



Unannounced Care Inspection Report 22 November 2018



Twisel Lodge

Type of Service: Residential Care Home
Address: 19a Church Avenue, Hollywood, BT18 9BJ
Tel No: 028 9042 8458
Inspectors: Marie-Claire Quinn and 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 eight beds that provides care for adults who have a learning disability.

3.0 Service details

Organisation/Registered Provider: The Cedar Foundation Responsible Individual: Eileen Marian Thomson	Registered Manager: Irina Radu
Person in charge at the time of inspection: Irina Radu – registered manager	Date manager registered: 8 October 2018
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 8

4.0 Inspection summary

An unannounced care inspection took place on 22 November 2018 from 08.05 to 13.30.

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 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 training, care records, audits and reviews, the culture and ethos of the home, governance arrangements and quality improvement.

No areas requiring improvement were identified during the inspection.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Irina Radu, registered manager and Deborah Stevenson, Head of Living Options, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 24 April 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, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, five staff and the Head of Service. No visiting professionals or residents' representatives were present. Residents who were in the home on the day of inspections were either unable to communicate verbally or chose not to speak with inspectors. All residents were observed to be well presented, comfortable and relaxed in the home.

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. Three questionnaires were returned by residents or residents' representatives, all of whom indicated satisfaction with all aspects of care in the home.

Nine electronic questionnaires were submitted by staff. The information contained within the responses from staff was mixed, with some respondents being very satisfied with all aspects of the care provided in the home, and other respondents raising issues regarding staffing levels and the availability of skilled staff. This information was shared with the registered manager after the inspection. The registered manager advised that significant progress had been made in regard to staff recruitment and that the home was now fully staffed with skilled staff available.

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

- staff duty rota
- induction programme for new staff
- staff supervision schedules
- staff training schedule and training records
- two staff files
- five residents' care files
- the home's Resident's Guide
- minutes of staff meetings
- audits of risk assessments, care plans; accidents and incidents (including falls, outbreaks), environment
- infection control records
- equipment maintenance records
- accident, incident, notifiable event records
- most recent Annual Quality Review report
- evaluation report from annual quality assurance survey

- reports of visits by the registered provider
- legionella risk assessment
- fire safety risk assessment
- fire drill records
- maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- individual written agreements
- programme of activities

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 24 April 2018

The most recent inspection of the home was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 24 April 2018

There were no areas for improvements made as a result of the last care inspection.

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 registered 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 used in the home. The registered manager advised that the use of agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home. The registered manager described recruitment of staff as a top priority for the management team.

Staff who spoke with inspectors advised that staffing levels had recently improved and they attributed this to the efforts of the registered manager who had prioritised recruitment. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. All new staff completed mandatory training during a five day induction programme and received monthly supervision during their six month probationary period.

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

A review of one staff file confirmed that a competency and capability assessment had been 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 at the previous care inspection and found to be satisfactory.

The registered manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. These records were also retained at the organisation's personnel department. Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

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. 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 registered manager advised that no adult safeguarding issues had arisen since the last care inspection. Any 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 registered manager advised 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. The registered manager advised that where the needs of residents were changing, an assessment for nursing care was requested from the trust. 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). Staff also received additional training on these topics.

The registered manager advised there were restrictive practices within the home, notably the use of wheelchair lap belts, chest straps for use on specialist seating, bed rails, sound and vision monitors and the covert administration of medications. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the residents' guide.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

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.

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), for example disposable gloves and aprons, was available throughout the home.

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 registered 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 individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. The home was being repainted and the registered manager advised the work would be completed within the week.

It was noted, however, that the light cords in the bathroom areas were not covered in a wipeable sheath and there was an issue with the hot water tap in the staff toilet which caused the room to flood. The registered manager advised that this had been a recent development, it already been escalated to the organisation's maintenance personnel and repairs were pending. The registered manager later confirmed in writing that the light cords had been replaced.

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. The trees outside had been cleared, providing more light in the home. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

A review of training records and discussion with the registered manager confirmed 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) and fire safety.

The home had an up to date Legionella risk assessment in place dated 24 January 2018 and there were no recommendations to be actioned.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. It was noted, however, that the arm of one toilet frame was worn and damaged and another had rust on the legs. The registered manager later confirmed in writing that arrangements were in place to have both items replaced.

A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary. The registered 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 30 May 2018 and all recommendations had been actioned. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a monthly basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment and emergency lighting were checked monthly. Fire alarm systems were checked weekly and means of escape were checked each evening. All equipment and services were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Staff spoken with during the inspection made the following comments:

- “I’m working the overnight shift. Nights are usually quiet, so there are enough staff here...splitting the shifts has helped.”
- “Staffing levels are ok. Staff leaving and (using) bank and agency staff has had an impact. It can be busy at times, but the residents get everything they need. Training is very good; I have had first aid and administration of buccal midazolam. I always make sure staff are aware of the evacuation plans for the bus....I’ve never had to deal with any bad practice, but I would know how to deal with it and wouldn’t hesitate to report it.”
- “We’re waiting for new staff, which is good as we had been using more agency staff, but this had a limited impact on the residents as the manager block booked this. They also split the shifts to ensure better staffing levels, and to ensure a long-standing member of staff is working when agency are on.”
- “I have worked here as agency for over six months; there are usually enough staff and the residents are well looked after all the time. I’ve had enough training to do the job, and my colleagues are always available to give guidance. I got a good induction.”

