



Secondary Unannounced Care Inspection

Name of Establishment: Rocky Acres
Establishment ID No: 1647
Date of Inspection: 28 May 2014
Inspector's Name: Priscilla Clayton
Inspection No: 17580

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

Name of Home:	Rocky Acres Residential Care Home.
Address:	8 Portavogie Road Ballyhalbert BT22 1BU
Telephone Number:	02842758715
E mail Address:	rockyacresrh@atol.com
Registered Organisation/ Registered Provider:	Margaret Cully Jean Cully
Registered Manager:	Margaret Cully
Person in Charge of the home at the time of Inspection:	Maureen Pue (Deputy manager)
Categories of Care:	RC-I. DE – (2 residents only)
Number of Registered Places:	13
Number of Residents Accommodated on Day of Inspection:	13
Scale of Charges (per week):	As per commissioning trust contract
Date and type of previous inspection:	11 December 2013 Primary announced
Date and time of inspection:	28 May 2014 (12.30pm – 17.00pm)
Name of Inspector:	Priscilla Clayton

1.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

2.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

3.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager and staff.
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

4.0 INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard/s:

STANDARD 5 - NEEDS ASSESSMENT

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

5.0 PROFILE OF SERVICE

Rocky Acres is registered with The Regulation and Quality Improvement Authority (RQIA) to accommodate up to 13 residents within the category of older people aged 65 plus (RC-I) and RC-DE (two residents only).

The home is situated on the outskirts of the town of Ballyhalbert and is surrounded by spacious grounds and enjoys a panoramic view of the Irish Sea at the eastern point of Northern Ireland coast.

Internally the home provides three single and five double bedrooms, large lounge and dining room with stunning views over the Irish Sea, bathroom/shower room and toilets. All bedrooms have wash hand basins facilities.

A seated reception area is available at the entrance to the home and a patio area has recently been added to the side of the home. A large patio table, sun umbrella and chairs are available for residents to enjoy snacks etc, weather permitting.

6.0 SUMMARY

This unannounced secondary inspection was conducted on 28 May 2014 by Priscilla Clayton, care inspector from RQIA.

On arrival at the home the inspector was welcomed by the deputy manager, Maureen Pue, who remained on duty throughout the inspection. The registered manager, who was off duty, came to the home to meet with the inspector later in the afternoon.

Residents were observed in various areas of the home. Several were relaxing in the lounge quietly conversing with each other or watching television. Staff presence in the lounge was observed and interactions with residents were considered to be respectful and good humoured.

During the afternoon several residents sat outside in the new patio area enjoying the warm afternoon weather. All residents were observed to be appropriately clothed with care and attention to personal care needs. Three residents choose to have their washed and styled.

Several residents were observed using their walking frames while they moved freely around the home while others required assistance / supervision by staff.

Discussion took place with the deputy manager regarding the notable increase in the changing needs of some residents who have lived in the home for a number of years. The deputy manager explained that staff continue to meet their changed needs and if concerns arose consultation with the district nurse would take place and if needs could not be met referral to the care manager for review would be made regarding the appropriateness of placement.

Residents who spoke with the inspector gave very positive comments about the home and commended the manager and care staff on the good care provided.

Action taken by the registered manager to address two requirements and five recommendations made at the previous inspection conducted on 11 December 2014 was reviewed. Two requirements have been reiterated for a second time. Firstly, competency and capability assessments on staff left in charge of the home during the manager's absence had not been undertaken and secondly the full documentation required for one new staff appointment were not in place.

Examination of the action taken by the manager to address the five recommendations revealed that four had not been fully addressed. Recommendations requiring further work have been reiterated for a second time. Further details are reflected within Section 7.0 of this report.

The focus of the inspection was on Standard 5 (Assessment) of the Residential Care Homes Standards 2011.

The home was compliant with three of the five criteria of the Standard 5 (Assessment). Areas identified for improvement included the development of a record of life history within each resident's care record and completion of personal data in care records. An audit of care records should be undertaken to ensure full details are recorded including the activities and interests of residents so that these can be identified and included in the homes programmes of daily activities / events

Management, staff and residents confirmed there were sufficient care staff on duty each day to provide care for the number and dependency levels of the residents accommodated.

