

# Unannounced Care Inspection Report 17 November 2016 and 23 November 2016



## Kensington

Type of service: Residential care home  
Address: 2 Groomsport Road, Bangor, BT20 5LN  
Tel no: 028 9145 9047

Inspectors: Alice McTavish and Jo Browne on 17 November 2016  
Alice McTavish and Colin Muldoon on 23 November 2016

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Kensington Residential Home took place on 17 November 2016 from 10.00 to 12.30 and from 13.00 to 18.40. Ms Jo Browne, senior inspector, was present at the inspection from 10.00 to 11.45. There was evidence that the home was poorly maintained and potentially in need of a programme of refurbishment.

A further announced inspection was undertaken on 23 November 2016 between 10.10 and 13.40. On this occasion, the care inspector was accompanied by Mr Colin Muldoon, estates inspector. The findings of the premises inspection are to be found under separate cover.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

Three requirements were made in relation to mandatory training, staff supervision and staff records. Two recommendations were made, one in relation to the staff duty roster and one was made for the second time in relation to the home's adult safeguarding policy and procedure.

### **Is care effective?**

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

No requirements or recommendations were made in relation to this domain.

### **Is care compassionate?**

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

One recommendation was made in regard to a review of activities for residents in the home.

### **Is the service well led?**

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

One requirement was made in relation to the completion of monthly monitoring visits. One recommendation was made in relation to the process for recording and managing complaints.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	7	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Sathrouhun Bogun, registered person, and Mrs Joanne Glendinning, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 21 June 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mr Sathrouhun Bogun/ Kensington	<b>Registered manager:</b> Mrs Joanne Glendinning
<b>Person in charge of the home at the time of inspection:</b> Tori Larmour, deputy manager	<b>Date manager registered:</b> 28 May 2010
<b>Categories of care:</b> I - Old age not falling within any other category MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	<b>Number of registered places:</b> 7

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with four residents, the deputy manager, a student on work placement in the home and one visiting professional. No residents' visitors or representatives were present.

The following records were examined during the inspection on 17 November 2016:

- Staff duty rota
- Staff training schedule/records
- Care records of three residents
- The home's Residents' Guide
- Complaints and compliments records
- Equipment maintenance records
- Accident/incident/notifiable events register
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Policies and procedures manual

The following records were examined during the inspection on 23 November 2016:

- Staff recruitment records
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Minutes of recent staff meetings
- Minutes of recent residents' meetings

A total of 18 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 19 September 2016

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.

### 4.2 Review of requirements and recommendations from the last care inspection dated 21 June 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 19 (3) b  <b>Stated:</b> First time	The registered provider must ensure that the records referred to in paragraphs (1) and (2) are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the home.	<b>Partially Met</b>

