Unannounced Care Inspection Report
14 June 2018

Tullywest Manor

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

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 twenty six beds that provides care for older people, people with dementia and people who have a physical disability.

3.0 Service details

Organisation/Registered Provider: Tullywest Manor **Responsible Individuals:** Anne McCleery James McKelvey	**Registered Manager:** Philip McCleery
Person in charge at the time of inspection: Philip McCleery	**Date manager registered:** 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 14 June 2018 from 09.30 to 16.55.

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 induction, training, supervision and appraisal, adult safeguarding and infection prevention and control, care records, audits and reviews and to communication between residents, staff and other interested parties. Good practice was also evident in listening to and valuing residents, governance arrangements, management of accidents and incidents and maintaining good working relationships

Four areas requiring improvement were identified. These related to obtaining AccessNI enhanced disclosures, competency and capability assessments, the home's environment and to staff meetings.

Residents and a resident's representative said that there was a friendly and warm atmosphere in the home and that everyone seemed to be contented.

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	2

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.

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 4 January 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager, two members of care staff, one resident's representative and one visiting professional.

A lay assessor was present during the inspection to speak with residents regarding their experiences of living in the home. The lay assessor met with eleven residents. Comments received are included within this report.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Ten questionnaires were returned by residents and residents' representatives. No questionnaires were returned by staff within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three staff files
- Care files of four residents
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews, accidents and incidents (including falls), Infection Prevention and Control (IPC), mandatory staff training

- Equipment maintenance records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Evaluation report from annual quality assurance survey
- Legionella risk assessment
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially 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 4 January 2018

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 4 January 2018

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 30.-(1) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of documentation confirmed that all appropriate notifications of accidents and incidents were sent to RQIA.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 **Ref**: Standard 24.2 **Stated:** Second time	The registered person shall ensure that all staff receive supervision at least twice annually.	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of staff supervision schedule and records confirmed that all staff now receive supervision at least twice annually.	
Area for improvement 2 **Ref**: Standard 24.5 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of staff appraisal schedule and records confirmed that all staff now receive appraisal at annually.	
Area for improvement 3 **Ref**: Standard 8.6 **Stated:** First time	The registered person shall ensure that resident records contain a recent photograph of the resident.	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of residents' care records confirmed that records contain a recent photograph of the resident.	

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. Agency staff were not used in the home. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home. The manager was advised that the person in charge should be clearly identified on the staff rota, especially at times when the manager and assistant manager were not on duty.

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. The manager was aware of the new induction programme recently introduced by the Northern Ireland Social Care Council (NISCC); the manager advised that he planned to review the home's current induction arrangements and update these in line with the most recent induction standards.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

The manager advised 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. Staff competency and capability assessments were reviewed. It was noted that the assessment for one member of staff had not been completed. Action was required to ensure compliance with the regulations in relation to competency and capability assessments.

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 files confirmed that staff were largely recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. The home maintained records of staff AccessNI information which was managed in line with best practice. Inspection of staff files and the AccessNI records identified that one member of kitchen staff did not have an AccessNI enhanced disclosure in place before the commencement of employment. Action was required to ensure compliance with the regulations in respect of obtaining AccessNI enhanced disclosures, also to the development of a checklist to support robust managerial oversight across all aspects of staff recruitment.

The manager advised that the member of staff was not due to work in the home until the following week; the manager immediately commenced the process to obtain an AccessNI enhanced disclosures check for the staff member and undertook to ensure that the member of staff would not recommence duties until the correct documentation was in place. The manager later confirmed by email that an AccessNI enhanced disclosure was received and found to be satisfactory.

