Unannounced Care Inspection Report
20 and 21 April 2016

Glenalina Lodge Care Centre

Address: 607 Springfield Road
Belfast
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Inspector: Alice McTavish

1.0 Summary

An unannounced inspection of Glenalina Lodge Care Centre took place on 20 April 2016 from 09:50 to 16:50 and on 21 April 2016 from 10:45 to 16:30.

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

Is care safe?

Two recommendations were made in regard to safe care. One was in relation to review of adult safeguarding policy in line with the most up to date regional guidance and implementation of this into practice, also to systematic three year review of all policies. One was in relation to the development and implementation into practice of suitable risk assessment tools.

Is care effective?

Two recommendations were made in regard to effective care. One recommendation was stated for the second time from the last care inspection. This was in relation to obtaining signatures on residents' care plans. The other related to the maintenance of care records to ensure that incidents, accidents or near misses, occurring and action taken is accurately detailed.

Is care compassionate?

One recommendation was made in regard to compassionate care. This was in relation to the need to obtain the views and opinions of residents and their representatives about the running of the home at least annually.

Is the service well led?

One recommendation was made in regard to well led care. This was in relation to making notification to RQIA and other relevant organisations of all accidents, incidents or notifiable events.

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**	**6**

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Paula Kennedy, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organization / registered person: Care Circle Limited / Mr Christopher Walsh	**Registered manager:** Mrs Paula Kennedy
Person in charge of the home at the time of inspection: 20 April 2016, Peter Bradley, deputy manager 21 April 2016, Paula Kennedy, registered manager	**Date manager registered:** 23 May 2013
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
Weekly tariffs at time of inspection: £494 plus £20 third party contribution	**Number of residents accommodated at the time of inspection:** 46

3.0 Methods/processes

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

During the inspection the inspector met with 11 residents, the registered manager and the deputy manager, three care staff, the cook, two visiting professionals and one resident's visitor/representative. Ten resident views, ten resident representative views and ten staff views questionnaires were left in the home for completion and return to RQIA. No completed questionnaires were subsequently returned to RQIA.

The following records were examined during the inspection:

- staff duty rota
- induction programme for new staff
- annual appraisal and staff supervision schedule
- ample of competency and capability assessments
- staff training schedule/records
- staff recruitment files
- seven residents' care files
- The home's Statement of Purpose and Residents' Guide
- staff competency and capability assessments
- complaints and compliments records
- audits of care plans, care reviews, accidents and incidents, complaints, medications
- infection control records
- accident/incident/notifiable events records
- the Annual Quality Review report
- minutes of recent residents' meetings
- monthly monitoring reports
- fire safety risk assessment
- fire drill records
- maintenance records of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- individual written agreement
- programme of activities
- policies and procedures manual

On 20 April 2016, whilst conducting the inspection, information was forwarded to the inspector from RQIA. The information was provided in writing by an anonymous source and set out a number of concerns relating to the following general areas;

- An incident which occurred on 17 November 2015 when intruders entered the building. Concerns were noted in respect of the information forwarded to RQIA, the management response to the incident and the security of the building
- An incident which occurred on 8 March 2016 and the subsequent management response
- Insufficient numbers of staffing at night and high levels of dependency of residents
- Arrangements for the storage of medicines
- Insufficient arrangements to cater for residents with special dietary requirements and poor hygiene in the kitchen
- Insufficient supplies of continence products and toiletries

Information was examined over both days of the inspection to establish whether breaches of regulation had occurred.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 21 October 2016

The most recent inspection of Glenalina Lodge Care Centre was an unannounced medicines management inspection. The completed QIP was returned and approved by the specialist inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 12 May 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 6.3 **Stated:** First time	The registered manager 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.	**Partially Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that all care plans had been signed within the timescale set at inspection; review of care records identified that care plans for those residents more recently admitted to the home had not been signed. This recommendation was therefore restated.	

4.3 Is care safe?

The deputy manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, the resident's' representative and staff.

