given to using a schedule for managing staff supervision and annual appraisals.

A schedule for mandatory training was reviewed. The inspector was advised that the schedule needed to be updated. Some mandatory training had been provided, but gaps were identified for staff across all mandatory training areas. The registered provider gave assurances that the schedule and the process for managing mandatory training would be improved.

A policy and procedure was not in place in regard to supervision and appraisal. An area for improvement was identified. Action is required to comply with the regulations.

Discussion with the registered manager and review of one staff personnel record confirmed that the staff member had not been recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The staff member had commenced employment prior to the enhanced AccessNI disclosure being obtained and viewed by the registered manager; a full employment history had not been obtained and as a result, if there were gaps in employment these had not been explored. An area for improvement was identified. Action is required to comply with the standards.

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

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures and a copy was available for staff within the home. Staff were knowledgeable of some types of abuse and had an understanding of adult safeguarding principles. They were aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

Discussion with the registered manager, review of accident and incidents notifications, care records and confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager advised there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager advised that there were restrictive practices employed within the home, notably locked doors, keypad entry systems, bed rails, pressure alarm mats, lap belts and management of smoking materials. Discussion identified that arrangements for the use of lap belts had not been documented in care plans. The registered manager advised that this would be completed. The registered manager advised that the remaining restrictive practices were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The registered manager advised that there were risk management policy and procedures in place including fire safety and Control of Substances Hazardous to Health (COSHH). A risk assessment had not been carried out in regard to the smoke room. The registered manager advised that this would be completed and that a fire blanket would be fitted in the smoke room.

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. 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. There were no notices promoting good hand hygiene displayed throughout the home. The inspector advised that notices in both written and pictorial formats should be displayed in bathroom areas.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. An issue was identified in regard to the management of access into the home by visitors to ensure the safety of residents, especially regarding access to the first and second floors. Two bedroom doors were wedged open and both residents told the inspector that it was their preference to have their bedroom door held open. Two areas for improvement were identified. Action is required to comply with the standards. There were no other obvious hazards to the health and safety of residents, visitors or staff.

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.

Staff spoken with during the inspection made the following comments:

- "It's (the training) very, very helpful. It's nice to be refreshed and get new ideas to put into practice."
- "Training is on-going. We did dental training recently....there is always a training schedule put up a month before."
- "(staff meetings take place) Maybe twice a year for everyone."

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

Comments from staff and a resident’s representative were as follows:

- “The home is safe, clean and residents well looked after.” (staff)
- “The staff are very good to my mother.” (residents representative)

Areas of good practice

There were examples of good practice found in regard to the décor and cleanliness of the home.

Areas for improvement

Seven areas for improvement were identified in regard to supervision and appraisal and a policy and procedure in this regard, mandatory training, recruitment procedure, staff induction records, fire safety and security of access to the home.

	Regulations	Standards
Total number of areas for improvement	2	5

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.

A review of three care records confirmed that these were largely maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (bedrail, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. A care plan pertaining to the management of diabetes had not been completed where appropriate and risk assessments pertaining to manual handling and nutrition had not been completed where appropriate. A smoking risk assessment reviewed did not identify or detail the risks, hazards or actions taken to manage these. Three areas for improvement were identified. Action is required to comply with the standards.

The care records also 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. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. Staff, for example, spoke of making meals at different times for residents to accommodate appointments

or trips out with family or friends; of making favourite dishes for some residents including fish pate and really hot curries, ‘because they really like it.’

The registered manager advised that systems were in place to ensure communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews and staff shift handovers.

The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home. The last staff meeting took place on 6 December 2016. An area for improvement was identified. Action is required to comply with the standards.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. A residents’ meeting had last taken place on 11 May 2016. Whilst some staff spoken to reported little interest from residents in attending these meetings, a number of residents spoken to expressed interest. The registered manager acknowledged that a number of new residents had been admitted into the home in the last year and agreed to re-commence residents meetings without delay.

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

Staff spoken with during the inspection made the following comments:

- “They work together as a team.”
- “We have brilliant teamwork and a lot have staff have been here for years and years.”

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

Comments received from staff and were as follows:

- “Could have more staff meetings.” (staff)

Areas of good practice

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

Areas for improvement

Areas for improvement were identified in regard to the range of risk assessments completed, completion of a care plan for the management of diabetes and the frequency of staff meeting held in the home.