<p><b>To be completed by:</b> 22 June 2016</p>	<p><b>Action taken as confirmed during the inspection:</b> On 17 November 2016 there was access to the secure cabinet in which records relating to the home were stored. It was found, however, that not all records required to be present in the home were available for inspection. This requirement was therefore stated for the second time.</p>	
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 27 (2) (g)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2016</p>	<p>The registered provider must ensure the following:-</p> <ul style="list-style-type: none"> <li>• the number of seats in communal areas is reviewed, taking into account the number of residents in the home and their choice to use communal rooms</li> <li>• the high backed chairs are replaced with more comfortable alternatives</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Discussion with residents and staff confirmed that seating in communal areas was reviewed in consultation with residents. At the time of inspection, no alternative seating had been provided. This requirement was stated for the second time.</p>	<p><b>Partially Met</b></p>
<p><b>Last care inspection recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2016</p>	<p>The registered provider should ensure the following:-</p> <ul style="list-style-type: none"> <li>• the home's policy on adult safeguarding is reviewed to reflect the most up to date regional guidance</li> <li>• the home's policy and procedure on infection prevention and control (IPC) is reviewed to reflect the most up to date regional guidelines</li> <li>• the home's policies and procedures are subject to a regular three year review</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Review of the home's adult safeguarding policy indicated that this was not satisfactorily updated in line with the regional guidance. The IPC policy was satisfactorily updated. The date of review was not recorded on some policies. This recommendation was partially met and was stated for the second time within this report.</p>	<p><b>Partially Met</b></p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 29.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 August 2016</p>	<p>The registered provider should ensure that the Personal Emergency Evacuation Plan (PEEPs) is kept up to date for each resident.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Inspection of the Personal Emergency Evacuation Plans (PEEPs) confirmed that these were kept up to date for each resident.</p>	<p><b>Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 6.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 August 2016</p>	<p>The registered provider should ensure that care plans are signed by the resident or their representative. If the resident or their representative is unable to sign or chooses not to sign, this should be recorded.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Inspection of residents' care plans confirmed that they were signed by the resident or their representative.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 13.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 August</p>	<p>The registered provider should ensure the following:-</p> <ul style="list-style-type: none"> <li>• a review of activities for residents is undertaken</li> <li>• if a resident is offered activities and chooses not to participate, this is documented</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager established that a review of activities for residents was undertaken and that if activities were offered and declined, this was documented. The registered manager agreed to forward written evidence of this however none was received within the expected timescale. This recommendation was therefore stated for the second time.</p>	<p><b>Partially Met</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 7.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 August</p>	<p>The registered provider should ensure that completed written consent forms, where used, are maintained within individual care records.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Inspection of care records confirmed that completed written consent forms, where used, were maintained within individual care records.</p>	<p><b>Met</b></p>

<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 20.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 August 2016</p>	<p>The registered provider should ensure that details of the duration of monthly monitoring visits are accurately noted on the reports.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Inspection of monthly monitoring visit reports confirmed that details of the duration of such visits were accurately noted.</p>	<p><b>Met</b></p>
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2016</p>	<p>The registered provider should ensure that the home's policy manual is reviewed to ensure that all policies listed in Appendix 2 of the DHSSPS Residential Care Homes Minimum Standards, August 2011 are included.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Inspection of the home's policy manual confirmed that all policies listed in Appendix 2 of the DHSSPS Residential Care Homes Minimum Standards, August 2011 were included.</p>	<p><b>Met</b></p>

#### 4.3 Is care safe?

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 generally clean and appropriately heated. The home, however, was found to be poorly maintained and decorated; a requirement was made that all of the following environmental issues must be satisfactorily addressed:

- Communal lounge – evidence of damp along wall below windows and around an electrical socket. Double glazing units not sealed, condensation between panes and audible road noise. Missing bulbs in two ceiling light fittings
- Downstairs bathroom, shower – tiles along wall ungrouted and gaps evident between tiles
- Utility area adjacent to kitchen extensive damp along wall and hole in top right corner adjoining ceiling
- Downstairs bedroom – mould observed at both sinks
- Communal lounge used most by residents - evidence of damp along top of walls in bay window. Two radiators rusted.
- Sun room – damp along wall and around electrical socket; double glazed unit broken
- Staff toilet – toilet seat not fixed to toilet; towel holder not securely fixed to wall; wallpaper peeling off wall.
- Stairs – small holes in carpet
- Upstairs bedroom – visible evidence of damp along wall next to window; wall wet and cold to the touch. Paintwork along windowsill damaged
- Corridor leading to bedroom – noticeable dip in floor posing potential risk to resident who uses walking aid



- Upstairs bathroom – damage to enamel on bath hence posing an infection control risk; hot tap at wash basin damaged
- Upstairs toilet – cold water tap dripping
- Upstairs bedroom – laminate floor damaged at the joins; one sheet of flooring rising thus posing a potential trip hazard
- Upstairs bedroom – large hole in plasterwork at sink, signs of damp patches which had been repaired. Obvious mould beside the bed. Dehumidifier in use in this room
- Upstairs landing – poor decorative order; no light bulb in wall mounted light which was within easy reach of residents, posing a potential risk of electrocution
- Laundry room (adjacent to the home) – extensive amount of ivy growing into and across the room from outside
- Externally – home’s paintwork flaking, signs of rotting woodwork in places; boundary wall cracked horizontally; fence above wall covered in ivy and supported by wooden struts/trusses –potentially in danger of falling
- Drain at back door blocked with standing water present
- Moss on tarmac surface, posing risk of slipping to residents and staff
- Flowerbeds and garden areas unkempt

