

Unannounced Care Inspection Report 4 January 2018



Tullywest Manor

Type of Service: Residential Care Home
Address: 12 Tullywest Road, Saintfield, BT24 7LX
Tel No: 028 9751 1234
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 26 beds that provides care for older people, people with a physical disability and people who are living with dementia.

3.0 Service details

Organisation/Registered Provider: Tullywest Manor Responsible Individual: Anne McCleery James McKelvey	Registered Manager: Philip McCleery
Person in charge at the time of inspection: Philip McCleery	Date manager registered: Philip McCleery- Acting- No application required
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	Number of registered places: 26

4.0 Inspection summary

An unannounced care inspection took place on 4 January 2018 from 10.10 to 17.05.

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 recruitment, induction, training, adult safeguarding, infection prevention and control, risk management, the home's environment, audits and reviews, communication between residents, staff and other key stakeholders, listening to and valuing residents and to governance arrangements.

Four areas requiring improvement were identified. One area related to notification of accidents/incidents. One area, stated for the second time, related to staff supervision. The remaining two areas for improvement related to annual staff appraisal and to care records.

Residents and/or their representatives said that they were very happy with the care provided in Tullywest Manor, that the facilities were good and that staff treated residents with kindness.

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	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Philip McCleery, 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 6 June 2017.

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 and notifiable events received since the previous care inspection.

During the inspection the inspector met with five residents, two care staff, one visiting professional, three residents' representatives and the manager.

A total of 10 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. The manager was provided with details of how staff could complete and return the questionnaires electronically. Three questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment files
- Care files of four residents
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care records, falls, Infection Prevention and Control (IPC) measures, catering
- Equipment maintenance records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Fire safety risk assessment

- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met or not 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 6 June 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 6 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) (e) Stated: First time	The registered person shall ensure that fire safety training is provided twice annually for all staff.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of staff training records confirmed that arrangements were in place to ensure that fire safety training is provided twice annually for all staff.	

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (f)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all staff participated in a fire drill at least annually.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and inspection of documentation confirmed that arrangements were in place to ensure that all staff participated in a fire drill at least annually.</p>	<p>Met</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 23.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all areas of the staff induction programme are dated by the supervisor and they are signed and dated by the trainee.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and inspection of documentation confirmed that all areas of the staff induction programme were dated by the supervisor and they are signed and dated by the trainee.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 24.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all staff receive supervision at least twice annually.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and inspection of the staff supervision schedule identified that not all staff were provided with supervision at least twice annually.</p> <p>This area for improvement is stated for the second time.</p>	<p>Not met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 20.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any restrictions used in the home are fully described in the Residents Guide.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and inspection of the Residents Guide confirmed that any restrictions used in the home were fully described.</p>	<p>Met</p>

Area for improvement 4 Ref: Standard 27.3 Stated: First time	The registered person shall ensure that the identified radiator in the communal lounge is covered.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of the premises confirmed that the identified radiator in the communal lounge was covered.	
Area for improvement 5 Ref: Standard 4.2 Stated: First time	The registered person shall ensure that an individual agreement setting out the terms of residency and up to date fees is in place for all residents.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of documentation confirmed that an individual agreement setting out the terms of residency and up to date fees was in place for all residents.	
Area for improvement 6 Ref: Standard 17.1 Stated: First time	The registered person shall ensure that the management of complaints includes a record of a complainant's level of satisfaction and whether complainants were signposted to trusts or other bodies.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of documentation confirmed that arrangements were in place to record any complainant's level of satisfaction and whether complainants were signposted to trusts or other bodies.	

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

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.

Discussion with staff confirmed that mandatory training and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. A review of the staff supervision schedule identified that not all staff were provided with supervision at least twice annually (See section 6.2). Staff advised, however, that senior care staff and management made themselves available to provide informal staff supervision when required. A review of the staff annual appraisal schedule identified that appraisal had not been provided to some staff. Action was required to ensure compliance with the standards in relation to annual appraisal of staff.

The manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

A review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the 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. Inspection of personnel files identified that a second reference for one member of staff was not present. This was forwarded by the registered manager after the inspection.

The manager advised that enhanced AccessNI disclosures were viewed by him for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

There were arrangements in place to monitor the registration status of staff with their professional body (where applicable). The manager retained records of the dates of registration of staff with the Northern Ireland Social Care Council (NISCC) and received notification of when staff were due to pay annual fees. The manager also completed spot checks of registrations on the NISCC website.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. 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.

The manager advised that no adult safeguarding issues had arisen since the last care inspection. The manager remained aware that all suspected, alleged or actual incidents of abuse were to be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were to be retained.

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

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The manager confirmed there were restrictive practices employed within the home, notably wheelchair lap belts, bed rails and pressure alarm mats for some residents. Discussion with the manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the residents guide identified that restrictions were adequately described.

The manager confirmed there were risk management policy and procedures in place in relation to safety of the home. Discussion with the 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. Control of Substances Hazardous to Health (COSHH), fire safety etc. The manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

A review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed 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. 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.

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

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, 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 manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 28 August 2017. A number of recommendations were made. It was noted that the recommendations were not signed and dated when addressed. The registered manager later submitted documentation which confirmed that all recommendations were satisfactorily addressed.