	Regulations	Standards
Total number of areas for improvement	0	4

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.

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.

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. Staff for example spoke of the importance of taking time to explain options with residents. Residents spoke of staff explaining the daily menu options and of making their choice.

The registered manager and residents advised that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff had an awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

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 had not been consulted with in the last year about the quality of care and environment. The registered manager advised the inspector that a survey would be completed by the end of the calendar year with residents, their representatives and staff with a report and action plan produced.

Discussion with staff, residents and a review of activity records confirmed that an activity programme was not in place. Staff were able to locate laminated daily activity programmes previously used in the home. An area of improvement was identified. Action is required to comply with the standards. Staff spoke of a local choir coming into the home to sing on two evenings per month and of a range of activities including, occasional games of bingo, impromptu singing and dancing, occasional walks and sitting in the garden in good weather. Activity records evidenced that two different entertainers were contracted in by the home to provide musical based entertainment and activity for residents. During the months of June, July and August 2017 records evidenced that these entertainers came to the home on 11 occasions. Residents spoken to who had participated in these events talked of their enjoyment of these. The inspector advised the registered manager that consideration should be given to creating a residents' representatives / visitors notice board to provide information regarding areas of interest including menus, activities, the latest satisfaction survey report and upcoming events in the home etc.

Residents spoken with during the inspection made the following comments:

- “See the staff you couldn’t get better. The manager is lovely and (staff) couldn’t do enough for you. They are brilliant. The food is outstanding.”
- “I just wish that there was more to do.”
- “A priest has come to me once a month.”
- “I’m a vegetarian and they can cope with it.”
- “I’m not interested in any activities.”
- “There is a woman who comes in to sing and a man too.”
- “I like it, (living in the home). It’s good, plenty of good craic.”
- “It (more activities) would give you a wee bit of a lift but not every day. Sometimes we start singing the old songs.”
- “It can be dead, nothing going on.”
- “We do quizzes now and again.”
- “We get a laugh.”

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

Comments received from a resident’s representative and staff included:

- “They look after my mother and listen to her stories and always has her hair done.” (residents representative)
- “If patients are able they will discuss decisions involving their care.” (staff)

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 meals provided.

Areas for improvement

One area for improvement was identified in regard to the programme of activities.

	Regulations	Standards
Total number of areas for improvement	0	1

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. Some areas identified throughout the report were found to be in need of improvement. In addition, an annual quality review report had not been completed. An area for improvement was identified. Action is required to comply with the regulations.

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.

The registered manager advised that a range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints. Residents spoken to confirmed that they could approach staff if they had a complaint. The registered manager advised the inspector that there had been no complaints received in the last year.

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

The registered manager advised that there was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Management and governance systems need to be improved in a number of areas identified in the report. A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 however the inspector advised that consideration is given to reviewing and improving the range of governance within the reports.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home through daily conversations.

The registered manager advised that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

The manager advised that the home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered

manager advised that staff could also access line management support to raise concerns and that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

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

One area for improvement was identified in regard to the completion of an annual quality review report.

	Regulations	Standards
Total number of areas for improvement	1	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 Jennifer McClean, registered manager and Mr J McWhirter, responsible person, 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 to Care.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 20. – (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered person shall ensure that staff receive appraisal and mandatory training.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: a Staff appraisal forms have been included in all staff personal files and shall be completed on an annual basis by the Manager and Directors, where applicable, to monitor performance levels with a view to maximising the effectiveness of the member of staff. All new staff shall also be appraised after six weeks and then every three to six months bThe staff mandatory training programme is in place and an overview schedule has been created for easy reference. The revised schedule shall commence wef 2 October 2017 - records of attendance shall be kept on the staff personal files and certification documentation shall be kept on separate category files. This schedule shall be monitored and updated on an ongoing process. This mandatory training programme is provided by Staff Training.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20. – (2)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered person shall ensure that all staff are appropriately supervised in accordance with standard 24.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Managers and Senior members of staff will supervise all new and current staff on an ongoing basis with records kept on their personnel files including appraisal, induction process and training schedules - as per the Home's policy book.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 17. (1) (3)</p> <p>Stated: First time</p> <p>To be completed by: 30 January 2018</p>	<p>The registered person shall ensure that an annual quality review report is completed which includes consultation with residents and their representatives.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The annual quality review has been instituted and shall include feedback following consultation with the Residents and their representatives.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 23.1</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2017</p>	<p>The registered person shall ensure that the induction records are retained; the induction record in the identified personnel record should be available for inspection.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Induction records shall be kept on the personal staff files and shall be available for inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered person shall ensure that a policy and procedure is developed for the supervision and appraisal of staff.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A policy and procedure has been established for the supervision and appraisal of staff. This includes a Staff Annual Quality Review questionnaire to be completed by all members of staff.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2017</p>	<p>The registered person shall ensure that all recruitment checks are carried out before making an offer of employment. The identified record should be reviewed to ensure that a full employment history is obtained and any gaps explored with explanations recorded.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: We have a standard pre-employment procedure in place to monitor fully all aspects and recruitment checks before we offer employment to new members of staff which shall include their employment history with full explanations of any gaps in said history. The identified record has been reviewed to confirm that full employment history completed and recorded.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 27.6</p> <p>Stated: First time</p> <p>To be completed by: 10 October 2017</p>	<p>The registered person shall ensure that security measures are operated that restrict unauthorised access to the home to protect residents and their valuables, the premises and their contents.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: We have in place a policy to secure the Residents and their property from unauthorised access and shall continue to monitor and improve this process on an ongoing basis</p>

