

Unannounced Care Inspection Report 2 August 2018



Kirk House

Type of Service: Residential Care Home
Address: 110 Kings Road, Belfast, BT5 7BX
Tel No: 028 9040 2938
Inspector: Bronagh Duggan

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 forty six 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: Belfast Central Mission Responsible Individual: Brian Burns	Registered Manager: Andrea Selby
Person in charge at the time of inspection: Andrea Selby	Date manager registered: 7 January 2015
Categories of care: 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	Number of registered places: 46 Maximum of 14 in category RC-DE

4.0 Inspection summary

An unannounced care inspection took place on 2 August 2018 from 10.30 to 19.00.

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 staff induction, supervision and appraisal, infection prevention and control, the home's environment, care reviews, liaising with other health care professionals, the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents, governance arrangements, management of complaints and incidents, quality improvement, promotion of best practice and maintaining good working relationships.

Areas requiring improvement were identified in relation to mandatory training, accuracy of accident and incident information, completion of a risk assessment and associated care plan regarding smoking, ensuring recent photographs of residents are contained in care records, maintaining up to date weight records and ensuring a clear and robust system is in place to make sure all specialist dietary information is available and up to date for kitchen staff.

Residents spoken with were very satisfied with the care provided and said they would recommend the home to others.

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	2	5

Details of the Quality Improvement Plan (QIP) were discussed with Andrea Selby, 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.

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 12 December 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, three residents and five staff.

A total of ten 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. Seven questionnaires were returned by residents. No staff questionnaires were returned within the agreed timescale.

A lay assessor was present during the inspection to speak with residents regarding their experiences of living in the home. Comments received are included within this report.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three staff files
- Four residents' care files
- Residents Guide

- Minutes of staff meetings
- Complaints and compliments records
- Audits of care plans and accidents and incidents (including falls)
- Equipment maintenance
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures

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

The findings of the inspection were provided to the 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 4 January 2018

The most recent inspection of the home was an unannounced medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 12 December 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (3) (b) Stated: First time	The registered person shall ensure monthly monitoring visit reports are available in the home for inspection. Ref: 6.7	Met

	<p>Action taken as confirmed during the inspection: Monthly monitoring visit reports were available in the home for inspection.</p>	
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 6.2 Stated: Second time</p>	<p>The registered person should ensure greater detail is included in the identified resident's care plan regarding the management of diabetes.</p> <p>Ref: 6.2</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Greater detail was included in the identified care plan regarding the management of diabetes.</p>	
<p>Area for improvement 2 Ref: Standard 29.2 Stated: First time</p>	<p>The registered person should ensure regular completion of emergency lighting checks.</p> <p>Ref: 6.4</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of records confirmed emergency lighting checks were maintained on an up to date basis.</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. The registered manager confirmed temporary/agency staff were used in the home on an occasional basis. The registered manager stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

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

Discussion with the registered manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory.

The registered manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. Completed recruitment checklists were included in the staff files reviewed.

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.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy available was in draft form, the need to have a final version which is consistent with the current regional policy and procedures approved in place was discussed with the registered manager. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

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 however records showed at least eleven staff were overdue training. This was identified as an area for improvement to comply with the standards.

The registered manager confirmed there had been no recent safeguarding referrals but that any 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 and that written records would be retained.

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.

The registered manager advised there were restrictive practices within the home, notably the use of locked doors, keypad entry systems and pressure alarm mats. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that staff had received training however records showed at least 23 staff were overdue training. This was identified as an area for improvement to comply with the standards. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), 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 home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

"The Falls Prevention Toolkit" was discussed with the registered manager and advice was given on the benefits of using this or a similar toolkit. Audits of accidents and incident were undertaken on a monthly basis and analysed for themes and trends. Review of accident and incident records and audit information maintained in the home showed inconsistencies with regard to the information gathered and discrepancies with regards to what staff were recording. Some information was recorded twice whilst other information had not been included. The need to ensure there was a robust system in place to ensure appropriate reporting, recording and gathering of accident and incident information was discussed with the registered manager. This was identified as an area for improvement to comply with the standards. The registered manager confirmed referrals were made to the trust falls team in line with best practice guidance.

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.

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

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.

The home had a Legionella risk assessment in place dated August 2016 the registered manager confirmed plans were in place to have an up to date risk assessment completed and that any recommendations would be addressed. This shall be followed up at a future inspection.

It was established that one resident smoked. A review of the care records of the resident identified that a risk assessment and corresponding care plan had not been completed in relation to smoking. The assessment needs to take account of contributing factors pertaining to

the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance. Action was required to ensure compliance with the regulations.

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

The registered manager provided confirmation that Lifting Operations and Lifting Equipment Regulations (LOLER) safety maintenance checks and records were up to date.

The home had an up to date fire risk assessment in place dated 20 November 2017 and all recommendations had been actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis the most recent was in June 2018. The records included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained.

Seven completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from a completed questionnaire were as follows:

- “I feel safe; I wear my buzzer necklace all the time. Recently I had a turn one night, staff came immediately.”

Areas of good practice

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

Areas for improvement

Four areas for improvement were identified during the inspection these related to mandatory training for staff, gathering and recording of accidents/ incident information and the completion of a risk assessment and associated care plan regarding smoking.

	Regulations	Standards
Total number of areas for improvement	1	3

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). Four care records were reviewed. They included an assessment of needs, life history, risk assessments and care plans. Records reflecting daily/regular statement of health and well-being of the resident were also available. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. The need to ensure a recent photograph of each resident was maintained in the care records was discussed with the registered manager as two records inspected did not contain a recent photograph. This was identified as an area for improvement to comply with the standards.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example preferred rising and retiring times were recorded in care records.