On the first day of inspection the following staff were on duty;

- 1 x deputy manager
- 1 x senior care assistant
- 4 x care assistants
- 2 x administrative staff
- 2 x domestic staff
- 1 x laundry staff
- 1 x activities co-ordinator
- 1 x cook
- 1 x kitchen porter

(Catering services were privately supplied by Mount Charles)

One senior care assistant and two care assistants were due to be on duty from 20.00 until 08.00 with an additional person on call in the event of any emergency.

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. This programme was structured to reflect Northern Ireland Social Care Council (NISCC) standards.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection. The deputy manager also advised that all care staff received at least one direct observation of care practice annually and that new staff were provided with more frequent supervision.

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; records of competency and capability assessments were retained. A review of a sample of staff competency and capability assessments confirmed this.

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the deputy manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

The home's adult safeguarding policy and procedures, dated 2012, was not consistent with the most up to date regional guidance – Adult Safeguarding Prevention and Protection in Partnership, July 2015. It was also noted that policies and procedures were not systematically reviewed every three years or more frequently should changes occur. A recommendation was made that the policy relating to adult safeguarding should be reviewed and implemented, also that policies should be subject to regular review. The home's existing policy included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager confirmed that the new adult safeguarding procedures would be implemented, including the establishment of a safeguarding champion.

Discussion with staff confirmed that they 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 to whistleblowing. A review of staff training records confirmed that provision was in place for mandatory adult safeguarding training for all staff.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints 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 home's infection prevention and control (IPC) policy and procedure was not reviewed during this inspection. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff members established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of 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. Hand hygiene was a priority for the

home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. On either of the days of inspection, no resident was observed to have a high level of physical dependency. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment were reviewed and updated on a regular basis or as changes occurred.

It was noted, however, that risk assessments were not consistently in place for residents. The registered manager reported that Care Circle was in the process of introducing standardised risk assessments across all of the organisation's facilities. A recommendation was made that suitable risk assessment tools should be developed and implemented for the use of each resident accommodated within the home, as required.

A review of the Risk Assessment Register confirmed that a comprehensive record of all risks which applied within the home was maintained. The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

A general inspection of the home was undertaken to examine a number of residents' bedrooms and en-suite bathrooms, communal lounges, bathrooms. Residents' bedrooms were personalised with photographs, pictures and personal items. Continence products were present in the bedrooms of those residents who used such products and continence aids were present in communal bathrooms. There was a plentiful supply of laundered bedlinen and towels. 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. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

The deputy manager confirmed that restrictive practices were not employed within the home. On the days 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 registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment, dated 19 May 2015, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed weekly and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

The deputy manager confirmed that there had been several break-ins on the premises. One occurred on 14 August 2015 and another on 17 November 2015. A review of documentation identified that the staff on duty on each occasion had acted swiftly and appropriately to ensure the safety and security of residents. On the occasion of 17 November 2015, staff had also co-operated fully with PSNI investigations and had been able to identify the perpetrators to police. Copies of the original written statements provided by staff members to PSNI were available for inspection. Notification was made to RQIA, to Trusts and residents' representatives were informed. The information contained within the notification to RQIA was sufficient to indicate that the situation had been managed appropriately.

In discussion with the registered manager it was established that the deputy manager had been on call on 17 November 2015. Staff had followed policy and procedure and had made contact with the deputy manager. The deputy manager was satisfied that the staff on duty had acted appropriately in arranging ambulance support for the residents who had raised the alarm, that PSNI were on the premises and that the building was secured.

Whilst Care Circle operated the residential care home, the building was owned by Helm Housing. Care Circle were in discussion with Helm Housing to have all windows fitted with the most modern restrictors and to have fire exit doors fitted with audible alarms. It was also hoped that the existing CCTV which covered the outside environment may be upgraded.