<p>Area for improvement 5</p> <p>Ref: Standard 29.2</p> <p>Stated: First time</p> <p>To be completed by: 10 October 2017</p>	<p>The registered person shall ensure that a risk assessment is completed prior to suitable swing free hold open devices linked to the smoke alarm are fitted to the two identified bedroom doors; undertake a review regarding the need for additional hold open devices in the home and action findings.</p> <p>Ref: 6.4</p>
<p>Area for improvement 6</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 10 October 2017</p>	<p>Response by registered person detailing the actions taken: We have completed a risk assessment of the swing free hold open door devices and have already fitted the two identified rooms with devices linked to the smoke alarms. We shall continue to monitor this situation and fit said devices wherever this action is required</p> <p>The registered person shall ensure that the range of risk assessments completed regarding the delivery of care or behaviour are reviewed to ensure risks are assessed including areas such as nutrition and manual handling etc.</p> <p>Ref: 6.5</p>
<p>Response by registered person detailing the actions taken: The Residents care plan includes a review of nutrition and moving and handling and shall be monitored on an ongoing basis.</p>	
<p>Area for improvement 7</p> <p>Ref: Standard</p> <p>Stated: First time</p> <p>To be completed by: 10 October 2017</p>	<p>The registered person shall ensure that smoking risk assessments are improved to include the identification of all risks, hazards and what arrangements and actions are in place to reduce and manage these.</p> <p>Ref 6.5</p> <p>Response by registered person detailing the actions taken: A smoking room risk assessment has been completed both in June and September 2017 and annual reviews are in place to monitor on an ongoing basis together with the appropriate Fire Authority - a fire blanket has been installed in the smoking room. Smoking risk assessments have been included in the Resident's care plans.</p>

<p>Area for improvement 8</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 10 October 2017</p>	<p>The registered person shall ensure that a care plan for the management of diabetes is completed for anyone diagnosed with this condition.</p> <p>Ref 6.5</p> <p>Response by registered person detailing the actions taken: A Diabetes Management care plan has been created and implemented on the appropriate Residents files. A staff register has also been created which confirms that Staff have read and complied with the Guidance Notes on Diabetes and Hypoglycaemia which have been included in the Policy Book as well as being inserted in the Residents care plan file.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2017</p>	<p>The registered person shall ensure that staff meetings take place no less than quarterly. Records are kept that include: the date of all meetings; the names of those attending; minutes of discussions and any actions agreed.</p> <p>Ref 6.5</p> <p>Response by registered person detailing the actions taken: Staff meetings and discussions are taking place on an ongoing basis as well as formally on a quarterly basis - details of attendees, minutes and actions to be taken shall be recorded</p>
<p>Area for improvement 10</p> <p>Ref: Standard 13.1</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2017</p>	<p>The registered person shall ensure that a programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.</p> <p>Ref 6.6</p> <p>Response by registered person detailing the actions taken: The programme of activities for the Residents has been reviewed and shall take note of the Residents requests together with input from their representatives. This shall be displayed in a prominent position and reviewed on an ongoing basis</p>

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



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