



Unannounced Care Inspection Report 11 and 12 December 2018



Haypark

Type of Service: Residential Care Home
Address: 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 registered to provide care and accommodation for 30 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

Organisation/Registered Provider: Haypark Homes Ltd Responsible Individual: J McWhirter	Registered Manager: Jennifer McClean
Person in charge at the time of inspection: Jennifer McClean, Registered Manager	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: Total number 30 comprising: 30 – RC – I 5 – RC – DE 1 – RC – MP/ MP(E)

4.0 Inspection summary

An unannounced care inspection took place on 11 December 2018 from 10.45 to 18.05 and on 12 December 2018 from 16.30 to 17.30.

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

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

Evidence of good practice was found in relation to induction, the home's environment, listening to and valuing residents and maintaining good working relations.

Areas requiring improvement were identified in regard to staff supervision, annual appraisal, competency and capability assessments, staff registration with the Northern Ireland Social Care Council (NISCC), care plans, reports of registered provider visits, development of a policy and procedure for staff supervision and for annual appraisal, recruitment procedures and staff meetings.

As a result of the inspection, RQIA were concerned that the governance arrangements within Haypark were insufficiently robust.

A serious concerns meeting was held on 20 December 2018 with Mr McWhirter, responsible individual and Jennifer McClean, registered manager. Discussion during the meeting and review of a robust action plan provided assurances to RQIA as to how the concerns would be addressed.

Residents said that they liked the environment, the food and that they had good relations with staff.

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	*6	*3

*The total number of areas for improvement includes one made under regulation and one made under standards which have been stated for a third and final time.

Details of the Quality Improvement Plan (QIP) were discussed with Mr McWhirter, responsible individual, Jennifer McClean, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

As a result of the inspection, RQIA were concerned that the quality of the governance arrangements within Haypark were below the standard expected with regard to the maintenance of staff registration with the Northern Ireland Social Care Council (NISCC), supervision of staff and completion of competency and capability assessments with any staff left in charge of the home in the absence of the registered manager. The findings were discussed with senior management in RQIA following which a decision was taken to hold a serious concerns meeting which took place at RQIA on 20 December 2018.

Enforcement action resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

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 8 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 greeted several residents during the course of the inspection and spoke at length with one resident. The inspector met with the responsible individual, a director, the registered manager, two care assistants, the chef and one resident's visitor.

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. No questionnaires were returned within the agreed timescale.

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

- Staff duty rota for November and December 2018
- Two staff supervision and annual appraisal records
- Staff competency and capability assessments
- Staff training schedule
- Two staff personnel files
- Two residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Accident, incident, notifiable event records from July 2018 to December 2018
- Reports of visits by the registered provider from April 2018 to December 2018
- Fire drill records from September 2018 to November 2018 from September 2018 to November 2018
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- A policy and procedure for supervision and appraisal

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 8 November 2018

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

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 8 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20. – (2) Stated: Second time	<p>The registered person shall ensure that all staff are appropriately supervised in accordance with standard 24.</p>	Not met
	<p>Action taken as confirmed during the inspection: Discussion with the responsible individual confirmed that there was no evidence to confirm that staff had been appropriately supervised. This had not been met and has been stated for a third and final time.</p>	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 21.1 Stated: Second time	<p>The registered person shall ensure that a policy and procedure is developed for the supervision and appraisal of staff.</p>	Not met
	<p>Action taken as confirmed during the inspection: Whilst a joint policy had been developed for supervision and appraisal, the policy did not differentiate between supervision and annual appraisal nor did it provide a procedure to guide management in the delivery of same. The inspector advised that a separate policy and procedure for supervision and for annual appraisal should be developed. This had not been met and has been stated for a third and final time.</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. Temporary/agency staff were used in the home. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, a resident's representative and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home but did not state the hours worked by the registered manager or the deputy manager and did not clearly identify who was in charge of each shift. The responsible individual gave assurances that this would be included without delay.

Discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and review of a sample of training dates evidenced that mandatory training was provided. The registered manager provided two staff records of annual appraisal of staff; a matrix was not in place and discussions with the registered manager and responsible person confirmed that all staff had not received an annual appraisal. An area of improvement was identified under the regulations.

Discussion with the registered manager and review of records confirmed that a competency and capability assessment had not been undertaken for new care staff who were given the responsibility of being in charge of the home for any period in the absence of the manager. An area of improvement was identified under the regulations. At the meeting with RQIA the responsible individual confirmed that a plan was in place to address this.