The deputy manager confirmed the staffing levels for the home and 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 and staff. A visiting professional, however, noted that only one staff member was on duty on most days but that this did not necessarily have a detrimental impact on the care provided to residents.

A review of the staff duty roster confirmed that it accurately reflected the number of staff working within the home. It was noted, however, that the duty roster did not indicate the designation of staff members on duty. A recommendation was made in this regard.

The deputy manager provided her record of induction which had been completed in 2007. Completed induction records were not available in the home for new staff. Discussion with the deputy manager confirmed that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. This area will be examined more closely during the next care inspection.

Discussion with the deputy manager confirmed that mandatory training, supervision and appraisal of staff was regularly provided. Records of mandatory training were reviewed. It was identified that adult safeguarding, first aid and manual handling training were out of date. The registered manager later advised that there were plans in place to provide this training and agreed to send dates of such training to the inspector. No written confirmation was received of the planned dates of mandatory training and a requirement was made in this regard.

Review of records identified that staff had completed annual appraisals with their manager, however, staff supervision was not provided with sufficient regularity. A requirement was made in regard to staff supervision.

The deputy manager confirmed that competency and capability assessments were undertaken for any person who was given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. One completed staff competency and capability assessment was reviewed and found to be satisfactory. The registered manager later forwarded additional competency and capability assessments for other staff members; these were also found to be satisfactory.



Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Discussion with the registered manager also confirmed that enhanced AccessNI disclosures were viewed by her for all staff prior to the commencement of employment. The registered manager also advised that she had received written confirmation from the local further education college that volunteers on work placement in the home had satisfactory AccessNI disclosures in place.

Review of records relating to staff recruitment, selection and employment identified that the system employed to maintain these accurately was not in keeping with legislation and standards. For example, complete records were not held in the home, an enhanced AccessNI disclosure and two sickness certificates for staff members were found amongst equipment maintenance records. A requirement was made that the complete records relating to staff recruitment, selection and employment must be maintained for each staff member, that such records are appropriately stored and that they are available within the home.

Discussion with the registered manager confirmed that arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

Review of the home's adult safeguarding policy and procedure in place included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The adult safeguarding policy remained inconsistent with the current regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). A recommendation was made for second time in this regard. The registered manager confirmed that there were plans in place to implement the new adult safeguarding procedure to identify a safeguarding champion within the home.

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.

Discussion with the registered manager identified that there had been no new adult safeguarding issues since last care inspection. Discussion with the registered manager 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 would be retained.

The registered manager confirmed 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 confirmed that no restrictive practices were employed within the home. On the days of inspection, no obvious restrictions were observed to be in use.

The home had an infection prevention and control (IPC) policy and procedure in place. Staff training records confirmed 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, apart from in one bathroom upstairs. When this was brought to the attention of the registered manager, it was immediately rectified. 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 home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The home had an up to date fire risk assessment in place dated 16 June 2016 and all recommendations were noted to be appropriately addressed. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed at least twice annually and a fire drill was completed on 18 November 2016 for both staff and residents. Records were retained of 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 were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Residents spoken with during the inspection made the following comments:

- “I sometimes feel cold in my bedroom. The light in my bedroom is very poor. I like to read and sometimes I can’t see the finger in front of my face! The dining room chairs are very uncomfortable.”
- “I would like better light at my sink so I can shave myself properly. We talked about the seats being uncomfortable in a residents meeting and it was all written down, but nothing was done about it.”
- “The rooms can be very dark. The corridor upstairs is a bit bouncy. I’m worried it could make me fall.”
- “The chairs aren’t very comfortable.”