The manager confirmed that care staff no longer undertakes household duties. However, the designated hours for the provision of employed domestic / household tasks as well as kitchen / cook duties fell well short of those recommended by RQIA and as reflected within Staffing Guidance for Residential Care Homes (2009).

The staff duty roster was examined with one requirement made in regard to the recording of a central roster of actual shifts worked by all staff each day as this was not clear. Staff on leave should be reflected with any additional replacement staff providing cover for the shift recorded. The provision of a senior care staff member on each shift is required.

Review of the provision of staff annual mandatory training is recommended as some training is required. The development of a programme for 2014 is recommended.

The home's staffing register was being maintained in accordance with legislative requirement

Examination of the home's Safeguarding policy / procedure showed that this requires further work to include greater detail in the actual procedure to follow including contact telephone numbers of trust designated officers..

Conclusion

The findings of this inspection evidenced that the delivery of care to residents was of a satisfactory standard. Residents' were observed to be treated with dignity and respect. The home's general environment was clean and tidy.

Four requirements and eight recommendations have been made as a result of the inspection

Two requirements and four recommendations have been stated for the second time. Failure to address issues identified for improvement within the timescale stated may result in enforcement action being taken by RQIA.

Details in regard to improvements can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, staff and the management for their assistance and co-operation throughout the inspection process.

7.0 FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation 20 (3)	<p><u>Competency and capability assessments</u></p> <p>The registered manager is required to undertake competency and capability assessments of staff who is given responsibility of being in charge of the home for any period of time in her absence.</p>	<p>The manager has developed templates for undertaking competency and capability assessments. However no assessments has been undertaken.</p> <p>This requirement had been reiterated for a second time.</p>	Not compliant
2	Regulation 21 Schedule 2.3.7 Standard 19.2	<p><u>Staff applications</u></p> <p>Immediate improvement is required before any further appointments to the home is made to ensure full compliance with Regulation 21 and Standard 19.2</p> <p>All of the listed factors should be cross referenced with any application form received ensuring two written references are received.</p> <p>Where shortfall is noted this should be discussed at interview with responses recorded and records retained.</p> <p>Retention of interview record is recommended.</p>	<p>Examination of one employment record retained showed that this requirement has not been fully addressed. Matters requiring attention included;</p> <ul style="list-style-type: none"> • The application form in use does not request a record of full employment history • Physical and mental health assessment not applicable to Rocky Acres as this was based on another named home • Access NI clearance was not obtained prior to appointment. (the home accepted a current Access NI clearance for an additional post held by the applicant in another home. Appropriate action has been taken by the home to address this matter 	Moving towards Compliance

			This requirement is reiterated for a second time.	
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NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 11.4	<p><u>Review report</u></p> <p>Ensure the resident / representative views are reflected within pre care management review reports (section 1) and that these are signed by the resident /representative and a copy retained in the home.</p>	<p>One care management review has been held since the last inspection. The deputy manager explained that the trust care manager did not forward a pre care management form for completion by the home.</p> <p>It was recommended that the manager completes a standardised template, as discussed, for any forthcoming care reviews if the trust has not developed a template for completion.</p> <p>This recommendation is reiterated for a second time</p>	<p>Working towards compliance</p>
2	Standard 16.1	<p><u>POVA Policy.</u></p> <p>Examination of the policy dated September 2013 on protection of vulnerable adults showed this requires to be reviewed as reference is made to three yearly staff training in protection of vulnerable adults as opposed to annually as recommended by RQIA in Mandatory Training Guidelines. (1013)</p>	<p>Examination of the home's policy showed that annual training has been included.</p>	<p>Compliant</p>

<p>3</p>	<p>Standard 16.3</p>	<p><u>Staff training</u></p> <p>1) One recommendation was made in regard to retaining an accurate record of staff attendance at training in protection of vulnerable adults.</p> <p>2) As shown in staff questionnaires training in challenging behaviour is recommended.</p>	<p>Training records showed staff attendance In the protection of vulnerable adults.</p> <p>Staff training in challenging behaviour has not been provided. The manager explained that training would be provided within the near future when a suitable source for training can be found.</p> <p>2)This recommendation has been reiterated for a second time.</p>	<p>Moving towards compliance.</p>
<p>4</p>	<p>Additional matters (1.1 &1.5)</p> <p>RQIA Guidance on Staffing within Residential Care Homes.</p>	<p><u>Care staff duties</u></p> <p>Staff undertaking duties not related to care should cease_and arrangement made for these duties to be undertaken by domestic /housekeeper.</p>	<p>The manager explained that an additional staff member had been employed each am to undertake kitchen duties and housekeeping including laundry.. The designated hours for both of these posts fell well short of what is required for the home.</p> <p>In accordance with RQIA Staffing guidelines the following is recommended for the home;</p> <p>Domestic hours – 49.4 hpw Catering – 32.5 hpw.</p> <p>This recommendation has been reiterated for a second time</p>	<p>Not compliant</p>

