

Unannounced Care Inspection Report

6 June 2017



Tullywest Manor

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

www.rgia.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 who have a physical disability and people living with dementia.

3.0 Service details

Registered organisation/registered person: Tullywest Manor/Mrs. Anne McCleery	Registered manager: Philip James McCleery
Person in charge of the home at the time of inspection: Philip James McCleery	Date manager registered: Philip James McCleery – application not yet submitted
Categories of care: 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 6 June 2017 from 10.00 to 16.40.

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 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, infection prevention and control, care records and to communication with residents, their representatives and other key stakeholders.

Areas requiring improvement were identified. These related to areas such as fire safety training, fire drills, staff induction records, staff supervision, individual resident agreements and the method of recording complaints.

Residents and/or their representatives said that they were comfortable, they enjoyed living in the home, that they were well looked after and they had lots to keep them occupied.

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	2	6

Details of the Quality Improvement Plan (QIP) were discussed with Mr 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 29 November 2016.

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.

During the inspection the inspector met with the acting manager, two staff members, two residents' visitors/representatives and one visiting professional.

A total of 12 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Eight questionnaires were returned within the requested timescale.

A lay assessor, Mrs Margaret McCloy, was present during the inspection and comments from residents are included within this report.

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 file
- 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, infection prevention and control (IPC) and the home's environment.
- 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.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 29 November 2016

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 29 November 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 22.2 Stated: First time To be completed by: 31 March 2017	The registered provider should ensure that the records management policy is reviewed to include the arrangements for the creation, retention, storage, disposal and access to records.	Met
	Action taken as confirmed during the inspection: Discussion with the acting manager and inspection of the records management policy confirmed that this was reviewed to include the arrangements for the creation, retention, storage, disposal and access to records.	

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 confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, 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 manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. It was noted however, that some elements of the induction programme were not dated by the supervisor and they were not signed and dated by the trainee. Action is required to ensure compliance with the standards.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A review of the schedule for mandatory training identified that fire safety training was out of date. Action is required to ensure compliance with the regulations. A review of the schedule for staff supervision identified that some staff had not received supervision within the last six months. Action is required to ensure compliance with the standards.

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.

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.

Enhanced AccessNI disclosures were viewed by the manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice. Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

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 current 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.

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

The 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 during previous inspections 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 not fully described. Action is required to ensure compliance with the standards.

The manager confirmed there were risk management policy and procedures in place in relation to the 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.

Review of the infection prevention and control (IPC) policy and procedure during previous care inspections 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. It was noted, however, that a radiator in the communal lounge was uncovered which may pose a risk to residents. Action is required to ensure compliance with the standards.

There were no other 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 16 August 2016. Discussion with the manager confirmed that the majority of the recommendations of the assessment had been actioned and the remainder were in the process of being appropriately addressed.

Review of staff training records identified that staff usually completed fire safety training twice annually but that some training was out of date (see above). Review of fire safety records identified that fire drills were completed annually for most staff; records were retained of staff who participated and any learning outcomes. It was noted, however, that a small number of staff had not participated in a fire drill within the last year. Action is required to ensure compliance with the regulations.

Fire safety records identified that fire-fighting equipment was checked monthly and that fire alarm systems were checked weekly. The acting manager advised that fire alarm systems and fire-fighting equipment were regularly maintained.

Residents spoken with during the inspection made the following comments:

- "This is a home from home."
- "You couldn't beat the staff. They are terribly good to us here."
- "The staff are all very approachable. I am thankful for the all the care I get here, but I still miss my own home."
- "I couldn't ask for better care. I fell recently (when I was out with my family) and the staff gave me the best of care and attention."
- "The home is very nice. There is a woman who goes around with a bucket all time cleaning."
- "You couldn't ask for a better home. My family chose very well and the staff are excellent."
- "I find the staff pleasant and helpful."
- "I always feel safe and confident with the staff and with the environment of the home."
- "I have no complaints."
- "I am more than happy with the care I get in this home."

Eight completed questionnaires were returned to RQIA from residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied, although a resident's representative indicated that the frequency of bathing or showering may

need reviewed. This was shared with the manager who agreed to review the individual choices and preferences for residents in relation to bathing.

Areas of good practice

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

Areas for improvement

Six areas for improvement were identified. Two related to fire safety, namely to fire training and to fire drills. Four were in relation to staff induction records, the frequency of staff supervision, a review of the Residents Guide and to an area of the home's environment.

	Regulations	Standards
Total number of areas for improvement	2	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.

A review of the care records of four residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, continence, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice.

Inspection of resident records identified that an individual agreement setting out the terms of residency was in place for some, but not all residents. Action is required to ensure compliance with the standards. Records were stored safely and securely in line with data protection.

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 risk assessments, care plans, care review, infection prevention and control and of the nurse call system in the home 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.

Residents spoken with during the inspection made the following comments:

- "The exercises that take place are fun."
- "The food is good and everyone (staff) is very good."
- "I have never had to approach staff as things were well explained and I have lots of choices."
- "I have no complaints."
- "I couldn't complain."
- "The staff are prompt and understanding (whenever I need anything – in fact, I don't know how they tolerate me!)"
- "Staff are friendly and prompt in responding to my needs."
- "I couldn't ask for better."

Eight completed questionnaires were returned to RQIA from residents' representatives and staff. 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 care records, audits and reviews and communication between residents, staff and other key stakeholders.