It was noted from two care records inspected weight records were not maintained on an up to date basis. The importance of ensuring any significant changes in weight are responded to appropriately was discussed with the registered manager. Regular monitoring and recording of weights was identified as an area for improvement to comply with the standards. The registered manager confirmed there were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Inspection of care records and follow up inspection of information held in the kitchen regarding specialist dietary information showed that the information held in the kitchen was not up to date and did not reflect the most current information available regarding two residents dietary needs. The need to ensure there is a clear, robust and up to date system in place regarding the sharing of SALT and specialist dietary information including for example texture type and diabetes status with the kitchen staff was discussed with the registered manager. This was identified as an area for improvement to comply with the regulations.

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. Staff confirmed referrals would be made to the multi-professional team regarding any areas of concern in a timely manner.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, care review, accidents and incidents were available for inspection and

evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection. Separate representative meetings which included a dementia support/education aspect were also provided for relatives.

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.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, latest RQIA inspection reports and the annual quality review report were on display or available on request for residents, their representatives any other interested parties to read.

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

Seven completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care reviews and liaising with other health care professionals.

Areas for improvement

Three areas for improvement were identified during the inspection these related to ensuring recent photographs of residents were contained in care records, weight records are maintained on an up to date basis and to ensure a clear and robust system is in place to ensure all specialist dietary information is available and up to date for kitchen staff.

	Regulations	Standards
Total number of areas for improvement	1	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager and residents 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 explained how confidentiality was protected. Staff described choices residents make on a daily basis and the importance of knocking bedroom doors before entering.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care were met within the home.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. Menus and the activity programme, for example, were displayed. An individual activity programme was also made available for each resident.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' 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. Other systems of communication included, residents' meetings, suggestion box and visits by the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and an action plan was made available for residents and other interested parties to read. Improvements made as direct result of the resident consultation included reviewing the food and monitoring the laundry system.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example arts and crafts, daily walking club, knitting, quizzes, chair Pilates. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example the home was involved with Dementia Friendly East Belfast Project, Intergenerational Project with a local nursery school and there were also monthly meetings for relatives.

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

- “If I could award a 10 for the best care and attention here I would happily give it.” (resident)
- “The best thing that ever happened was me coming here.” (resident)
- “I would recommend here to anyone.” (resident)
- “You want residents to be treated the way you would want yourself, their life history is important”. (staff)
- “It’s a good place, I love it. I enjoy the work. I enjoy having a chat (with the residents).(staff)

Seven completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	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 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.

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. The registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident’s Guide and information on display in the home. RQIA’s complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Arrangements were in place to share information about complaints and compliments with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. As discussed in section 6.4 some discrepancies were noted in the information and records available regarding the auditing of this information and has been identified as an area for improvement. 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.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff for example NICE guidance on recognising and preventing delirium and PHA guidance for the management of symptoms in adults last days of life was available for staff to access. In addition the home had established links with local universities and had been involved in supporting technology innovations and has received awards in relation to dementia care. The registered manager advised training was planned in relation to a music and memory programme. Staff had completed training in best practice in dementia care. This is good practice.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read.

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. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home through regular telephone calls, emails and visits to the home.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. 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. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

The registered manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

Staff spoken with during the inspection made the following comments:

- “The manager is very approachable and listens to staff.”

Seven completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from completed questionnaires were as follows:

- “Staff brilliant, manager is great.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Andrea Selby, 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 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2018</p>	<p>The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.</p> <p>Ref: 6.4</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 3 August 2018</p>	<p>The registered person shall ensure the residential care home is conducted so as to promote and make proper provision for the health and welfare of residents. Reference to this includes the need to ensure a clear, robust and up to date system is in place regarding the sharing of SALT and specialist dietary information including for example texture type and diabetes status with kitchen staff.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: We have updated the way we share information between the various staff groups within the Home. This was dealt with immediately. There is now a robust system in place to ensure changes are relayed to the appropriate people. Guidance from the SALT team forms part of the Care Plan.</p>
<h3>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</h3>	
<p>Area for improvement 1</p> <p>Ref: Standard 16.3</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2018</p>	<p>The registered person shall ensure staff complete training in relation to safeguarding in keeping with mandatory training guidance.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All staff are now up to date with Safeguarding training.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 35.2</p> <p>Stated: First time</p> <p>To be completed by: 16 September 2018</p>	<p>The registered person shall ensure all staff including those in support services, receive mandatory education and training in infection prevention and control that is commensurate with their work activities and responsibilities and is regularly updated.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All staff are now up to date with Infection Control training. We now have a staff member who acts as an infection control link with the PHA. He will represent the Home and cascade updated policies to the rest of the staff team.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2018</p>	<p>The registered person shall ensure working practices are systematically audited to ensure they are consistent with the homes documented policies and procedures this includes ensuring a robust system is in place to ensure appropriate reporting, recording and gathering of accident and incident information.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The accident and incident procedures have been updated so there is now a robust system in place to reflect all the information required.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 8.6</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2018</p>	<p>The registered person shall ensure the two identified care records contain a recent photograph of each resident.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All photographs have been updated and Senior Staff have been reminded to follow the Care Plan checklist.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2018</p>	<p>The registered person shall ensure residents weight records are maintained on an up to date basis.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: We have updated our weights records and residents are now weighed monthly in line with the BMI tool.</p>

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



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