



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report

25 October 2018



Loughview Fold

Type of Service: Residential Care Home
Address: 159a High Street, Holywood, BT18 9HU
Tel No: 02890425117
Inspector: Priscilla Clayton

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 which is registered with RQIA to accommodate and provide care for a maximum of 28 residents, 23 of which are for persons living with dementia.

3.0 Service details

Organisation/Registered Provider: Radius Housing Association Responsible Individual: Fiona McAnespie	Registered Manager: Helen Craig
Person in charge at the time of inspection: Helen Craig, registered manager	Date manager registered: 23 June 2016
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 28 Maximum of 23 persons in RC-DE category of care.

4.0 Inspection summary

An unannounced care inspection took place on 25 October 2018 from 10.30 to 16.00.

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

Evidence of good practice was found in relation to the promotion of a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. There were examples of good practice found during the inspection in relation to governance arrangements in the provision of safe, effective, compassionate and well led care.

One area requiring improvement included the recording within one care plan of measures in place to minimise the risk of fall and subsequent audit/review of other care plans to ensure interventions in this regard is reflected.

Residents and their representatives said that the care provided was very good. No issues or concerns were raised or indicated.

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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Helen Craig, 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

No further actions were required to be taken following the most recent inspection on 25 January 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 inspectors met with the registered manager, 17 residents, three staff and two residents' representatives.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Three questionnaires were returned to RQIA within the agreed timescale; one from a resident's relative and two from staff

The inspector was accompanied by Marie – Clare Quinn, RQIA inspector.

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 residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Audits
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings/ representatives' meetings/ other
- 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.

- Individual written agreements
- Input from independent advocacy services
- Programme of activities
- Policies and procedures relevant to inspection

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 25 January 2018.

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement made as a result of the last care inspection.

6.2 Review of areas for improvement from the last care inspection dated 25 January 2018

There were no areas for improvements made as a result of the last care inspection.

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 explained that agency staff were used to cover for current staff vacancies. The registered manager explained there was great difficulty in recruiting new staff due to the low response from advertisement and that further recruitment was planned. The registered manager stated that the use of agency staff did not prevent residents from receiving continuity of care as consistent agency staff were commissioned by block booking arrangement.

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

A review of one completed induction record and discussion with the registered manager and staff evidenced that an induction programmes were 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 were regularly provided. Schedules and records of training, staff appraisals and supervision were in place and reviewed during the inspection.

Discussion with the registered manager and staff 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. One staff competency and capability assessment reviewed was found to be in compliance with best practice.

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. E-mail of compliance with regulations was received from Radius human resource department during the inspection.

The registered manager advised that AccessNI enhanced disclosures was 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. Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

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

The registered manager stated that no safeguarding issues had arisen since the previous care inspection.

The registered manager confirmed 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; written records would also 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. A review of care records identified that resident care needs and risk assessments were obtained from the commissioning trust prior to admission.

The registered manager advised there were restrictive practices within the home, notably the use of locked doors, keypad entry systems, wheel chair lap belts 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.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the Health and Social Care Trust (HSCT) and regularly

updated and reviewed as necessary. The registered manager was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

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 all staff had received training in IPC in accordance 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. Personal Protective Equipment (PPE) including 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 and staff. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits of the environment and hand hygiene were undertaken with action plans developed to address any deficits noted.

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

The registered manager advised that they were aware of the "Falls Prevention Toolkit" and were using similar guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance. The registered manager advised that close monitoring of accidents / incidents was undertaken by Radius care service manager, governance team and the commissioning HSCT who receive copies of notifications from the registered manager.

A general inspection of the home was undertaken. The home was fresh- smelling, clean and appropriately heated throughout. Residents' bedrooms were found to be individualised with photographs, memorabilia and personal items.

Inspection of the internal and external environment identified that the home were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no visible hazards to the health and safety of residents, visitors or staff. Further development in regard to the provision of a dementia friendly environment was discussed with the registered manager who advised that this was planned in accordance with the out-come of the Dementia Audit checklist conducted some time ago. Other environmental refurbishment was also planned.

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, for example, Control of Substances Hazardous to Health (COSHH), fire safety and moving and handling.

The home had an up to date Legionella risk assessment which was dated 08 January 2018. Recommendations were being addressed.

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. A log of alerts was retained electronically.

The home had an up to date fire risk assessment which was dated 16 March 2018. The registered manager stated that three of the four recommendations identified for improvement were being addressed.