Areas for improvement

One area for improvement was identified. This was in relation to individual written agreements.

	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 review of care records, for example, where residents experienced distressed reactions, care plans were in place for the management of specific behaviours; there was also evidence that the home had maintained liaison with the appropriate medical and community services.

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 manager, residents and/or their representatives confirmed 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 also able to describe 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/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

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.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example, there were residents' meetings and residents were also encouraged to participate in annual care reviews. Residents also reported that they felt comfortable in approaching the manager to discuss any issues, concerns or to make suggestions.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was 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. On the day of the inspection residents were observed to participate in

an armchair exercise session. This activity was arranged and paid for by the home. 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:

- “The staff make a good team and this makes things run smoothly. The minister visits on Fridays and I have had communion lately.”
- “The minister visits often. There are two cats and we really like having them around. There are plenty of other activities, music, bingo and ball games.”
- “The staff seem to know what they are doing. I’m happy with the food, I get enough of it and it’s beautifully cooked.”
- “This is a top home. The food is terrific and all the staff are very helpful.”
- “I can’t think of anything that would make the home better.”
- “I would like more pastoral visits.”
- “I love the home made food.”
- “The pastor visits weekly and the food is really good.”

Eight completed questionnaires were returned to RQIA from residents’ representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

A comment received from a staff member was as follows:

- “We have staff who are brilliant in displaying empathy and compassion to our residents, particularly ailing ones who need extended help and assistance.”

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.

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, communication with complainants and the outcome of the complaint. It was noted, however, that the complainant's level of satisfaction was not recorded, nor was there provision within the complaints record to note if complainants were signposted to trusts or other bodies. Action is required to ensure compliance with the standards. Arrangements were in place to share information about complaints and compliments with staff. Only one complaint had been made since the last care inspection. The manager advised that if complaints were to be more regularly received, an audit of complaints 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 and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

There was evidence of managerial staff being provided with additional training in governance and leadership. Mr McCleery advised that he had successfully completed the QCF level 5 in leadership and management and he planned to make application to RQIA to become the registered manager of the home. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

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 in 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 employer's liability insurance certificate were displayed.

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.

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.

Residents spoken with during the inspection made the following comments:

- "The staff are pleasant and very helpful and the management are very approachable."
- "The staff and management are helpful and I can approach them without any problems."
- "I know all of the staff by name and I think this is one of the best homes."
- "The food is excellent and there is something different at dinner and at supper, always a good choice on the menu. I know all of the girls (staff) by name."
- "I don't always know who is who but they are all good."
- "Staff always have a smile on their face. I couldn't ask for more."
- "I know most of the staff and there is a notice board informing us of who is in charge."
- "I know the management and staff by name."
- "I have never felt the need to complain."

Eight completed questionnaires were returned to RQIA from residents' representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Comments received from a resident's representative were as follows:

- "An excellent home. Very caring staff and great manager. Very clean and well maintained. Also excellent food. Ten out of ten."

Comments received from a staff member were as follows:

- “Philip and Deborah are doing an excellent job in their managerial roles. They are accommodating should an unexpected situation arise and staff need time off. They are able to sort out rotas promptly so the residents and other staff will not be affected.”

Areas of good practice

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

Areas for improvement

One area for improvement was identified. This was in relation to the management of complaints.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr 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 to care.team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (e) Stated: First time To be completed by: 28 July 2017	The registered person shall ensure that fire safety training is provided twice annually for all staff. Ref: 6.4 Response by registered person detailing the actions taken: All staff training is now up to date. This will help ensure Fire Safety training takes place twice annually.
Area for improvement 2 Ref: Regulation 27 (4) (f) Stated: First time To be completed by: 28 July 2017	The registered person shall ensure that all staff participate in a fire drill at least annually. Ref: 6.4 Response by registered person detailing the actions taken: All staff completed Fire drills on the 01st & 02nd June 2017.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 23.6 Stated: First time To be completed by: 28 July 2017	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. Ref: 6.4 Response by registered person detailing the actions taken: Staff induction forms updated to include dates and all relevant signatures.
Area for improvement 2 Ref: Standard 24.2 Stated: First time To be completed by: 28 July 2017	The registered person shall ensure that all staff receive supervision at least twice annually. Ref: 6.4 Response by registered person detailing the actions taken: Second annual supervisions are now underway. All should be completed by 14.07.17

Area for improvement 3 Ref: Standard 20.9 Stated: First time To be completed by: 31 August 2017	The registered person shall ensure that any restrictions used in the home are fully described in the Residents Guide. Ref: 6.4 Response by registered person detailing the actions taken: Restrictive practices are now included and described in the Residents guide.
Area for improvement 4 Ref: Standard 27.3 Stated: First time To be completed by: 28 July 2017	The registered person shall ensure that the identified radiator in the communal lounge is covered. Ref: 6.4 Response by registered person detailing the actions taken: Radiator cover ordered.
Area for improvement 5 Ref: Standard 4.2 Stated: First time To be completed by: 31 August 2017	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. Ref: 6.5 Response by registered person detailing the actions taken: Individual agreements have been issued to all Residents / Representatives, highlighting up to date fees.
Area for improvement 6 Ref: Standard 17.1 Stated: First time To be completed by: 31 August 2017	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. Ref: 6.7 Response by registered person detailing the actions taken: Complaints records updated to include level of satisfaction and any further actions required.

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



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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
🐦 @RQIANews