

Unannounced Care Inspection Report 18 October 2016



Glenalina Lodge

Type of service: Residential care home
Address: 607 Springfield Road, Belfast, BT12 7FN
Tel no: 028 9041 2030
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Glenalina Lodge Residential Home took place on 18 October 2016 from 16.10 to 20.50.

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

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding and risk management.

Two recommendations were made. One was in regard to a review of the home's policy on infection prevention and control (IPC). One was in regard to ensuring cleanliness in identified areas in the home.

Is care effective?

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

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

Is care compassionate?

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.

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

Is the service well led?

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

Two recommendations were made. One was in regard to a review of the home's policy on residents' snacks to include the arrangements for take-away food. One was in regard to a review of the Residents Guide to reflect the home's policy on take-away food.

The home had made application to RQIA for a bedroom, previously used as a guest room, to be used to accommodate residents. A premises inspection was undertaken and four recommendations were made in advance of approval for the requested change of use of the room. In the course of the care inspection it was identified that a resident was accommodated in this room. The acting manager was contacted by the inspector after the inspection and

described the circumstances which led to the room being used for residents in advance of the application being approved by RQIA. The registered person later provided written information to the estates inspector and this was found to be satisfactory. Details can be found in the separate premises inspection report.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Peter Bradley, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP, there were no further actions required to be taken following the most recent inspection on 20 and 21 April 2016.

2.0 Service details

Registered organisation/registered person: Care Circle Limited/Christopher Walsh	Registered manager: Peter Bradley, acting manager
Person in charge of the home at the time of inspection: Peter Bradley, acting manager	Date manager registered: Acting manager since 1 October 2016
Categories of care: I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH - Physical disability other than sensory impairment A – Past or present alcohol dependence SI – Sensory impairment	Number of registered places: 47

3.0 Methods/processes

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

During the inspection the inspector met with five residents, the acting manager and three care staff. No visiting professionals or residents' visitors/representatives were present.

The following records were examined during the inspection:

- Staff duty rota
- Staff training schedule/records
- Care records of four residents
- The home's Residents' Guide
- Audits of risk assessments, care plans, care reviews, accidents and incidents (including falls), complaints, environment, catering
- Accident/incident/notifiable events register
- Evaluation overview from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Individual written agreement
- Programme of activities
- Quality Assurance Annual Report for 2016
- Policies and procedures manual

A total of 28 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Ten questionnaires, all completed by residents, were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 September 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 20 April 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 6.3 Stated: Second time To be completed by: 24 July 2016	The registered person should ensure that all care plans are signed by the resident or their representative, where appropriate, along with the member of staff drawing it up and the registered manager. If the resident or representative is unable to sign or chooses not to sign, this should be recorded.	Met
	Action taken as confirmed during the inspection: Discussion with the acting manager and inspection of care plans confirmed that these were signed by the resident or their representative, where appropriate, along with the member of staff drawing it up and the registered manager. If the resident or representative was unable to sign or chose not to sign, this was recorded.	
Recommendation 2 Ref: Standard 21.1 Stated: First time To be completed by: 16 September 2016	The registered person should ensure there are processes in place to address the following; <ul style="list-style-type: none"> • Review of the home's adult safeguarding policy and implementation in line with the most up to date regional guidance • Systematic review of policies and procedures every three years, or more frequently should changes occur 	Met
	Action taken as confirmed during the inspection: Discussion with the acting manager confirmed that were processes in place to review the home's adult safeguarding policy and implement this in line with the most up to date regional guidance; also to review policies and procedures every three years, or more frequently should changes occur.	
Recommendation 3 Ref: Standard 6.2 Stated: First time	The registered person should ensure that suitable risk assessment tools are developed and implemented for the use of each resident accommodated within the home, as required.	Met