An RQIA estates checklist of risk assessments relating to legionella, fire safety, hoists / slings and NIAIC alerts was provided, completed by the registered manager and returned to the inspector on the day of inspection. This assessment was subsequently passed to the RQIA estates officer.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed and records reviewed confirmed these were up to date although some staff signatures were not recorded. The registered manager stated she would follow this up with staff who attended. Fire safety records identified that fire-safety equipment including, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly as required and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

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

- “Always staff around, they come to me when I need them” (resident)
- “Would highly recommend this home, good staffing who can meet the needs of residents” (staff)
- “Perfect home, don’t have any worries about the care which I believe is excellent” (visitor)

Three questionnaires were completed and returned to RQIA. One questionnaire was from a resident’s relative and two from staff. The response from the relative indicated their level of satisfaction with this aspect of care as “very satisfied”. Two staff members did not indicate any response within this area. However one comment recorded by a staff member included “short staffing so residents aren’t getting the full care they need as their needs change”. This information was shared with the registered manager following the inspection.

Following the inspection three questionnaires were completed and returned to RQIA within the timescale. One was from a resident’s relative and two from staff who described their level of satisfaction with this aspect of care as satisfied / very satisfied. This information was shared with the registered manager following the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, infection prevention and overall cleanliness of the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 responded appropriately to and met the assessed needs of the residents.

A review of three care records was undertaken and discussed with the registered manager. Care records reviewed included an up to date assessment of needs which were complemented with risk assessments, life history, person centred care plans and daily/regular statement of health and social well-being of the resident. Discussion was held with the registered manager regarding one specific care plan which did not reflect the measures in place to minimise the identified fall risk. The registered manager readily agreed to address this and to review the care plans of those residents identified to be at risk of fall to ensure interventions necessary to minimise the risk were reflected.

The care records reviewed 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. An individual agreement setting out the terms of residency was in place and appropriately signed.

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.

A varied, nutritious and rotating three weekly seasonal menus were provided to meet the needs of individual residents. The daily menu was displayed showing choices of main meals. Special diets were provided as required. Dining room tables were observed to be respectfully set with table cloths, range of condiments, napkins, and drinks provided. The mid-day meal was served by staff in a professional unhurried manner. Adequate sized portions of food were provided and nicely presented. Staff were observed assisting and supervising residents throughout the meal in accordance with good practice.

Systems were in place to regularly weigh and record each resident's weight and any significant changes were responded to appropriately by staff. 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 associated risk assessments and care plans.

Following the mid-day meals residents who spoke with the inspector stated they really enjoyed their meals and many commended the cook in this regard.

Inspection of the kitchen evidenced a high standard of cleanliness throughout with all equipment reported to be in good working order. Records of food deliveries/fridge temperatures/ storage were reviewed and found to be recorded as required. The home had achieved the high rating of 5 in food hygiene standards by environmental health. The cook and kitchen staff are to be commended in this regard.

Discussion with the registered manager and staff confirmed that any nursing care required was referred and managed by the community nursing services who visit to undertake assessment, develop a care plan which is explained and made available to the care team. Subsequent visits by the community nurse are conducted, as required, to provide and monitor care. Referrals were also made to other multi-professional staff including the social worker, dietician, speech and language therapist, optician, general practitioner and occupational therapist. Dental care is provided at the local dental surgery.

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 accidents and incidents, environment, catering, fire safety and medications were available for inspection and evidenced that any actions identified for improvement were addressed through time bound actions which were incorporated into practice. Further evidence of audit was contained within the reports of the visits conducted by the registered provider and the home's annual quality review report. The outcome of the resident satisfaction survey conducted during 2017 was displayed on the hallway notice board alongside other additional health and social care information for residents / visitors to view.

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 three monthly staff meetings and resident meetings (3-6monthly) reviewed during the inspection were found to be recorded satisfactorily.

Observation of interpersonal communications evidenced that staff communicated effectively with residents and visitors. Discussion with the registered manager and staff confirmed that management operated an "open door" policy to everyone.

There were also systems in place to ensure openness and transparency of communication, for example, availability of registered provider reports / RQIA inspection reports / annual satisfaction survey report / annual quality report and current resident newsletter.

Residents, staff and residents' visitors spoken with during the inspection made the following comments:

- "I feel the care here is very effective, I do not have any worries or concerns. The staff are excellent they keep me fully informed" (relative)
- " I believe the care is effective we always strive to ensure our residents needs are met" (staff)
- "The home has everything I need, I get to choose what I need" (resident)

Three questionnaires were completed and returned to RQIA within the timescale. One questionnaire was from a resident's relative and two from staff who described their level of satisfaction with this aspect of care as satisfied / very satisfied. One staff member indicated they were unsatisfied with this domain of care. This information was shared with the registered manager following the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to records, audits and reviews, nutrition and meals provided communication between residents, staff and other interested parties.