Areas for improvement

Two areas were identified within this domain as requiring improvement. One related to review of adult safeguarding policy in line with the most up to date regional guidance and implementation of this into practice. Systematic three year review of all policies should be established. The other related to the development and implementation into practice of suitable risk assessment tools.

Number of requirements:	0	Number of recommendations:	2

4.4 Is care effective?

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

A review of six care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, care plans and regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

Concerns were raised by an anonymous source as stated previously, in relation to an incident which occurred on 8 March 2016. Inspection of records identified that detailed and accurate recording had not been completed on the day of the event; a summary had been written by the registered manager as related to her by the staff on duty at the time of the event. A recommendation was made that care records are maintained, accurately detailing any incidents, accidents or near misses occurring and action taken.

Concerns were raised by the anonymous source in relation to insufficient arrangements in place to cater for those residents who were on a diabetic or soft diet, also poor hygiene in the kitchen. Inspection of the kitchen facilities identified that the kitchen areas and equipment were maintained to a good standard of cleanliness. Discussion with the deputy manager and the cook identified that catering staff were familiar with the diabetic and soft dietary needs of individual residents. Catering staff were provided with information each morning about the number of residents with special dietary requirements. Inspection of the four week menu plan established that residents had the choice of two main meals daily. The cook ensured that desserts were provided in sugar free options and that there was no obvious visual difference between sugar free and other desserts. The cook was also knowledgeable about the importance of the timing of breakfasts for some diabetic residents who needed to eat before receiving daily treatment from district nursing staff.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed. The registered manager confirmed that 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 home completed a Key Performance Indicator Audit of accidents and incidents (including falls and medicines management issues) and complaints monthly; the registered manager confirmed that actions identified for improvement were incorporated into practice. Further evidence of audits was contained within the monthly monitoring visits reports.

The deputy manager described how an issue was identified relating to the security of the keys to the treatment room where medicines were stored. Until recently, more than one key was held by senior staff on duty and this had led to some keys being misplaced. A new system was established in March 2016 in which only one key is used; a key register was now used which recorded who held the key and to whom the key was passed at staff shift handovers. This system supported more effective care to residents.

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

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident meetings were available for inspection.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who required specialist supports e.g. Alzheimer's Society.

Areas for improvement

Two areas for improvement were identified within this domain. One related to obtaining signatures on residents' care plans. The other related to the maintenance of care records to ensure that incidents, accidents or near misses occurring and action taken is accurately detailed.

Number of requirements:	0	Number of recommendations:	2

4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage pain or discomfort in a timely and appropriate manner.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Observation of interactions between residents, a representative and staff demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff, residents and a representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The home employed two activities co-ordinators who arranged a varied programme of activities and events both in and outside the home. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, a representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The registered manager confirmed that 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.

There were systems in place to ensure that the views and opinions of residents were sought and taken into account in all matters affecting them. The home did not, however, conduct an annual satisfaction survey of residents. Instead, two 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 the survey were included within the monthly monitoring report. An action plan was developed and implemented where improvements were required.

A recommendation was made that the views and opinions of all residents and/or their representatives about the running of the home should be sought at least annually.

Residents confirmed that their views and opinions were taken into account in all matters affecting them and that compassionate care was delivered within the home.

Residents provided the following comments;

- "I don't think you could get better staff anywhere. They make you feel that you are not isolated or alone. I'm as happy as the flowers of May!"
- "I can't believe I have hit on such a good place. I can go to bed and get up when I like. If I want a cup of tea or a glass of juice, they (staff) get it for me. The staff are friendly and helpful, especially the manager and the deputy. The home is kept clean and comfortable and there's plenty to keep the residents busy during the day."
- "I like it here well enough. They are good to me. There seems to be enough staff around and no-one has to wait very long to get attended to."
- "The staff here treat me well and make sure I have everything I need. They are kind to me."
- "It's very good here. They are kind."
- "Staff look after me well here."
- "There is a relaxed approach here. The staff don't dictate to me, which is important to me."
- "This is a good place. I couldn't get a better one."