<p>To be completed by: 24 July 2016</p>	<p>Action taken as confirmed during the inspection: Discussion with the acting manager and inspection of care records confirmed that suitable risk assessment tools were developed and implemented for the use of each resident accommodated within the home, as required.</p>	
<p>Recommendation 4 Ref: Standard 8.2 Stated: First time To be completed by: 24 July 2016</p>	<p>The registered person should ensure that care records are maintained, accurately detailing any incidents, accidents or near misses occurring and action taken.</p> <p>Action taken as confirmed during the inspection: Discussion with the acting manager and inspection of care records confirmed that care records were maintained, accurately detailing any incidents, accidents or near misses occurring and action taken.</p>	Met
<p>Recommendation 5 Ref: Standard 20.15 Stated: First time To be completed by: 24 July 2016</p>	<p>The registered person should ensure that all accidents, incidents or notifiable events should be notified to RQIA and other relevant organisations.</p> <p>Action taken as confirmed during the inspection: Discussion with the acting manager and inspection of accident, incident and notifiable events register confirmed that all such events were notified to RQIA and other relevant organisations.</p>	Met
<p>Recommendation 6 Ref: Standard 1.6 Stated: First time To be completed by: 24 July 2016</p>	<p>The registered person should ensure that the views and opinions of all residents and/or their representatives about the running of the home are sought at least annually.</p> <p>Action taken as confirmed during the inspection: Discussion with the acting manager and inspection of the Quality Assurance Annual Report for 2016 confirmed that the views and opinions of all residents and/or their representatives about the running of the home were sought. The acting manager advised that this will be completed at least annually.</p>	Met

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Completed induction records were reviewed in detail at the last care inspection. The acting manager advised that the process of staff induction was unchanged. Discussion with care staff confirmed 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 appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The acting 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; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed in detail at the last care inspection and were found to be satisfactory. The acting manager advised that the competency and capability assessments were completed annually. This represented good practice and was to be commended.

The acting manager advised that the home's recruitment and selection policy and procedure continued to comply with current legislation and best practice; staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The acting manager confirmed that enhanced AccessNI disclosures were viewed by him for all staff prior to the commencement of employment. Personnel records reviewed at the last care inspection confirmed that AccessNI information was managed in line with best practice. The acting manager confirmed also that arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The acting manager advised that the home's adult safeguarding policy and procedure was in the process of being reviewed and implemented in line with the current regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). The area of adult safeguarding was not examined in detail on this occasion.

Discussion with the acting manager, review of accident and incidents notifications and care records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The acting manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The deputy manager confirmed that no restrictive practices were undertaken within the home. On the day of the inspection no obvious restrictive practices were observed to be in use. The

front door was locked as a security measure but residents could leave the premises if they wished.

The acting manager confirmed there were risk management policy and procedures in place. The acting manager advised that the home's policy and procedures relating to safe and healthy working practices were unchanged since the last care inspection and that these continued to be appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

Review of the infection prevention and control (IPC) policy and procedure identified that this was not in line with regional guidelines. A recommendation was made that this policy and procedure should be reviewed. Staff training records confirmed that all staff continued to receive training in IPC in line with their roles and responsibilities.

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. Observation of staff practice identified that staff adhered to IPC procedures. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

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

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

Whilst the home was generally clean, some areas were identified which required additional attention; the chairs in the dining room were noted to be constructed of ridged tubular metal and, on some chairs, food debris had accumulated in the ridges. The under sides of some dining tables were noted to be stained. The large kitchen trolley, used to take drinks and snacks to lounges and to residents' rooms, was noted to be in need of a deep clean. Some handrails along the corridors on the ground floor were found to be tacky and showed signs of being unclean in places.

These issues were discussed with the acting manager who reported that the cleaning of kitchen trolleys, dining tables and chairs was the responsibility of an outside catering company. The acting manager provided a verbal undertaking to liaise with the outside catering company to have dining chairs, tables and kitchen trolleys (including the wheels) cleaned as a matter of urgency. The acting manager further undertook to ensure that handrails were cleaned thoroughly by the home's domestic staff. A recommendation was made in regard to maintaining cleanliness in these areas.

The home had an up to date fire risk assessment in place dated 5 June 2016 and all recommendations were reported to be in the process of being appropriately addressed. The acting manager advised that the fire safety measures in the building were unchanged since the last care inspection; fire drills were completed weekly and records were retained of staff who participated and any learning outcomes. Fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

The home had had several break-ins over the past year. At the last care inspection it was established that the housing association who owned the building was to fit all windows with the

most modern restrictors in order to maximise security. The acting manager confirmed that all windows, with the exception of a very small number, had been fitted with the restrictors and that plans were in place to have the remaining windows fitted with the restrictors within the next few days. The acting manager further confirmed that the CCTV system which covered the external environment was upgraded and a high definition monitoring system was in place.

The dining experience of residents was examined during this inspection. Inspection of the catering kitchen identified that it was clean, well equipped and well maintained. Foodstuffs properly stored and fridge and freezer temperatures were monitored and recorded. The acting manager confirmed that kitchen staff were provided with training in food hygiene by the outside catering company, but that kitchen staff were also included in the home's adult safeguarding, moving and handling and fire training.

