Unannounced Care Inspection Report
13 June 2018

The Pines

Type of Service: Residential Care Home
Address: 23 Upper Lisburn Road, Belfast, BT10 0GW
Tel No: 028 90602343
Inspector: Kylie Connor and Thomas Hughes

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 with thirty one places that provides care and accommodation for residents in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: The Pines **Responsible Individual:** Kevin McKinney	**Registered Manager:** Rhonda Spence
Person in charge at the time of inspection: Teresa Kennedy, Senior Care Assistant from 09.30 to 10.00 and from 12.00 onwards. Rhonda Spence, Manager between 10.00 and 12.00.	**Date manager registered:** Rhonda Spence - application received - "registration pending".
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment	**Number of registered places:** Total number 31 places comprising: 31 – RC - I 10 – RC - DE 02 – RC - PH

4.0 Inspection summary

An unannounced care inspection took place on 13 June 2018 from 09.30 to 16.45.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff supervision, the culture and ethos of the home, activities, meals, management of incidents and maintaining good working relationships.

Areas requiring improvement were identified in relation to staff annual appraisal, recruitment and selection records, the recruitment and selection policy and procedure, the legionella risk assessment, management of AccessNI enhanced disclosure certificates, management of NISCC registration, auditing and follow up of care records, consent documentation, review of policies and procedures and confirmation of the date the manager will complete QCF Level 5.

Residents and a representative said that they were happy with the standard of care, meals, staff attitude and activity provision.

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	3	10

Details of the Quality Improvement Plan (QIP) were discussed with Kevin McKinney, Responsible Person and following the inspection with Rhonda Spence, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection. Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

In addition to the actions detailed on the QIP of the most recent inspection on 14 December 2017, the manager was requested to confirm to RQIA a timescale for the completion of Qualifications and Credit Framework (QCF) Level 5 qualification. This is reported upon in section 6.7 of this report.

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 manager, the responsible individual, seven residents, two care staff, and one resident's visitors/representative.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Seven questionnaires were returned by one resident and six residents' representatives.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision
- Staff training schedule and training records
- Three staff files
- Three residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care records; accidents and incidents (including falls, outbreaks), environment, NISCC registration
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment

- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- June 2018 Newsletter
- Policies and procedure Manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially 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 14 December 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 14 December 2017

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</th><th>Validation of compliance</th></tr>
<tr><td>Area for improvement 1

Ref: Standard 27.1

Stated: Second time</td><td>The registered person shall address these environmental issues:

• the varnish on the outdoor garden furniture was peeling off
• a number of communal/shared toilets did not have covered toilet roll holders
• the dining room ceiling had a water damage stain
• there was a hole in the kitchen floor covering</td><td rowspan="2">Met</td></tr>
<tr><td></td><td>Action taken as confirmed during the inspection:
Compliance was confirmed following discussion with the responsible individual, the manager and inspection of the environment.</td></tr>
</table>

Area for improvement 2 **Ref**: Standard 23.4 **Stated:** First time	The registered person shall ensure that all staff complete training in first aid.	**Met**
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with staff and review of training records.	
Area for improvement 3 **Ref**: Standard 20.10 **Stated:** First time	The registered person shall ensure that all care records are audited and actions followed up.	**Partly Met**
	Action taken as confirmed during the inspection: Inspection of a sample of audits of care records, a number of care records and discussion with the manager confirmed that further efforts were required to ensure that actions identified through the audit process were completed and followed up by the manager in a timely manner.	

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 manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Recently, for the first time, agency staff were used in the home. The manager stated that the use of agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

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

Discussion with staff confirmed that mandatory training and supervision of staff was regularly provided. Schedules of training, staff appraisals and supervision were reviewed during the inspection. Staff had not had an annual appraisal and an area for improvement was identified to comply with the legislation.

Discussion with the manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.

Discussion with the manager and review of staff files confirmed that staff were largely recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Two of the three staff files did not have a copy of staff birth certificates; one staff file had a gap in employment that had not been identified. Three areas of improvement were identified to comply with the regulations and standards: to ensure that a copy of staff birth certificates are retained; that a full employment history is obtained and any gaps in employment are recorded and that the recruitment and selection policy and procedure is reviewed and includes the process of appointing employees to acting-up positions; the recruitment checklist is improved to guide and support the process.

The manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed contained copies of AccessNI enhanced certificates that had not been managed in line with best practice and an area for improvement was identified to ensure compliance with the standards.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Some care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC) and some advised that they were in the process of registering. However, review of audits of NISCC registration and discussion with the manager identified that a number of staff had not completed the NISCC application process in line with NISCC timescales. The manager reported that two identified staff would not be working in the home until the registration process with NISCC had been fully completed.

In addition, the manager did not have a matrix of staff NISCC registration numbers and the date of renewal to support governance in this area. An area for improvement was identified to improve the management of staff registration with NISCC. The responsible individual and manager gave assurances that application for NISCC registration would be included in the induction process to ensure registration was fully completed in a timely manner.

The role and function of the Adult Safeguarding Champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

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

Discussion with the manager, review of accident and incidents notifications, care records and complaints records confirmed that there had been no adult safeguarding incidents since the previous care inspection.

The 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 residents' care needs and risk assessments were obtained from the trust prior to admission.

The manager advised there were restrictive practices within the home, notably the use of locked doors, keypad entry systems, pressure alarm mats and management of smoking materials. 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.

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 line 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), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

Information was provided to the manager of a website where IPC audits tools could be obtained for the environment and hand hygiene. The manager reported that an environmental audit is completed.

The 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 manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on 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.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Discussion took place with the manager in regard to the importance of cleaning the underside of toilet roll holders and paper towel holders to ensure effective IPC. The manager gave assurances that she will complete spot checks and add this cleaning task to the cleaning schedule. The responsible individual and manager described re-decoration currently taking place and planned re-decoration within the home.

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. A malodour was detected in a vacant bedroom that had been prioritised for re-decoration; no other malodours were detected in the home.

The manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety, hot surfaces and smoking etc.

The home had an up to date Legionella risk assessment in place dated 18 October 2017 but the actions taken in respect of recommendations made had not been completed and an area of improvement was identified.

It was established that some residents smoked. A review of the care records of two residents identified that risk assessment and corresponding care plan had been completed in relation to smoking.

The 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.

Discussion with the manager and review of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date.

The home had an up to date fire risk assessment in place dated 8 January 2018; no recommendations had been made.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

A resident's representative and a staff member spoken with during the inspection made the following comments:

- "I have no worries (regarding safety and well-being of resident)." (representative)
- "The manager helps with e-learning training." (staff)

Seven completed questionnaires were returned to RQIA from one resident and six residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Areas of good practice

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

Areas for improvement

Seven areas for improvement were identified in regard to annual appraisal, recruitment and selection records, the recruitment and selection policy and procedure, the legionella risk assessment and management of AccessNI enhanced disclosure certificates and of NISCC registrations.

	Regulations	Standards
Total number of areas for improvement	3	4

6.5 Is care effective?

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

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

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with General Data Protection Regulation (GDPR). A review of three care records confirmed that these were largely 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/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. There was no evidence that risk assessments and care plans in the three files reviewed had been reviewed and updated on a regular basis and an area of improvement was identified to comply with the standards.

The care records reflected the multi-professional input into the residents' health and social care needs. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. There were some gaps identified in the care records. One needs assessment had not been completed in full and signed by the resident and/or their representative; two care records did not have a photograph in place. Audits of care records were taking place but effective follow-up had not been completed. An area of improvement was stated for the second time. There were no signed consents in regard to the taking of residents' photographs, night checks, access to their care records by RQIA and other professionals, restrictive practices etc. An area of improvement was identified to comply with the standards.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, staff described how they worked effectively with residents who had a tendency to decline assistance with personal care.

A varied and nutritious diet is provided which meets the individual and recorded dietary needs and preferences of the residents. The lunch-time dining experience was observed and residents spoke positively in terms of the quality and variety of the meals provided. Staff were observed to be attentive throughout.

Systems were in place to regularly record residents' weights and any significant changes in weight are responded appropriately. There are arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT are reflected within the individual resident's care plans and associated risk assessments.