The application forms used by the home were discussed with the manager. It was noted that the form did not make provision for the dates of commencement and ending of employment to be recorded, thus any gaps in the employment history of prospective staff could not be established and explored with staff during the interview process. The form also did not state that one reference must be from the most recent employer. The manager agreed to review the application forms and make any necessary adjustments to the template used.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Employers are expected to encourage and remind staff to make an application to be registered with NISCC within six months of commencing employment. It was noted that one member of staff who had commenced employment in the home in February 2018 had not yet made an application to NISCC. The manager later confirmed that an application had been made by the staff member.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This 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. The role and function of the Adult Safeguarding Champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. 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; all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

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

The policy and procedure on restrictive practice/behaviours which challenge 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 advised there were restrictive practices within the home, notably the use of wheelchair lap belts, bed rails and pressure alarm mats for some residents; any restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the

multi-professional team, as required. It was noted that restrictive practices were described in the statement of purpose and residents' guide.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats. It was noted, however, that the bin in the staff toilet was not of the pedal or swing lidded variety. This was discussed with the manager who undertook to supply a new bin to better meet infection prevention and control requirements.

IPC compliance audits of hand hygiene, PPE and the home environment were undertaken and action plans developed to address any deficits noted.

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.

"The Falls Prevention Toolkit" was discussed with the manager and advice was given on the benefits of using this or a similar toolkit. Audits of accidents/falls were undertaken on monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. It was noted, however, that some wardrobes were not secured to the wall and that some radiators did not have covers. Action was required to ensure compliance with the standards in relation to the home's environment.

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. No malodours were detected in the home.

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

The home had an up to date Legionella risk assessment in place dated 16 February 2016. The manager advised that a date had been requested for the Legionella risk assessment to be renewed.

The manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

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

The home had an up to date fire risk assessment in place dated 28 August 2017 and all recommendations had been actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed during fire training. The fire drill records included the staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems were tested weekly and that fire-fighting equipment, emergency lighting and means of escape were checked monthly. All equipment and services were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Ten completed questionnaires were returned to RQIA from residents and residents' representatives. Nine respondents described their level of satisfaction with this aspect of care as very satisfied and one respondent as satisfied.

Comments received from residents were as follows:

- "Excellent home. Great care provided."
- "I couldn't be happier."

Comments received from residents' representatives were as follows:

- "My (relatives) are in Tullywest. They receive excellent care. Tullywest is a home from home. My (relatives) are very happy and content."
- "I visit al lot of homes and I find that Tullywest is very good and very helpful staff."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding and infection prevention and control.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to obtaining AccessNI enhanced disclosures for all staff before the commencement of employment, competency and capability assessments and the home's environment.

	Regulations	Standards
Total number of areas for improvement	2	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.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with General Data Protection Regulation (GDPR). A review of 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/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, skin integrity, 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 they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The cook described how catering staff met with new residents to establish their likes and dislikes for food and drinks. The manager advised that all except a small number of residents chose to have their breakfast in the dining room, the others preferring to have breakfast in their rooms. Lunch and evening meals were served in the dining room, although residents could choose to eat in their room if they were feeling unwell.

The dining experience was observed at the lunch service. It was noted that meal portions were generous and that gravy was offered and provided. There was a choice of cold drinks. Where residents required some assistance with meals, staff sat beside the resident and helped in a quiet manner which supported the dignity of the resident. It was noted that some residents were provided with light plastic aprons at mealtimes. The use of cloth clothes protectors was discussed with the manager as a better way to promote dignity of the residents. The manager agreed to purchase a supply of such protectors.

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

The manager and staff advised that no residents currently accommodated had broken skin; any wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage and that referrals were made to the multi-professional team to address any concerns identified in a timely manner.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls), were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of residents' meetings were reviewed during the inspection.

In a review of the minutes of staff meetings it was noted that the last staff meeting took place in late November 2017. Action was required to ensure compliance with the standards in regard to the frequency of staff meetings.

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

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 advised that the home enjoyed good relations with the community nursing team and that a local GP attended at the home on alternate weeks in order to examine and treat residents.

The manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Ten completed questionnaires were returned to RQIA from residents and residents' representatives. Eight respondents described their level of satisfaction with this aspect of care as very satisfied and two respondents as satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

One area for improvement was identified during the inspection. This related to the frequency of staff meetings.

	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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

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

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

Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, where appropriate.

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.