A review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed as part of the fire training. Records were retained of staff who participated and any learning outcomes. A review of fire safety records identified that fire-fighting equipment and emergency lighting was checked monthly and that fire alarm systems were checked weekly; all services and equipment were regularly maintained.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

One area for improvement was identified during the inspection. This related to annual appraisal of staff.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Records were stored safely and securely in line with data protection. A review of the care records of four residents 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 statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, skin integrity and nutrition, falls, dependency continence) were reviewed and updated on a regular basis or as changes occurred. It was noted, however, that some care records did not contain a recent photograph of the resident. Action was required to ensure compliance with the standards.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice.

The 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. Audits of care records, accidents and incidents (including falls), infection prevention and control measures and catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The manager confirmed 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. The manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of residents' meetings were reviewed during the inspection.

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

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

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection. This related to care records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

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

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the presence of care plans for the management of pain and distressed reactions.

The manager, residents and/or their representatives advised that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity; staff were able to demonstrate how residents' confidentiality was protected.

The manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and their representatives confirmed that they were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment, also that their views and opinions were taken into account in all matters affecting them. There were residents' meetings and residents were encouraged and supported to actively participate in the annual reviews of their care.

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.

The manager advised that residents were consulted with, at least annually, about the quality of care and environment and that this consultation was in process for 2017. The findings from the consultation were to be collated into a summary report and made available for residents and

other interested parties to read. An action plan would be developed and implemented to address any issues identified.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- “I’m very happy here. The staff are great and they treat everyone very well. It’s a good place to live.”
- “The staff are lovely and very caring.”
- “It’s very good here. The food is lovely, the staff are very good to us and there’s plenty to keep us occupied.”
- “I’m happy here.”

Residents’ representatives spoken with during the inspection made the following comments:

- “We are delighted with the care provided to (my relative). The staff are friendly, approachable and helpful. (My relative) tells us that the food is excellent and he is very happy with his care. We are always made to feel welcome when we visit and I know who to go to if I had any concerns or issues; I think they would be managed well.”
- “I feel the care here to be excellent. The staff are very kind to my (relative) and really helped her to settle into the home. I have no complaints and I know that I can approach Philip (manager) or Deborah (assistant manager) if there is anything that I want to discuss or am unsure about.”
- “I have no concerns about Tullywest Manor. My (relative) tells me that the food is very good, that there is good choice and a variety of food offered. The home is always very clean and warm. There are plenty of activities for the residents. The staff are very helpful and I am always welcomed when I visit. I come into the home daily at different times and I have always seen that there is plenty of staff around and that staff treat the residents with kindness. I know that I can approach the manager or any of the staff if I needed to raise any concerns. I am happy with the care given to my (relative).”

Staff spoken with during the inspection made the following comments:

- “When I started here I got a good induction and have had lots of training. There is excellent support from the staff team and management is very approachable and supportive. I feel the care given to residents is very good.”
- “The staff team here is really good, they all pull together to provide the residents with very good care.”

A visiting professional spoken with during the inspection made the following comments:

- “All is going well here. I believe the residents are very well looked after. If there are any changes in their health or care needs, the staff contact us (the community nursing team) immediately. I have absolutely no concerns about the quality of care in Tullywest.”

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

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. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

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

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

The manager advised that no complaints had been received since the last care inspection. A 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 manager advised that should complaints be more regularly received, an audit would be used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. It was noted, however, that an accident was not reported to RQIA in accordance with the legislation and procedures. Action was required to ensure compliance with the regulations. The manager advised that 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 continuous quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, diabetes awareness, oral hygiene.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The manager confirmed that the registered provider was a very frequent visitor to the home and was kept informed regarding the day to day running of the home.

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

A review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered providers responded to regulatory matters in a timely manner.

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

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff.

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

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection. This related to giving notification of the occurrence of any accident in the home as set out in current RQIA guidance.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Philip McCleery, 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 The registered person shall ensure that notice is given of the occurrence of any accident in the home as described in the current RQIA guidance.

Ref: Regulation 30. – (1)

Stated: First time

Ref: 6.7

To be completed by:
4 January 2018

Response by registered person detailing the actions taken:
ACCIDENTS WILL BE REPORTED VIA THE WEB PORTAL

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

Area for improvement 1 The registered person shall ensure that all staff receive supervision at least twice annually.

Ref: Standard 24.2

Stated: Second time

Ref: 6.4

To be completed by:
2 April 2018

Response by registered person detailing the actions taken:

STAFF SUPERVISIONS UNDERWAY AND TO BE COMPLETED BY
END OF FEBRUARY

Area for improvement 2 The registered person shall ensure that all staff receive annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.

Ref: Standard 24.5

Stated: First time

Ref: 6.4

To be completed by:
2 April 2018

Response by registered person detailing the actions taken:

STAFF APPRAISALS WILL BE COMPLETED BY THE END OF
FEBRUARY.

Area for improvement 3 The registered person shall ensure that resident records contain a recent photograph of the resident.

Ref: Standard 8.6

Stated: First time

Ref: 6.5

To be completed by:
31 January 2018

Response by registered person detailing the actions taken:

ALL RESIDENT RECORDS UPDATED TO INCLUDE PHOTOGRAPHS.

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



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