<p>5</p>	<p>Additional matters (1.9) Fire safety</p>	<p><u>Fire Safety</u> Ensure recommendations made in the fire risk assessment are recorded in the “action taken” section of the assessment.</p>	<p>Examination of the home’s Fire risk Assessment evidenced that this recommendation had not been addressed. This recommendation has been reiterated for a second time</p>	<p>Not compliant</p>
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STANDARD 5 - NEEDS ASSESSMENT Each resident has an up-to-date assessment of their needs.	
Criterion Assessed: 5.1 Residents are encouraged and enabled to be involved in the assessment process but when a resident is unable or chooses not to be involved, this is recorded. The resident’s representative, where appropriate, and relevant professionals and disciplines are also involved.	COMPLIANCE LEVEL
Inspection Findings: Examination of a random selection of three care records evidence that residents were involved in the assessment process. Signatures of the resident or their representative were recorded alongside the staff member responsible.	Compliant

STANDARD 5 - NEEDS ASSESSMENT Each resident has an up-to-date assessment of their needs.	
Criterion Assessed:	COMPLIANCE LEVEL
<p>5.2 The initial assessment details obtained at the time of referral are revised as soon as possible and at the latest within one month of the resident's admission, to ensure there are comprehensive details of: -</p> <ul style="list-style-type: none"> <input type="checkbox"/> The resident's physical, social, emotional, psychological and spiritual needs <input type="checkbox"/> Specific needs and preferences if the resident is from a minority group <input type="checkbox"/> Information about the resident's life history and current situation <input type="checkbox"/> Risks involved in the delivery of care and/or resulting from the resident's behaviour <input type="checkbox"/> Other professionals or agencies providing a service to the resident. 	
Inspection Findings:	
<p>Examination of three care assessments contained assessments including social, physical and psychological needs. Assessments were complemented with various risk assessments.</p> <p>Reference was recorded in regard to professional staff referrals / visits.</p> <p>There was no recorded evidence of the resident's life history and current situation. One recommendation was made in this regard</p>	<p>Substantially compliant</p>

STANDARD 5 - NEEDS ASSESSMENT Each resident has an up-to-date assessment of their needs.	
Criterion Assessed: 5.3 Further information about the resident’s life history and previous lifestyle, values and personal preferences is obtained on an ongoing basis and recorded.	COMPLIANCE LEVEL
Inspection Findings:	
Examination of the three care records randomly selected and examined evidence that life history, previous life style and personal values was not included.	Not compliant
Criterion Assessed: 5.4 The assessment is signed by the resident or their representative, where appropriate, and the member of staff responsible for carrying it out. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.	COMPLIANCE LEVEL
Inspection Findings:	
Examination of three assessments evidenced that these were signed by the resident or where necessary by their representative and the staff member responsible for the undertaking of the assessment.	Compliant

STANDARD 5 - NEEDS ASSESSMENT Each resident has an up-to-date assessment of their needs.	
Criterion Assessed: 5.5 The assessment is kept under continual review, amended as changes occur and kept up-to-date to accurately reflect at all times the needs of the resident.	COMPLIANCE LEVEL
Inspection Findings:	
Three assessments randomly selected and examined were noted to be reviewed and updated by the deputy manager.	Compliant

8.0 ADDITIONAL AREAS EXAMINED

8.1 Management arrangements

Margaret Cully is the registered manager and responsible person for the home and is supported in her role by Jean Cully, registered person and a deputy manager, Maureen Pue who is employed twenty hours each week.

At operational level support is provided by a mixed skill team of care workers.

The provision of a senior care staff on each shift was discussed with the manager as this was not evidenced in the staff duty roster. The manager readily agreed to ensure a senior care staff member was on duty for each shift. One recommendation was made in this regard

8.2 Residents views

Residents were observed in various areas of the home. Several relaxed in the lounge quietly conversing with other residents or watching television. Staff presence in the lounge was noted and interactions with residents were considered to be respectful and good humoured.