Discussion with staff confirmed that wound care is managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage to the skin. Referrals were made to the multi-professional team regarding any concerns identified in a timely manner. Residents' wound pain was found to be managed appropriately.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care records and accidents and incidents (including falls, outbreaks) were available for inspection. However, evidence examined identified that audit follow-up in respect of care records needed to be improved; discussions took place with the manager in regard to improving the template to manage this process. This area of improvement is referred to earlier in this section of the report.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection. Staff meetings had not been undertaken on a quarterly basis and an area of improvement was identified.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the reports of visits by the registered provider, resident meeting minutes and a resident newsletter were on display or available on request for residents, their representatives any other interested parties to read.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

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

- "No matter what (my relative) wants, (my relative) gets." (representative)
- "Everybody works as a team." (staff)
- "It (induction) was thorough and it was done in different stages." (staff)

Seven completed questionnaires were returned to RQIA from one resident and six residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

One representative commented:

- "The Pines is very clean and I am very happy with the care given to my relative. Good staff and management."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge of residents' preferences, likes and dislikes and communication between residents, staff and other interested parties.

Areas for improvement

One area for improvement was stated for the second time in regard to auditing and follow up of care records. Three areas of improvement were identified in regard to regularly reviewing and updating assessments and care plans, the completion of signed consents and staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	4

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.

The 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 manager and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected.

Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner.

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. The menu and the activity programme were on display and a monthly newsletter was available.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care.

Residents were consulted with, at least annually, about the quality of care and environment. The manager stated that questionnaires were due to be completed during June 2018. The manager reported that the findings from the consultation will be collated into a summary report and action plan; this will be made available for residents and other interested parties to read.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example, residents stated that they enjoyed exercise activities, bingo and music based activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, residents reported that their visitors can visit anytime and trips out to local places of interest were arranged, for example the opera house.

Residents spoken with during the inspection made the following comments:

- "The staff are so kind, nothing is a bother. It you press the buzzer, they come to you."
- "It's lovely food."
- "Food is hotel quality. The place is one hundred percent, staff are very attentive, always ready to help, care is excellent."

Seven completed questionnaires were returned to RQIA from one resident and six residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Representatives commented:

- "First class, excellent caring staff."
- "The staff cope very well under great deal of pressure. No complaints re care and understanding (of staff). Would recommend highly."
- "I have been in the Pines on two occasions and feel it is a very well-run home. Everything is very clean and food is excellent and presented on plates with care. Staff are excellent and take great care with medications."

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 manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Whilst the manager reported that policies and procedures were systematically reviewed every three years or more frequently as changes occurred, a number were noted to be overdue review. An area of improvement was identified to ensure that a three year schedule was developed to manage the review of policies.

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 confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints 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.

The home retains compliments received, e.g. 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 manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

There was evidence of managerial staff being provided with additional training in governance and leadership. The manager advised that she had contacted her tutor to confirm a timescale for completion of the QCF Level 5 Qualification in order to progress registration with RQIA as the registered manager. An area of improvement was identified to comply with the standards.

The manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example, awareness training in hearing loss had been provided in March 2018.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.
There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The manager reported 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.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

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

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

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

Staff spoken with during the inspection made the following comments:

- "They (manager and deputy manager) are very approachable, even Kevin (the responsible individual). I enjoy working here. It runs smoothly."
- "It (the home) runs really well."

Seven completed questionnaires were returned to RQIA from one resident and six residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified in regard to scheduling three yearly reviews of policies and procedures and confirmation of a date when the manager will complete the QCF Level 5 qualification.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kevin McKinney, Responsible Individual and following the inspection with Rhonda Spence, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 20 (1) (c) (i) **Stated:** First time **To be completed by:** 30 August 2018	The registered person shall ensure that all staff receive an annual appraisal. Ref: 6.4
	Response by registered person detailing the actions taken: Appraisals have been arranged for staff and will be scheduled annually.
Area for improvement 2 **Ref:** Regulation 21. (1) (b) Schedule 2 6. **Stated:** First time **To be completed by:** 15 July 2018	The registered person shall ensure that a full employment history, together with a satisfactory written explanation of any gaps in employment is recorded. Staff files to be updated. Ref: 6.4
	Response by registered person detailing the actions taken: Staff files have been reviewed and updated.
Area for improvement 3 **Ref:** Regulation 19. (2) Schedule 4 6 (b) **Stated:** First time **To be completed by:** 30 August 2018	The registered person shall ensure that a copy of staff members' birth certificates are retained. Ref: 6.4
	Response by registered person detailing the actions taken: Staff files have been reviewed, any staff who have not given a copy of their birth certificates have been asked to supply these.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 **Ref**: Standard 20.10 **Stated:** Second time **To be completed by:** 1 August 2018	The registered person shall ensure that all care records are audited and actions followed up. Ref: 6.5
	Response by registered person detailing the actions taken: New template drawn up to ensure actions are followed up as care files are reviewed.