Discussion with the registered manager and review of two staff files confirmed that staff were largely recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Gaps in the recruitment procedure were identified in one personnel file examined in regard to obtaining a full and complete employment history, identification and discussions of gaps in employment and providing a reason for leaving every employment. The second staff personnel file did not have a reference from the most recent employer. An area for improvement was made under the standards. Recruitment records were not filed in an orderly fashion with a front page to guide and support the management of the recruitment process; this was discussed with the registered manager and responsible person who gave assurances that this would be addressed as a matter of urgency.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Discussion with the registered manager and review of a sample of care staff files confirmed that arrangements were not in place to monitor the registration status of staff with their professional body (where applicable). NISCC checks made on the day of inspection and discussion with one staff confirmed that a number of staff were not registered with the Northern Ireland Social Care Council (NISCC). An area for improvement was made under regulation. The registered manager was advised to report this to NISCC and the Belfast Health and Social Care Trust without delay for guidance and any action as required. At the meeting the responsible individual confirmed that this had been done, that they were working closely with NISCC to ensure all staff were appropriately registered and that a more robust system has been put in place to ensure no recurrence.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

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 residents' care needs and risk assessments were obtained from the Trust prior to admission.

The registered manager advised there were restrictive practices within the home, notably the use of key-fob system at front door to manage access into and egress from the home, bed rails and management of smoking materials. The registered manager confirmed that community district nursing completed bed rail assessments. The registered manager was advised to include the management of access and egress into the home via the front door in all residents' care plans, as detailed in section 6.5 of this report.

Discussion with the registered manager and staff confirmed that all staff had received training in infection prevention and control (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. Two hand sanitiser dispensers in communal areas were empty; assurances were given by the responsible individual that these would be refilled immediately. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

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

The 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 individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Improvements had been made to the environment since the previous inspection, including upgrading the lighting in the dining room had been replaced and the chairs in the dining room and living room had been recovered. The responsible individual advised that the hallway had been repainted and bedrooms were being repainted as they became vacant or at residents request.

Inspection of the internal and external environment identified that the home was 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.

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 e.g. Control of Substances Hazardous to Health (COSHH), fire safety, hot surfaces and smoking.

It was established that a number of residents smoked. A review of one care record identified that a risk assessment and corresponding care plan had been completed in relation to smoking.

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 Incident Centre (NIAIC) alerts and action as necessary. Discussion with the registered manager confirmed that safety maintenance records were up to date.

Following the inspection the registered manager confirmed that home had an up to date fire risk assessment in place dated 4 January 2019 and advised that all recommendations were being addressed.

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 and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

A residents and staff member spoken with during the inspection made the following comments:

- "It's (the bed) brilliant (comfortable). They never stop washing that floor." (resident)
- "I enjoyed the two day induction (course attended outside the home). It was really detailed. I shadowed staff and learnt how residents like things done." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, infection prevention and control and the home's environment.

Areas for improvement

Three areas for improvement were made under the regulations in regard to carrying out staff annual appraisals, completion of competency and capability assessments and maintaining staff registration with NISCC. One area for improvement was made under the standards in regard to recruitment practices.

	Regulations	Standards
Total number of areas for improvement	3	1

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.

Records were stored safely and securely in line with General Data Protection Regulation (GDPR).

A review of two care records confirmed that whilst an assessment of need, risk assessments, care plans and daily/regular statement of health and well-being of residents had been completed. An area of improvement was made under the regulations to ensure that care plans are sufficiently detailed and updated on a regular basis to accurately reflect residents' needs and all risks are risk assessed. Risk assessments were in place, for example in regard to nutrition, falls and smoking, where appropriate. One care plan was in place in regard to the management of choking but a risk assessment had not been completed. The registered manager gave assurances that this would be completed without delay.

In the care records examined the restrictions in regard to the management of the access and egress from the home were not appropriately assessed, documented and minimised. The inspector advised that the detail in care plans needed to be improved to include the arrangements for oral care, care of glasses, and should reflect residents' abilities and preferences and provide sufficient information regarding how staff should respond and provide care and support to aid consistency and person centred care.

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.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. Staff spoke of how and why they spend time with residents who choose to spend a lot of time in their rooms.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. 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 care plans and associated risk assessments.

Discussion with the registered manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner. Resident's wound pain was found to be managed appropriately.

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, staff meetings and staff shift handovers. Minutes of staff meetings evidenced that they had not been held on a quarterly basis and an area for improvement was made under the standards.

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

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.

A resident spoken with during the inspection made the following comment:

- "They (staff) notice things that maybe I don't like when my orange juice and water are going down and they say they'll bring me up more."

Areas of good practice

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

Areas for improvement

One area for improvement under the regulations was made in regard to care plans. One area for improvement was made under the standards in regard to staff meetings.

	Regulations	Standards
Total number of areas for improvement	1	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.

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 and staff advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected.

Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. For example the activity programme was on display and the registered manager advised that this is updated and revised on a monthly basis.

Discussion with staff, residents, a representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care and the responsible individual advised that he spoke to residents on a regular basis.

Residents and representatives were consulted with, at least annually, about the quality of care and environment. The most recent consultation was taking place at the time of the inspection and the registered manager advised that questionnaires were due back at the end of December 2018. The registered manager reported that the findings from the consultation would be collated into a summary report and action plan and would be made available for residents and other interested parties to read.