One resident's representative indicated a high level of satisfaction with the care provided within Glenalina Lodge;

- "I am very happy with the care here. Nothing is too much trouble for the staff and they are brilliant with my (relative). They know her so well and can work with her when she is confused. I am so relieved that she is in a safe and secure place where she is comfortable and well fed as she had tended to neglect herself before coming here. I don't have to worry about her now."

Two visiting professionals provided the following comments;

- "As far as I can see, the residents appear to be content and well cared for."
- "I find that staff are familiar with the care needs of the residents and how the needs are to be met. Staff maintain good communication with the district nursing team and they follow any recommendations made for care. I come here at a variety of times and observe that a range of activities is going on and that lots of residents are involved. I have no concerns about the care here."

Areas for improvement

One area of improvement was identified within this domain. This related to the need to obtain the views and opinions of residents and their representatives about the running of the home at least annually.

Number of requirements:	**0**	**Number of recommendations:**	**1**

4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents. The health and social care 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.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide. The registered manager advised that the majority of issues or concerns were brought to her directly by residents or by residents' representatives. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. 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 registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. Since the last care inspection in May 2015, RQIA received 102 notifications of accidents and incidents. A review of accidents/incidents/notifiable events confirmed that the majority of these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Two events, however, were not reported, including the events of 8 March 2016 (described in section 4.4 of this report). A recommendation was made that all accidents, incidents or notifiable events should be notified to RQIA and other relevant organisations.

A regular audit of accidents and incidents was undertaken and this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

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.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered person identified that she had understanding of her role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employers' liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

Staff members provided the following comments;

- "I had a proper induction when I came here and I have had lots of training and supervision. There is a really good relationship between all staff. I feel there is enough staff on duty and that allows me to spend time with the residents to get to know them well. I am very happy in my job."
- "This is the best place to work and the staff team is brilliant. The manager is really flexible and supportive of staff."

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

One area of improvement was identified within this domain. This related to making notification to RQIA and other relevant organisations of all accidents, incidents or notifiable events.

Number of requirements:	**0**	**Number of recommendations:**	**1**

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Paula Kennedy, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s 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 person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

Quality Improvement Plan

Recommendations	
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. **Response by registered person detailing the actions taken:** All residents are involved in the care plan process. This can be evidenced under no 2 "care plan communication".
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; • 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 **Response by registered person detailing the actions taken:** All staff are aware of the adult safe guarding policy. This was raised at staff meetings 02/06/16 and 07/06/16. The Registered Provder has undertaken to rewrite the adult safeguarding policy and to review all policies every 3 years.
Recommendation 3 **Ref**: Standard 6.2 **Stated:** First time **To be completed by:** 24 July 2016	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. **Response by registered person detailing the actions taken:** All care plans have now included Risk Assessments, falls risk, Braden, MUST and all smoking risk assessmets have also been reviewed and updated.
Recommendation 4 **Ref**: Standard 8.2 **Stated:** First time **To be completed by:** 24 July 2016	The registered person should ensure that care records are maintained, accurately detailing any incidents, accidents or near misses occurring and action taken. **Response by registered person detailing the actions taken:** All incidents accidents and near misses are now reported to RQIA and Care Management. Details are recorded in careplans and risk assessments updated as required.

Recommendation 5 **Ref**: Standard 20.15 **Stated:** First time **To be completed by:** 24 July 2016	The registered person should ensure that all accidents, incidents or notifiable events should be notified to RQIA and other relevant organisations.
	Response by registered person detailing the actions taken: All accidents incidents are now sent to RQIA ,Care Manager and registered provider.
Recommendation 6 **Ref**: Standard 1.6 **Stated:** First time **To be completed by:** 24 July 2016	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.
	Response by registered person detailing the actions taken: The Annual report of feedback sought from residents and their relatives is in the process of being finalised and will be complete by 24/07/16.

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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