The comments provided by residents were discussed with the registered manager.

### Areas for improvement

Six areas for improvement were identified. Requirements were made in relation to the environment, mandatory training, staff supervision and to staff records. Recommendations were made in relation to the staff duty roster and to the home’s adult safeguarding policy and procedure.

<b>Number of requirements</b>	4	<b>Number of recommendations</b>	2
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### 4.4 Is care effective?

A review of care records of three residents confirmed that these were 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 statement of health and well-being of the resident.

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. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents’ meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident and/or their representative meetings were reviewed during the inspection.

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 confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

**Areas for improvement**

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.5 Is care compassionate?**

The registered manager confirmed 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.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents and staff confirmed that 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.

The registered manager, residents and/or their representatives confirmed 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.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff and residents and

observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Residents confirmed that their views and opinions were taken into account in matters affecting them, that staff treated them well but that they were disappointed with some aspects of the facilities provided in the home, namely seating and lighting – see comments in section 4.3 above.

Discussion with staff, residents and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

During the last care inspection, a resident had commented that there was little to do and that more activities would be appreciated. A recommendation had been made in regard to a review of activities for residents in the home. Discussion with the registered manager established that a review of activities for residents was undertaken and that if activities were offered and declined, that these were documented. The registered manager agreed to forward written evidence of this; none was received within the expected timescale. This recommendation was therefore stated for the second time.

### Areas for improvement

One area for improvement was identified in relation to the provision of activities for residents.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home, although there was acknowledgement that the issues relating to the home's environment needed timely and adequate response from the registered provider. The needs of residents were generally met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Whilst there was evidence that policies and procedures were in the process of being systematically reviewed every three years or more frequently as changes occurred, some other policies were not dated, hence the date for review could not be accurately established. This area formed part of a recommendation already described within the QIP which was stated for the second time.

Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to manage complaints from residents, their representatives or any other interested party. It was noted, however, that the template used to manage any complaints did not fully reflect the complete process i.e. details of any investigation undertaken, all communication with complainants, the outcome of the complaint and signposting to other agencies, where appropriate.

A recommendation was made that the process for recording and managing complaints should be reviewed.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. 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.

Monthly monitoring visits were undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; reports were produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. It was noted, however, that there was no record of monthly monitoring visits being completed since July 2016, that the duration of one visit was 35 minutes, that the reports contained limited information and were largely illegible, unless they were typed. A requirement was made that the registered provider must ensure that monthly monitoring visits are undertaken; that sufficient time is afforded to these visits to ensure that they examine in detail the management of the home; that all actions arising from monitoring visits are clearly documented and that the reports of such visits are legible.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

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

The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

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

Discussion with staff confirmed that there were good working relationships within the home and that the registered manager was responsive to suggestions and/or concerns raised. Staff noted, however, that there was often a delay in obtaining equipment for the home and this was outside the control or influence of the registered manager.

### Areas for improvement

Two areas for improvement were identified. One requirement was made in relation to the completion of monthly monitoring visits. One recommendation was made in relation to the process for recording and managing complaints.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	1
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Sathrouhun Bogun, registered person, and Mrs Joanne Glendinning, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 19 (3) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> 23 November 2016	<p>The registered provider must ensure that the records referred to in paragraphs (1) and (2) are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the home.</p> <p><b>Response by registered provider detailing the actions taken:</b> All records referred to in paragraphs (1) and (2) will be available for inspection upon request.</p>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27 (2) (g)  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 January 2017	<p>The registered provider must ensure that the high backed chairs are replaced with more comfortable alternatives.</p> <p><b>Response by registered provider detailing the actions taken:</b> High back chairs have been purchased and are currently in storage until the lounge area is decorated. Residents have been informed and are agreeable to this timeframe. The redecoration of this lounge will be completed before the end of January 2017</p>
<b>Requirement 3</b>  <b>Ref:</b> Regulation 27 (2) (b) 27 (2) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> 23 May 2017	<p>The registered provider must ensure that all of the environmental issues described in section 4.3 of the report are satisfactorily addressed.</p> <p><b>Response by registered provider detailing the actions taken:</b> All environmental issues are currently being addressed.</p>
<b>Requirement 4</b>  <b>Ref:</b> Regulation 20 (1) (c) (i)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2017	<p>The registered provider must ensure that all staff receive mandatory training and that all such training is kept up to date.</p> <p><b>Response by registered provider detailing the actions taken:</b> Two training courses have been updated since the inspection = First aid and moving and handling. Ensuring that all mandatory training remains updated is always a priority for the manager.</p>



