



# Unannounced Care Inspection Report

## 3 February 2020



## Kirk House

**Type of Service: Residential Care Home**  
**Address: 110 Kings Road, Belfast BT5 7BX**  
**Tel no: 02890402938**  
**Inspector: Elizabeth Colgan**

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

---

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 46 residents within the categories of care as outlined in Section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast Central Mission  <b>Responsible Individual:</b> Lois Payam	<b>Registered Manager and date registered:</b> Leona Larkham (acting)
<b>Person in charge at the time of inspection:</b> Leona Larkham (acting)	<b>Number of registered places:</b> 46  A maximum of fourteen patients in category of care RC-DE
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b> 41

### 4.0 Inspection summary

An unannounced inspection took place on 3 February 2020 from 09.00 hours to 15.25 hours.

The inspection assessed progress with all areas for improvement identified in the home 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, supervision and appraisal safeguarding, communication, the culture and ethos of the home and maintaining good working relationships.

Areas requiring improvement were identified in relation to the retention of a summary of recruitment and vetting outcomes for all staff, staff training, infection prevention and control, Control of Substances Hazardous to Health (COSHH), the decluttering of bathrooms, care records and monthly monitoring visits

Residents described living in the home in very positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and staff.

Comments received from residents and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	*7

\*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Leona Larkham, acting 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 15 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 15 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No completed questionnaires were returned within the timescale from residents or staff.

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

- staff duty rotas from 25 January to 15 February 2020

- staff training schedule and training records
- two staff induction records
- supervision and appraisal records
- three residents' records of care
- complaint records
- compliment records
- minutes of staff meetings
- minutes of resident and relatives meetings
- a sample of governance audits/records
- accident/incident records from December 2018 to July 2019
- a sample of reports of visits by the registered provider
- fire safety records
- RQIA registration certificate.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 15 July 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 24.2 <b>Stated:</b> First time	The registered person shall ensure staff have recorded individual, formal supervision according to the home's procedures, and no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision is held for new staff and staff who are not performing satisfactorily.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation and discussion with staff confirmed that individual, formal supervision is undertaken in accordance with the home's procedures.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 24.5</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation and discussion with staff confirmed that annual appraisal with their line manager to review their performance against their job description and to agree personal development plans is undertaken.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 27.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the two identified bathrooms are decluttered of furniture so they can be accessed by residents should they so wish.</p>	<p><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation of two identified bathrooms confirmed that they were still very cluttered with furniture and equipment.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 8.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure residents' care records clearly reflect all personal care and support given and contact between visiting professionals is recorded in keeping with standards and best practice.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation confirmed that care records reviewed reflected personal care and support given and contact between visiting professionals.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure there is a robust system in place to ensure the regular monitoring of residents' weights and that there is a clear process in place to follow regarding any significant changes.</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> Review of documentation confirmed that the home's computer care records have been updated to provide an alert regarding variation in the residents' weight.</p>	
<p><b>Area for improvement 6</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time</p>	<p>The registered person shall ensure the identified resident's care plan is further developed regarding skin care to ensure it clearly reflects the care required and also references input from other professionals as necessary.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> At the time of inspection there were no residents in need to this care. However review of documentation and discussion with staff confirmed that relevant records to record skin and wound care were available Therefore on this basis this area for improvement is met.</p>	

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

On arrival the home was found to be warm and welcoming. Residents were in the process of rising or enjoying their breakfast. The manager was the person in charge throughout the inspection. The manager advised that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated.

A review of the duty rota from 25 January to 15 February 2020 confirmed that it accurately reflected the staff working within the home. However the manager hours were recorded as total hours worked and not the actual times worked, additionally correction fluid was used to make changes. These areas were discussed with the manager who agreed to, record the times that she worked, to stop the use of correction fluid and to sign the duty rotas to confirm hours worked by staff. This area will be reviewed at the next inspection.

Staff spoken with did not express any concerns and we were assured that there was enough staff on duty to provide safe care and should additional staff be required staff would generally work additional hours. One member of staff spoken with was from an agency, she is booked

regularly by the home and stated she loves working in the home even though she has a significant distance to travel. Comments from residents included:

- “Staff are lovely; they look after us very well.”
- “Staff are great; you can have a lovely building, but the staff make this a home.”

Review of documentation and discussion with staff confirmed that whilst mandatory training was provided, this training was not up to date, for example in fire safety, safeguarding, first aid, and infection prevention and control. This was identified as an area of improvement. Records confirmed that supervision and annual appraisal of staff was provided. A review of completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

The registered manager confirmed that there were systems in place for the safe recruitment and selection of staff, and staff consulted confirmed that they had only commenced employment once all the relevant checks had been completed. We were unable to review staff personnel records as all the documentation relating to the recruitment process was maintained by the Human Resources Department. The registered manager did not retain any of the relevant details to enable oversight of staff recruitment. The registered provider and manager should review this area to ensure that all relevant details are available for inspection. This was identified as an area for improvement.