During the afternoon several residents sat outside in the new patio area enjoying the warm afternoon weather. Supervision by staff was observed. All residents were appropriately clothed with care and attention to personal care needs. Three residents choose to have their washed and styled

The inspector spoke with all residents during the inspection. Residents who were able to respond indicated their satisfaction with care and life in the home.

Comments included for example;

“Everything is alright, no problems”

“I am happy and content here”

“Everyone is very kind”

“They look after me very well”

“I love it here and would not want to move”

No issues or concerns were raised by residents.

8.3 Staff

The inspector spoke with members of staff on duty. These discussions identified that staff were supported in their respective roles. Staff confirmed that there was good morale, teamwork and training in place and that they felt a good standard of care was provided.

The manager explained that staff no longer undertakes kitchen duties and some housework as one additional staff had been employed each am. However one staff member stated cleaning and laundry were undertaken by staff

The designated hours for both of these posts fell well short of what is required for the home.

In accordance with RQIA Staffing guidelines the following designated hours is recommended for the home:

Domestic hours – 49.4 hpw.
Catering – 32.5 hpw.

This recommendation has been reiterated.

It is recommended that domestic and kitchen staff wears different uniforms from care staff so that residents / visitors are aware.

8.4 Observation of Care Practices

The atmosphere in the home was friendly and welcoming. Staff interactions with residents were observed to be respectful, polite, friendly and supportive. Care duties and tasks were observed to be carried out at an organised, unhurried pace.

High tea was served to residents in the lounge. It was recommended that this meal is served in the dining room as some residents were observed attempting to balance plates and drinks on their knee. Dining room tables should be utilised for the evening meal where residents can relax, socialise and have the use of cutlery and condiments. One recommendation was made in this regard.

8.5 Staff duty roster

The staff duty roster was examined and discussed with the manager and her deputy. Improvement is required as the roster retained does not reflect the actual hours worked each day by each staff member. Additionally the duty roster should reflect the named senior care, domestic / housekeeper and the kitchen / cook on duty with shift hours worked. Staff days off, annual or other leave taken should be recorded alongside who is in charge of the home when the manager or deputy manager. One requirement was made in this regard.

8.6 Staff annual mandatory training

Review of the provision of staff annual mandatory training is recommended with the development of a training programme for 2014 to ensure mandatory requirements are met.

8.7 Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a reasonable standard. Areas requiring attention included:

- The hoist seat in the bathroom requires attention as the enamel coating on the arms were peeling and the under seat in poor state of repair.
- The raised toilet frame in this bathroom was observed to be rusted at the joints presenting as a possible risk of cross contamination of infection
- A cloth hand towel was on the rail in the bathroom indication communal use. This presents as a risk of cross contamination of infection.
- A plastic basket positioned in the bath contained clothes for washing. This should be stored in an appropriate storage place for unclean laundry

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with the manager and deputy manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Priscilla Clayton
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

Rocky Acres

28 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed Maureen Pue (Deputy manager) during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 20 (3)	<p><u>Competency and capability assessments</u></p> <p>The registered manager is required to undertake competency and capability assessments of staff who is given responsibility of being in charge of the home for any period of time in her absence.</p> <p>This requirement had been reiterated for a second time. If not addressed enforcement action by RQIA may take place.</p>	Two	These will be completed by the 30 th June 2014	30 June 2014
2	Regulation 21 Schedule 2.3.7 Standard 19.2	<p><u>Staff applications</u></p> <p>Immediate improvement is required before any further appointments to the home is made to ensure full compliance with Regulation 21 and Standard 19.2 All of the listed factors should be cross referenced with any application form received ensuring two written references are received. Where shortfall is noted this should be discussed at interview with responses recorded and records retained.</p> <p>Examination of one new employment record retained showed that this requirement has not been fully addressed. Matters requiring</p>	Two	Application Forms have now been revised - asking for full employment history, requiring a physical and mental health assessment and Access NI clearance for Rocky Acres	Any new appointments