<p><b>Requirement 5</b> Ref: Regulation 20 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2017</p>	<p>The registered provider must ensure that staff working in the home are appropriately supervised.</p> <p><b>Response by registered provider detailing the actions taken:</b> Supervision for all the members of staff working in the home is up to date.</p>
<p><b>Requirement 6</b> Ref: Regulation 21 Schedule 2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2017</p>	<p>The registered provider must ensure that the complete records relating to staff recruitment, selection and employment are maintained for each staff member, that such records are appropriately stored and that they are available within the home.</p> <p><b>Response by registered provider detailing the actions taken:</b> As some members of staff work in both homes it may not always be the case that all the staff training records are held in Kensington Residential Home, these files will then be in the sister home, however these files can be retrieved from the sister home by the manager for inspection upon request.</p>
<p><b>Requirement 7</b> Ref: Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2016</p>	<p>The registered provider must ensure that monthly monitoring visits are undertaken; that sufficient time is afforded to these visits to ensure that they examine in detail the management of the home; that all actions arising from monitoring visits are clearly documented and that the reports of such visits are legible.</p> <p><b>Response by registered provider detailing the actions taken:</b> The registered provider is fully aware that more time is needed to complete the monthly monitoring visits satisfactorily and as per The Residential Care Home Regulations (NI) 2005 states.</p>
<p><b>Recommendations</b></p>	
<p><b>Recommendation 1</b> Ref: Standard 21.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 March 2017</p>	<p>The registered provider should ensure the following:</p> <ul style="list-style-type: none"> <li>• the home's policy on adult safeguarding is reviewed to reflect the most up to date regional guidance</li> <li>• the home's policies and procedures are subject to a regular three year review</li> </ul> <p><b>Response by registered provider detailing the actions taken:</b> The Homes policy on adult safeguarding is currently under review and updating.</p>
<p><b>Recommendation 2</b> Ref: Standard 13.10</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 March 2017</p>	<p>The registered provider should ensure the following:-</p> <ul style="list-style-type: none"> <li>• a review of activities for residents is undertaken</li> <li>• if a resident is offered activities and chooses not to participate, this is documented</li> </ul> <p><b>Response by registered provider detailing the actions taken:</b> The home has on several occasions reviewed the daily activities on offer to each resident, evidence of this can be found within the minutes</p>

	<p>of residents meetings. There is a daily detailed account of what activities were offered each day, who took part, what time the activity started and when it ended. All these details can be found within the activity recording book which can be viewed anytime.</p>
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<b>Recommendations</b>	
<b>Recommendation 3</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> First time <b>To be completed by:</b> 31 January 2017	The registered provider should ensure that the staff duty roster indicates the designation of staff members on duty.
	<b>Response by registered provider detailing the actions taken:</b> All members of staff that work in Kensington Residential Home are only ever senior care assistants.
<b>Recommendation 4</b> <b>Ref:</b> Standard 17.1 <b>Stated:</b> First time <b>To be completed by:</b> 1 March 2017	The registered provider should ensure that the process for recording and managing complaints is reviewed to accurately reflect each stage of the complaints process.
	<b>Response by registered provider detailing the actions taken:</b> The process for the managing complaints has been reviewed and a template has been designed to record all stages of the complaints process.

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



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