Areas for improvement

One area identified for improvement related to ensuring the care plan of one resident reflects interventions in place to minimise / prevent the risk of fall. Review of other care plans was recommended to ensure interventions relating to any fall risk are recorded.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

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

Discussion with residents and staff confirmed that residents' spiritual and cultural needs were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, infection and nutrition, where appropriate.

Discussion with staff, residents and two visitors 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 with residents included, daily discussions with staff, residents' meetings, resident newsletters, wide range of user friendly information displayed on noticeboards 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 which was made available for residents and other interested parties to read. No areas were identified for improvement as positive responses were received from all respondents.

Discussion with staff, residents, two visitors, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities including; musical sing along sessions, arts / crafts, bingo, tea parties, passive exercise, quiz, mini golf, and spiritual supportive visits. Arrangements were in place for residents to maintain links with their friends, families and wider community. The daily scheduled activities were displayed on the resident noticeboard. Residents who spoke with the inspector stated that they enjoyed the range of activities and they could choose if they wished to participate or not.

Resident newsletters were developed and distributed on a three monthly basis. The current newsletter reflected news in regard to new staff appointed, activities /outings held and information regarding the planned refurbishment improvements.

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

- “ I get to choose my lunch /dinner and if I go out they always keep my meal for me” They are always smiling and respectful to us” (resident)
- “ residents are always treated with dignity and respect” (staff)
- “ I feel the care here is very compassionate and I have no worries” (relative)

Three questionnaires were completed and returned to RQIA within the timescale. One questionnaire was from a resident’s relative and two from staff. All respondents indicated their level of satisfaction with this domain of care as satisfied / very satisfied. This information was shared with the registered manager following the inspection.

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.

The registered manager is supported in her role by a mixed skill team of care and ancillary staff. Senior management support is also provided by way of regular management meetings, supervision, direct telephone / electronic contact, and monthly quality monitoring visits to the home.

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. Discussion with the registered manager identified that they had understanding of their role and responsibilities under the legislation.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP to RQIA from the home confirmed that the registered manager responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the current RQIA certificate of registration and employer's liability insurance certificate, dated 29 June 2018, were displayed.

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

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. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records and discussion with the registered manager evidenced that no complaints had been received since the previous care inspection.

The home retains compliments received, for example, thank you letters and cards and there are systems in place to share these 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. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The registered manager advised that

learning from accidents and incidents was disseminated to all relevant parties with 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 undertook leadership training during 2017 and demonstrated good knowledge of effective governance and leadership. There was a system in place to share learning from a range of sources including matters such as 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 such as guidance from DoH, Northern Ireland Social Care Council (NISCC) and Public H Agency communications. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents including dementia, quality assurance, in house falls, catheter care and therapeutic activities. The signing of attendance by some staff at the recent fire drill was being sought by the registered manager.

A monthly 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. Monthly report visits to the home reflected interviews with residents / relatives (with consent) and staff to seek an opinion of their views on the standard of care provided; inspection of the premises and records of accidents / incidents/complaints. Where required an action plan was developed for the registered manager to address issues arising.

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.

Residents, staff and two residents' visitors/representatives spoken with during the inspection made the following comments:

- "Helen (registered manager) is great she always responds to any issues I may have" (resident)
- "The manager is always supportive, listens to staff and acknowledges good practice" (staff)
- "We have a good team here and the manager operates an open door to everyone" (staff)
- "The manager keeps in touch, always around to see to things, very approachable" (relative)

Three questionnaires were completed and returned to RQIA. Two respondents; one relative and one staff described their level of satisfaction with this domain of care as satisfied / very satisfied. One staff respondent indicated they were unsatisfied with this domain of care. This information was shared with the registered manager following the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement 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 Helen Irwin, 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6.2 Stated: First time To be completed by: 31 November 2018	The registered person shall ensure that one resident's care plan reflects the interventions necessary to minimise / prevent the risk of fall. Review of other care plans should be undertaken to ensure interventions relating to any fall risk are reflected. Ref: 6.5
	Response by registered person detailing the actions taken: The care plan was put in place and is relevant to the needs of the resident. all other care plans were reviewed and reflect risk assessments.

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



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