		<p>attention included;</p> <ul style="list-style-type: none"> • The application form in use does not request a record of full employment history • Physical and mental health assessment not applicable to Rocky Acres as this was based on another named home. • Access NI clearance was not obtained prior to appointment. (the home accepted an Access NI clearance for an additional post held by the applicant. Appropriate action has been taken by the home to address this matter) 			
3	Regulation 19 (2) Sch 4. 7.	<p><u>Staff Duty Roster</u></p> <p>Improvement in the recording of the staff duty roster is required to ensure this record reflects all staff employed and actual shift hours worked each day.</p> <p>Additionally the duty roster should reflect the named senior care staff member. Days off, annual or other leave taken should be recorded alongside an indication of who is in charge of the home when the manager or deputy manager is off duty.</p>	Once	A new duty roster has been developed and is now being used.	Immediate

4	Regulation 27 (2) (c) Regulation 13 (7)	<p><u>Environment</u></p> <p>Areas requiring attention included:</p> <ul style="list-style-type: none"> • The hoist seat in the bathroom requires attention as the enamel coating on the arms were peeling and the under seat in poor state of repair. • The raised toilet frame in this bathroom was observed to be rusted at the joints presenting as a possible risk of cross contamination of infection • A cloth hand towel was on the rail in the bathroom indicating communal use. This presents as a risk of cross contamination of infection. • A plastic basket positioned in the bath contained clothes for washing. This should be stored in an appropriate storage place for unclean laundry 	Once	These have been noted and are being attended to	31 June 2017
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Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 11.4	<p><u>Review report</u></p> <p>Ensure the resident / representative views are reflected within pre care management review reports (section 1) and that these are signed by the resident /representative and a copy retained in the home.</p>	Two	This will be actioned with all forth coming management reviews	All forth coming care management reviews.
2	Standard 16.1	<p><u>Training – Challenging behaviour</u></p> <p>Staff training in challenging behaviour is recommended.</p>	Two	This has been arranged for Monday the 7 th July	30 July 2014
3	<p>Additional matters (1.1 &1.5)</p> <p>RQIA Guidance on Staffing within Residential Care Homes.</p>	<p><u>Care staff duties</u></p> <p>Staff undertaking duties not related to care should cease and arrangement made for these duties to be undertaken by domestic /housekeeper.</p> <p>The manager explained that an additional staff member had been employed each am to undertake kitchen duties and housekeeping including laundry.</p> <p>The designated hours for both of these posts fell well short of what is required for the home. In accordance with RQIA Staffing guidelines</p>	Two	Cook and Domestic staff now in place	30 June 2014

		<p>the following is recommended for the home; Domestic hours – 49.4 hpw Catering – 32.5 hpw.</p> <p>Named ancillary staff and shift worked to be recorded in the staff duty roster.</p> <p>It is recommended that staff undertaking household/ kitchen duties were different coloured uniform from care staff.</p>			
4	<p>Additional matters (1.9) Fire safety</p>	<p><u>Fire Safety</u></p> <p>The registered manager must ensure that recommendations made in the fire risk assessment are recorded in the “action taken” section of the assessment.</p>	Two	These are now recorded	30 June 2014
5	<p>Standard 5.2 &5.3</p>	<p><u>Care records</u></p> <p>The registered manager must ensure that each resident’s care record evidence of life history, previous life style and personal values. Review of all care records is necessary with details recorded, in consultation with the resident or representative. Completion of personal data in some care records is also necessary.</p>	Once	Work on these life histories has begun. It will take a few weeks to complete but they are now in progress	30 June 2014

6	<p>RQIA Staffing Guidance for Residential Care Homes.</p> <p>(Ref 8.1 of report)</p>	<p><u>Staffing</u></p> <p>The registered manager must ensure that a senior care staff member is on duty each shift. and that this is reflected within the staff duty roster</p>	Once	Senior staff are on duty during each shift	30 May 2014
7	Standard 12.	<p><u>High Tea</u></p> <p>It was recommended that this evening meal is served in the dining room where residents can relax, socialise and have ease of access to condiments, use cutlery and have direct access to fluids as desired.</p>	Once	This was actioned the day after the Inspection	30 May 2014
8	Standard 23.3	<p><u>Staff annual mandatory training</u></p> <p>Review of the provision of staff annual mandatory training is recommended with the development of a training programme for 2014 to ensure mandatory training requirements are met.</p>	Once	A new programme for mandatory training is in place for 2014	30 June 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Margaret Cully
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jean Cully

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	P.Clayton	03/04/14
Further information requested from provider			