Area for improvement 2 **Ref**: Standard 28.5 **Stated:** First time **To be completed by:** 1 August 2018	The registered person shall confirm that actions taken in regard to the recommendation made in the Legionella risk assessment dated 18 October 2017 have been completed to reflect progress made. Ref: 6.4
	Response by registered person detailing the actions taken: Recommendations made have been reviewed and some completed, others ongoing.
Area for improvement 3 **Ref**: Standard 19.1 **Stated:** First time **To be completed by:** 30 August 2018	The registered person shall review the recruitment and selection policy and procedure to ensure that it complies with legislative requirements and best practice guidance; it should include the process of acting up; the management of AccessNI enhanced disclosure certificates; the recruitment checklist template should be reviewed and improved to support the process. Ref: 6.4
	Response by registered person detailing the actions taken: Policy reviewed and updated, recruitment checklist improved to support the process.
Area for improvement 4 **Ref**: Standard 19.3 **Stated:** First time **To be completed by:** 30 August 2018	The registered person shall ensure that all staff files are reviewed to ensure that AccessNI enhanced disclosure certificates are managed in line with best practice guidelines. Ref: 6.4
	Response by registered person detailing the actions taken: All staff files reviewed and certificates managed in line with best practice guidelines.
Area for improvement 5 **Ref**: Standard 20.17 **Stated:** First time **To be completed by:** 30 August 2018	The registered person shall ensure that a matrix/audit template is developed to effectively manage staff registration and renewal timeframes with NISCC and evidence periodic spot checks undertaken. Ref: 6.4
	Response by registered person detailing the actions taken: Regular audits carried out of staff on NISCC register and template introduced to record spot checks done.

Area for improvement 6 **Ref**: Standard 6.6 **Stated:** First time **To be completed by:** 30 August 2018	The registered person shall ensure that assessments and care plans are reviewed and updated and appropriately signed and dated as changes occur. Ref: 6.5
	Response by registered person detailing the actions taken: Care plans and assessments continue to be reviewed and updated, staff reminded to ensure they sign and date files as changes occur.
Area for improvement 7 **Ref**: Standard 7.4 **Stated:** First time **To be completed by:** 1 October 2018	The registered person shall ensure that residents give their signed consent or refusal regarding, the taking and use of their photograph; access to their care records by health and social care professionals (including RQIA); night checks, restrictions for example, use of alarm mats, management of smoking materials, egress from the home etc. Ref: 6.5
	Response by registered person detailing the actions taken: One consent form will be implemented for clients to give consent instead of several different forms.
Area for improvement 8 **Ref**: Standard 25.8 **Stated:** First time **To be completed by:** 1 August 2018	The registered person shall ensure that staff meetings take place on a regular basis and at least quarterly. Ref: 6.5
	Response by registered person detailing the actions taken: Staff meeting took place June 2018, next one will be scheduled for September 2018.
Area for improvement 9 **Ref**: Standard 21.5 **Stated:** First time **To be completed by:** 1 October 2018	The registered person shall ensure that policies and procedures are subject to a three yearly review, and the registered person ratifies any revision to or the introduction of, new policies and procedures. Ref: 6.7
	Response by registered person detailing the actions taken: Policy file continues to be reviewed, any policies due review will be reviewed and updated as necessary.
Area for improvement 10 **Ref**: Standard 20.16 **Stated:** First time **To be completed by:** 20 July 2018	The registered person shall confirmation the date that the manager will complete the QCF Level 5 qualification, in order to progress the registered manager application. Ref: 6.7
	Response by registered person detailing the actions taken: Estimated date to complete course is December 2018.

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

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