The acting manager confirmed that staff training was provided in swallow awareness, diabetic care, first aid and oral hygiene. Review of residents' care files confirmed that records were retained of meals eaten by individual residents if concerns were present in regard to diet or weight loss. The home used a suitable risk assessment tool to identify and monitor the progress of residents in relation to diet and weight. Residents' weights were monitored monthly and there was a schedule in place for this. There was evidence of liaison with residents' GPs, dieticians and Speech and Language Therapists (SALT) for specialist guidance on diet and swallow recommendations. The dietician and/or SALT recommendations for therapeutic diets were present in residents' care files and in the kitchen. This helped ensure that the cook remained up to date with the specific dietary needs of individual residents, where appropriate.

The inspector was present during the evening staff handover meeting and observed how pertinent information regarding the latest SALT recommendations for residents was communicated between staff members. Staff were also aware of the dietary needs and preferences of residents, including those with diabetes. This supported the delivery of safe care.

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

A comment received was as follows:

- "Very satisfied with the help I am receiving."

Areas for improvement

Two areas for improvement were identified. A recommendation was made in regard to review of the home's policy on infection prevention and control (IPC). A recommendation was made in regard to ensuring cleanliness in identified areas in the home.

Number of requirements	0	Number of recommendations	2
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of the care records of four residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. 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 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 they were familiar with person centred care and that a person centred approach underpinned practice.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. The acting manager reported that a monthly Key Performance Indicator audit was still undertaken of accidents and incidents (including falls) and medicines management. This information was examined in detail during the last care inspection. Further evidence of audit was contained within the monthly monitoring visits reports.

The acting manager confirmed that systems remained in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The acting manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the last care inspection. A resident confirmed attendance at a recent meeting in which residents were asked for suggestions for new menus which were being devised.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

A review of care plans identified that the personal food choices and preferences of residents were noted. Daily menus were displayed on dining tables and resident reported that meal times were regular, that suitable choices were provided at each mealtime and that suitable alternatives were provided according to individual preferences. There were snacks and drinks provided at intervals between main meals and additional drinks and snacks were available on request. This was further confirmed in discussion with night staff who described how they had access to the kitchen and could, and often did, make tea and toast for those residents who might want this.

Observation of the evening meal experience noted that the dining room tables were attractively laid and that the crockery, cutlery and glassware were clean and of good quality. It was noted

that meal portion sizes were sufficient and that meals were well presented. Residents reported that additional servings were provided on request and if no additional servings were available, an alternative would be readily provided.

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

Areas for improvement

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

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

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

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with the acting manager confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records where it was noted that care plans were in place for the management of pain, trigger factors, prescribed medication, care of chronic pain etc.

Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. This was evident during the staff handover in the sensitive and respectful manner the care of residents was discussed. Discussion with residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. During the last care inspection it was identified that an annual satisfaction survey was not undertaken; instead a small number of different residents were invited each month to complete a survey about the standard and quality of care and about the home environment. The findings of this survey were included within the monthly monitoring visit report. The acting manager advised that the entire resident group, residents' representatives and the staff team were now consulted and the findings from the consultations were collated into a summary report. The summary report indicated satisfaction with the services provided by Glenalina Lodge Care Centre.

Discussion with residents and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The home employed activities co-ordinators who arranged a varied programme of activities and events both in and outside the home. It was noted that the home was attractively decorated for the forthcoming Halloween festival.

In reference to the dining experience, residents confirmed that they were included in the planning of seasonal menus and that their opinions were sought during residents meetings, in annual surveys or in one to one consultation. One resident reported that she had found that, by the time the tea trolley had reached her room, the tea in the pot had cooled. She had discussed this with the acting manager who had arranged for care staff to ensure that a fresh pot of tea was made after the residents were served tea in the lounge and before the tea trolley was taken along the corridors to the residents' rooms. Staff were later able to confirm that this new system was in place and that residents appeared to be happy with this arrangement.

Residents and staff confirmed that menus provided for special occasions, for example Easter, Christmas, Halloween etc. Residents and the acting manager also reported that a birthday list was held in kitchen and that birthday cakes were made by the cook and presented with candles for those residents who wished to have their specially occasions marked in this manner; residents' individual wishes on this matter were established in advance of any upcoming birthday.

The acting manager and residents confirmed that there was a flexible system in place which adapted to individual need, for example, residents could choose to dine in their own rooms. The acting manager further advised that suitable hospitality was extended to families or groups who might visit the home; residents confirmed that their visitors were offered tea and biscuits by staff.