Residents were enabled and supported to engage and participate in meaningful activities. For example, a resident confirmed that she was always invited to participate in activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

A resident and staff member spoken with during the inspection made the following comments:

- "It's just like a home from home. I like this room and my privacy.....there is plenty on (activities). They (staff) come and chat with me and my chum comes three times a week." (resident)
- "We have loads of board games. In the afternoon we have time to chat and reminiscence. The food has always been good and variations are made." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to listening to and valuing residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 and responsible individual 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. As a result of the inspection RQIA were concerned that the governance arrangements in Haypark were insufficiently robust. An action plan was presented at a meeting with RQIA and assurances were provided that improvements would be made.

The visits by the responsible individual were reviewed from April 2018 to December 2018. Visits were conducted on a monthly basis and the responsible individual was frequently in the home. The visits had not identified the concerns raised at the inspection in relation to the governance arrangements. They did not include evidence of discussions with residents and staff. An area for improvement was made under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 to support robust managerial governance, including evidence of discussions with residents and staff. An action plan should be developed to address any issues identified which include timescales and person responsible for completing the action. This was discussed with the responsible individual at the meeting in RQIA and assurances were provided that the monitoring visits would be more robust.

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. RQIA's complaint poster was available and displayed in the home.

A review of accident and incident records confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The registered manager verified that when required an audit of accidents and incidents would be undertaken; the management of accidents and incidents was included in the monthly registered provider reports. 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, training; feedback was integrated into practice and contributed to continuous quality improvement.

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 telephone calls and frequent visits to the home throughout the week.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

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

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

Review of the returned QIP during the inspection confirmed that the registered provider had not responded to regulatory matters in a timely manner. Assurances were provided to RQIA that governance arrangements would be sufficiently improved and that all matters identified during the inspection would be addressed in a timely manner.

Areas of good practice

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

Areas for improvement

One area for improvement was made under regulation in regard to visits by the registered provider.

	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 Mr McWhirter, responsible individual and Jennifer McClean, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (2)</p> <p>Stated: Third and final time</p> <p>To be completed by: 28 February 2019</p>	<p>The registered person shall ensure that all staff are appropriately supervised in accordance with standard 24.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: The registered manager has completed individual supervisory interviews with all staff and records are held on staff files.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (c) (1)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2019</p>	<p>The registered person shall ensure that all staff receive an annual appraisal.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The registered manager has completed annual appraisals with all staff and records are held on staff files.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: 10 January 2019</p>	<p>The registered person shall carry out a competency and a capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The registered manager has completed individual competency and capability assessments on the staff who are responsible for being in charge of the home during the absence of the registered manager.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 20 (c)(ii)</p> <p>Stated: First time</p> <p>To be completed by: 10 January 2019</p>	<p>The registered person shall ensure that staff are supported to maintain their registration with the appropriate regulatory body i.e. NISCC.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All applications have been submitted, processed and completed by the NISCC. A record is kept to ensure renewal for all appropriate staff.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2019</p>	<p>The registered person shall ensure that a written care plan is prepared in consultation with the resident or resident's representative as to how the resident's needs in respect of his care, health and welfare are to be met and is updated regularly.</p> <p>Ref: 6.5</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 29 (3)</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2019</p>	<p>Response by registered person detailing the actions taken: We are in the process of reviewing all of our care plans and have created a care plan index on the front page for ease of administration. We are creating a new questionnaire as a basis for a wider knowledge overview for new residents. Updates will be carried out every three months and/or when circumstances change.</p> <p>The registered person shall ensure that a visit by the registered provider shall take place at least once a month or as agreed with the Regulation and Improvement Authority and shall be unannounced. The person carrying out the 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; inspect the premises of the home, its record of events and records of any complaints; and prepare a written report on the conduct of the home.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The registered manager has agreed with the registered provider that an unannounced visit shall take place at least once a month covering the areas outlined above.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 21.1</p> <p>Stated: Third and final time</p> <p>To be completed by: 28 February 2019</p>	<p>The registered person shall ensure that a policy and procedure is developed for the supervision and appraisal of staff. The inspector advised that separate policies and procedures should be developed.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Separate policies for staff supervision and appraisal have been created.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2019</p>	<p>The registered person shall ensure that recruitment records contain written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer. Any gaps in an employment record are explored and explanations recorded, and reasons for leaving jobs are recorded.</p> <p>Ref: 6.4</p>
<p>Area for improvement 3</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2019</p>	<p>Response by registered person detailing the actions taken: Written references have been obtained and staff files updated as required above.</p> <p>The registered person shall ensure that staff meetings take place regularly and at least quarterly. Records should include the date of all meetings, the names of those attending, minutes of discussions, any actions agreed.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Staff meeting took place on 28th January and shall continue quarterly in the future. A record of the meeting(names of staff attending-minutes-and actions agreed) has been created. Next meeting 29th April 2019.</p>

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



The **Regulation** and
Quality Improvement
Authority

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