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

The adult safeguarding policy in place was consistent with the current regional policy and procedures. As stated previously a review of staff training records confirmed that mandatory adult safeguarding training was not up to date 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 resident’ care needs and risk assessments were obtained from the trust prior to admission.

The accident and incident records retained in the home were cross referenced with those notified to RQIA which evidenced compliance with regulations and minimum standards. There were measures in place to minimise the risk of falls included, for example: fall risk assessments, referral to for example occupational therapist, provision of various aids and appliances to aid mobility, and daily evaluations recorded. Care reviews were undertaken at regular intervals.

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

It is important that where choice and control are restricted due to people’s understanding, restrictions are carried out sensitively and complies with legislation. This is so that people feel respected, included and involved in their care. When we spoke with staff they had a good knowledge of people’s abilities and level of decision making and what could be considered



restrictive practices. The manager confirmed that the restrictive practices used with in the home; included a locked front door, key pad access to Memory Lane and the use of alarm mats where residents were identified as being at risk of falls. Care records reviewed also confirmed that where possible, residents, their relatives and the healthcare professionals from the relevant health and social care trust were involved in the decision making to use restrictive practice.

The manager confirmed that there was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. As previously stated, staff training records evidenced that not all staff had received training in IPC in line with their roles and responsibilities.

There were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. 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. There were a number of issues identified such as a box containing opened syringes in the sluice, unnamed toiletries in bathrooms and chairs in the senior carers' office which were torn. This has been identified as an area for improvement.

Compliance with Control of Substances Hazardous to Health (COSHH) regulations had not been adhered to. We observed that cleaning chemicals had not been securely stored in an identified sluice room and cleaning trollies had been left unattended. Additionally review of staff training records highlighted that relevant staff had not received training in COSHH. An area for improvement was identified.

There was good evidence of a dementia friendly environment in Memory Lane with lots of visible signage and land marks to aid residents living with dementia to navigate their way around the home. Residents' bedrooms were personalised with items of memorabilia displayed. At the previous inspection an area for improvement was identified in relation to two bathrooms in the home being cluttered, storing excess furniture and equipment, thus making the bathrooms unusable for residents. This area for improvement had not been addressed and is stated for the second time.

Fire doors were closed and exits unobstructed. 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.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, induction, supervision and appraisal, adult safeguarding, risk management and the home's environment.

### **Areas for improvement**

The following areas were identified for improvement in relation to, the retention of a summary of recruitment and vetting outcomes for all staff, mandatory training, infection prevention and control and compliance with COSHH regulations.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	4

#### 6.4 Is care effective?

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

The manager and staff were able to describe the individual care needs of residents and how these needs were met in the home. Observation of care delivery confirmed that staff in the home responded appropriately to and met the assessed needs of the residents. Staff also reported that there was good communication and team work and that they felt supported by management.

There was a records management policy in place which included the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely.

A review of three residents' care records showed that these were generally maintained in line with the legislation and standards. The care records 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. In one identified care record, there was no care plan or little recording in the daily process notes for short term conditions such as infection which required treatment. This has been identified as an area for improvement. In another identified care record there was recording of incidents of behaviour that challenged but no assessment to identify trends or patterns or a care plan. This has been identified as an area for improvement

Care needs assessment and risk assessments (e.g. manual handling, pain, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. The care records reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed by the inspector were observed to be signed by the resident and/or their representative.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dining room was well presented; tables had been set and condiments in place. The residents reported the food was very good and they stated they are always offered a choice of meals. It was good to note that at breakfast time freshly prepared toast was served. Although menus were not displayed residents spoken with were aware of the choices available on the day. Systems had been put 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 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. 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 manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident and their representative meetings were reviewed and found to be satisfactory during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home. In discussion with residents they also advised that the registered manager always takes time to speak to them individually.

### Areas of good practice

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

### Areas for improvement

Two areas were identified for improvement in relation to record keeping.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.5 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.**

Residents appeared well cared for and appropriately dressed, with obvious time and attention afforded to personal care needs. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

Throughout the inspection staff interactions with residents were observed to be compassionate with detailed knowledge of residents' choices, likes, dislikes and preferences and assessed needs. There was a pleasant, happy atmosphere within the home, with residents conversing with staff and each other in a relaxed manner.

This was evidenced from observations of staff interactions with residents, responses from residents about the care received and information recorded that residents' individual choices were addressed.

Residents' preferences and interests were responded to and staff demonstrated good awareness and understanding of residents' likes and dislikes, for example, preferred rising and retiring times, how their furniture and memorabilia was displayed within their bedrooms, and

their choice of clothes to wear each day. There were no issues raised by residents regarding the laundry service.