It was also noted that residents were given a choice of crockery according to individual preference, for example, some residents had fine china cups and saucers whilst others used large mugs. Residents confirmed that these arrangements were well known to staff who ensured that tables were laid with their choices for crockery.

Residents and the acting manager also reported that the kitchen was operated over seven days weekly; a full menu was available and a roast dinner was provided as a choice each Sunday. Residents spoken with during the inspection made the following comments:

- "The food is good here and I get plenty of choices. We get tea mid-morning, between lunch and dinner and in the evening and can also get soft drinks from a vending machine, if we want them. I'm happy here and the care is good."
- "I like it here. I am diabetic and the staff know that I need a cup of tea and a snack in the evenings and I always get this. If anyone isn't feeling well, they can have a tray brought to their room instead. The odd time I like to order a take away, and there's no problem with me doing that."
- "This place is excellent. They (staff) couldn't do enough for you. This is my safety net, a place where I feel safe and secure. The staff have been so good to me."

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

Areas for improvement

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

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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. There were systems in place to ensure that policies and procedures were reviewed every three years or more frequently as changes occurred.

The home's complaints policy and procedure was reviewed during the last care inspection and found to be in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. The acting manager confirmed that residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide.

It was previously established that there were arrangements in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints had included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision. The acting manager confirmed that such arrangements remained unchanged since the last inspection.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. Discussion with the acting manager confirmed that information in regard to current best practice guidance was made available to staff, for example, distressed reactions in people with dementia. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example food allergies.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

A monthly monitoring visit 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, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. The acting manager was in the process of completing a QCF level 5 qualification.

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 acting manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The acting manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s responded to regulatory matters in a timely manner.

Review of records and discussion with the acting manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The acting manager confirmed that there were effective working relationships with internal and external stakeholders.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. In particular relation to the dining experience, it was established that the home had a policy on residents' snacks, however, there was no reference to residents availing of take away food. A recommendation was made that this policy is reviewed to include the arrangements available to residents for take away food. It was noted also that the Residents Guide did not provide information regarding takeaway food. A recommendation was made in this regard.

The acting manager confirmed that the menu was revised twice annually and that a four weekly menu rotation was used in the home. There was a robust system of communication between the acting manager and catering staff to ensure that information was shared regarding special diets, feedback from residents, trialling menu suggestions, etc. The acting manager was able to demonstrate how a resident who had particular dietary requirements was provided with a suitable range of food in the home. This was achieved by meeting with the residents and her representatives, sharing the planned menu for each week and discussing and agreeing bespoke alternatives.

Staff spoken with during the inspection made the following comments:

- "I absolutely love working here! There is a great staff team and the management is good. We make sure that residents are well looked after.....if residents want to sit up late to watch TV and decide they would like a snack, there is no problem with that."
- "I got a good induction when I came to work here and there is plenty of supervision. The home has really good systems in place to ensure that residents are kept safe and happy."

Ten completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Areas for improvement

Two recommendations were made. One was in regard to review of the home's policy on residents' snacks being updated to include the arrangements for take-away food. One was in regard to the Residents Guide being reviewed to reflect the home's policy on take-away food.

Number of requirements	0	Number of recommendations	2
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Peter Bradley, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>The registered provider should ensure that the home's policy on infection prevention and control (IPC) is updated to reflect current best practice guidance.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The infection prevention and control policy has been scheduled for review in the new year to include any new infection prevention and control best practice and guidance.</p>
<p>Recommendation 2</p> <p>Ref: Standard 35.1</p> <p>Stated: First time</p> <p>To be completed by: 25 October 2016</p>	<p>The registered provider should ensure arrangements are put in place to achieve and maintain cleanliness of dining chairs, tables, kitchen trollies (including wheels) and handrails throughout the home in line with infection prevention and control guidance.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The dining room received a deep clean on 23.10.16. Dining room chairs and tables are now cleaned down daily by the KP and receive attention from our domestic staff with a deep clean on the 1st of every month. The hand rails received a deep clean on 19.10.16 and are now cleaned down daily by domestic staff as per new housekeeping list.</p>
<p>Recommendation 3</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>The registered provider should ensure that home's policy on residents' snacks is reviewed to include arrangements for residents to avail of take away food.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The Policy regarding resident's snacks and take away food will be reviewed in the new year.</p>
<p>Recommendation 4</p> <p>Ref: Standard 20.9</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>The registered provider should ensure that the home's Residents Guide is reviewed to include arrangements for residents to avail of take away food.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The Residents Guide has been reviewed and now includes details of how residents can avail of take away food.</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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