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

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

Discussion with staff and residents 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:

- "The girls (staff) are all very good and I feel safe here."
- "They (staff) are all nice."
- "They (staff) are all good. I know the names of all the staff and who to go to if I want anything. The food is good."
- "It's very good here, a great place."
- "This is quite a good place, a safe place. I have no complaints whatsoever and the food is good. I know who to go to if I have any concerns."

- "This is the best place, a 'home from home'. The staff are so helpful, we are spolit! I have no complaints."
- "We know when we are well off and I am very happy here. I have no regrets coming here."
- "I like it here. Everyone is so good."
- "I couldn't be better treated and I feel safe. I know the names of all of the staff and I couldn't complain about a thing. The food is goo too."
- "It's a great place and I like it here."
- "This is a terribly good place and the food is very good. I don't know who to go to if I needed anything. I wouldn't like to see anything different. I like it here."

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

- "I have no concerns about Tullywest Manor. The residents seem to be well cared for and happy. The staff know the residents well. If we (community nursing team) give any recommendations for care, for example, if a resident needs to be turned regularly, I can see that this is being done by the condition of the resident and by the records kept by the staff. I can see that if residents want to lie on in bed in the mornings, they can do that – there is no regime to make people get up, it's all very relaxed."

A resident's representative spoken with during the inspection made the following comments:

- "We chose this home as it is in a rural area and we felt that this would be very suitable as (our relative) comes from a country background. We also felt that the atmosphere was good. Our first impressions were that the home is clean, comfortable and relaxed."

Ten completed questionnaires were returned to RQIA from residents and residents' representatives. All 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 and described how 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 Resident's Guide. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

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 no complaints had been received since the last care inspection. Should complaints be regularly received in future, an audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision.

The home retained compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

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, dementia awareness and oral hygiene.

The manager advised that a monthly visit by the registered provider was not currently undertaken. This was because the registered provider was a close family member, previously the registered manager for the home, who remained closely involved in the running of the home. Advice was given to the manager that such visits were required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005, also that report should be produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan should be developed to address any issues identified and this should include timescales and person responsible for completing the action. A template for such reports was available on the RQIA website.

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 stated that the registered provider was kept informed regarding the day to day running of the home through regular visits to the home.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered providers responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

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

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

The manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

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

The home did not collect any equality data on residents and the manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

Ten completed questionnaires were returned to RQIA from residents and residents' representatives. Nine respondents described their level of satisfaction with this aspect of care as very satisfied and one respondent as satisfied.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 **Ref**: Regulation 20.- (3) **Stated:** First time **To be completed by:** 31 July 2018	The registered person shall ensure that a competency and capability assessment is carried out with any person who is given the responsibility of being in charge of the home for any period of time in the absence of the manager. Ref: 6.4
	Response by registered person detailing the actions taken: Competency and capability assessments have now been completed for all appropriate staff.
Area for improvement 2 **Ref:** Regulation 21. – (1) (b) **Stated:** First time **To be completed by:** 20 June 2018	The registered person shall ensure that AccessNI enhanced disclosures are obtained for all staff newly employed in the home; a checklist should be developed to support robust managerial oversight across all aspects of staff recruitment. Ref: 6.4
	Response by registered person detailing the actions taken: A new checklist has been implemented and included in all new applications to eliminate oversights.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 **Ref**: Standard 28.5 **Stated:** First time **To be completed by:** 31 August 2018	The registered person shall ensure that risk assessments are completed in relation to any freestanding wardrobes and to any radiators which do not have covers with appropriate action taken to reduce any identified risks. Ref: 6.4
	Response by registered person detailing the actions taken: Risks assessments completed 10/07/18.
Area for improvement 2 **Ref**: Standard 25.8 **Stated:** First time **To be completed by:** 31 July 2018	The registered person shall ensure that staff meetings take place on a regular basis and at least quarterly. Ref: 6.5
	Response by registered person detailing the actions taken: Staff meeting organised for 26/08/18.

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

The Regulation and Quality Improvement Authority

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