Care records reviewed outlined residents' preferred activities and daily routines, such as preferred times for getting up and going to bed. Staff said that these were flexible and that resident choice was always a priority.

Comments received from residents included:

- "The way staff approach you is very caring."
- "The food is good, I like breakfast the best you can get sausages and eggs as well."
- "You couldn't get any better this is the best."
- "I love it here it's a real home from home."

No completed questionnaires were returned within the timescale from residents or staff.

Residents were provided with an individual activities planner; this was also displayed in a central part of the home. Activities such as arts, crafts, church representatives' visits and day trips were available for residents. Staff said activities were based on residents' hobbies and interests and they were consulted about their preferences when activities were being planned. A selection of materials and resources was available for use during activity sessions. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.6 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 manager confirmed the home was managed to ensure the needs of residents are met in accordance with the home's statement of purpose, legislation and best practice guidance. The home's certificate of registration was displayed appropriately; the manager was aware of the categories of care for which the home was registered.

The manager was on duty throughout the inspection; they advised the changes in the organisational structure were temporary and the registered manager would be returning to their post in a number of months. Staff spoken with confirmed the temporary management changes were working in a way to ensure continuity of care delivered in the home. Staff demonstrated good understanding of their roles and responsibilities.

Comments received from staff included:

- “We are well supported by management, they are all approachable.”
- “I love working here it’s like one big happy family.”

The home retained a wide range of policies and procedures in place to guide and inform staff, which was reviewed and revised on a regular basis.

The manager explained that there were arrangements in place to ensure risk assessments were reviewed regularly. Risk assessments viewed within care records were current and remained under review.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, and accidents and incidents, were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

Monthly reports to confirm compliance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 from July 2019 were not available for inspection. The manager stated these had been undertaken but reports had not been forwarded. An area for improvement was made.

The manager confirmed that a complaints policy and procedure was in place. Residents told us they would not hesitate to complain if they were unsatisfied with any aspect of their care. Review of complaints records maintained showed that they were handled appropriately. The home retains compliments received, e.g. thank you letters and cards, and there were systems in place to share these with staff.

Accident and incident records were maintained in the home and were reviewed on a monthly basis. Review of accident and incident records showed they were dealt with appropriately and shared with relevant bodies as necessary.

Staff spoken with were aware of the home’s whistleblowing procedure and confirmed they would be comfortable in approaching management if they had any concerns. Staff shared that there were good working relationships within the home and with external stakeholders.

Observation and discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

## Areas of good practice

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

## Areas for improvement

An area for improvement was identified in relation to ensuring that monthly reports to confirm compliance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 are available for review.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Leona Larkham, acting 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time  <b>To be completed by:</b> 3 March 2020	<p>The registered person shall ensure that monthly reports to confirm compliance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 are available for review.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Will be completed by 30 June 2020</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.3  <b>Stated:</b> Second time  <b>To be completed by:</b> 3 March 2020	<p>The registered person shall ensure the two identified bathrooms are decluttered of furniture so they can be accessed by residents should they so wish.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Bathrooms are now decluttered and new procedures are in place for storage of the relevant items.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 19  <b>Stated:</b> First time  <b>To be completed by:</b> 3 March 2020	<p>The registered person shall ensure that a summary of recruitment and vetting outcomes for all staff are retained in the home and are available for inspection.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> This has been agreed by HR and all relevant documentation will now be accessible from the home.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 23.3  <b>Stated:</b> First time  <b>To be completed by:</b> 3 March 2020	<p>The registered person shall ensure mandatory training for all staff is up to date</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Infection Prevention and Control is up to date for all staff. COSHH training scheduled for 20 March 2020. All staff mandatory training is scheduled for 2020.</p>

<p><b>Area for improvement 4</b></p> <p>Ref: Standard 47.3</p> <p>Stated: First time</p> <p>To be completed by: 3 March 2020</p>	<p>The registered person shall ensure that COSHH regulations are compiled with at all times and relevant staff receive training.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> COSHH training for all staff is scheduled for 20 March 2020. New lock has been placed in the sluice room.</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 3 March 2020</p>	<p>The registered person shall ensure infection prevention and control issues as outlined in the report are addressed.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Issues raised have been addressed with the housekeeping team and are under continuous monitoring by senior staff.</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 3 March 2020</p>	<p>The registered person shall ensure that care plans are in place to manage the care of residents presenting with an infection.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Relevant care plans completed. Action discussed at senior meeting on 04 February 2020.</p>
<p><b>Area for improvement 7</b></p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 3 March 2020</p>	<p>The registered person shall ensure that there is assessment to identify trends or patterns of behaviour that challenges and an appropriate care plan devised.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Behavioural charts now linked to care plans. Discussed at senior meeting on 04 February 2020.</p>

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





The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care