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

A comment received from a resident’s representative was as follows:

- “(My relative) is looked after by all the staff with great care and love and respect.”

Areas of good practice

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

Areas for improvement

There were no areas for improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussion with the registered 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 included 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). It was noted, however, that a log of daily activities, which listed each resident, was kept in individual files. This was brought to the attention of the registered manager who agreed to ensure that these were removed. Written confirmation was later received that this had been completed.

A review of the care records of five 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, including any restricted practices, (e.g. manual handling, bedrails, swallowing, use of water bed, epilepsy, where appropriate) were reviewed and updated on a regular basis or as changes occurred. On review, some care records did not have an up to date photo of the resident; one file did not have a copy of the most recent care review. This was immediately rectified when brought to the attention of the registered manager.

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 residents' representatives. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. Review of the care records confirmed this; care plans were detailed, and hospital passports were completed and reviewed regularly.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. A cook was employed five days a week and meals were prepared in advance when they are not on duty. Residents who were on pureed meals indicated their choice from a catalogue, and these meals are purchased for use at the weekends, should they be needed.

The inspectors observed staff assisting three residents at breakfast. Staff sat beside residents, encouraged as much independence as possible and assisted with feeding as required. Staff were noted to be responsive, patient and supportive, gently encouraging residents to eat and using singing and clapping to keep residents engaged and to minimise any distress. Residents were offered an alternative meal if required.

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

The registered manager and staff confirmed that International Dysphagia Diet Standardisation Initiative (IDDSI) has been integrated into practice and was working well. The cook advised that they had completed e-learning on this, and the new standards were visible throughout the home. A review of care records also reflected this, with "Safest of the Unsafe" guidance readily available.

Discussion with the registered manager and staff confirmed that wound care was managed by community nursing services. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner.

The registered 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, accidents and incidents (including falls, outbreaks), environment, were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report. The registered manager also provided a copy of the home's Quality Improvement Plan which had a clear action plan and timeframes for addressing any issues identified by management.

The registered 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, staff meetings and staff shift handovers. Training records confirmed that staff had received training in communication. Minutes of staff meetings were reviewed during the inspection. Inspectors observed the team leader handover; comprehensive information was provided verbally. Staff described how the team leader coming off shift also prepared a written account. This is sent by email to the manager and team leader on the next shift, ensuring permanent records are maintained.

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

There were also systems in place to ensure openness and transparency of communication, for example, the visits by Registered Provider reports, annual satisfaction survey report (which included the outcome of the latest RQIA inspection) and Annual Quality Review report were available for residents' representatives to read.

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

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

Staff spoken with during the inspection made the following comments:

- "Treatment is first class here. It's like a hotel. I would want to live here if I had to...Irina (registered manager) is brilliant and approachable; she has introduced new ideas, like the sensory room."
- "Training is arranged by Irina and there's a good system in place to ensure this gets done. If we do e-learning home, Cedar pay for our time...You can always speak to Speech and Language therapists when they are here; I've had training in swallow awareness, epilepsy, and refresher training as needed...I've never had any safeguarding concerns."
- "It's a lovely place to work, everyone is friendly and the residents are well cared for. They get everything they need here."

Three completed questionnaires were returned to RQIA from residents or 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 care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

There were no areas for improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 registered 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. This was evidenced in the care records which clearly referenced how care and treatment considered the human rights of the residents.

The registered manager explained how 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 how confidentiality was protected, for example, ensuring residents had privacy when receiving assistance with personal care. Staff also demonstrated good awareness of maintaining confidentiality; inspectors noted that the verbal handover was suspended while a telephone call was in progress in the same office.

A review of care records confirmed that best interest care pathways were completed for residents' who lacked capacity. Consent records were also reviewed during the registered providers monthly visits; a subsequent Quality Improvement action plan was developed to ensure consent records were reviewed and updated. For example, if residents' representatives were unable to visit the home to sign these, the forms were posted to their home address.

A review of care records confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home, for example, care records identified how families will make arrangements. Action was taken to manage any pain and discomfort in a timely and appropriate manner. Comprehensive care plans detailed how to identify signs of illness, pain or discomfort with residents who communicate non-verbally.

Residents and their families were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment, for instance, care plans and activity programmes were provided in easy read and pictorial format.

Discussion with staff 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. Residents' families were encouraged and supported to actively participate in the annual reviews of their care and activities within the home, such as the upcoming Christmas party. Other systems of communication included visits by the registered provider.

Residents and their families 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, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities, such as reflexology, storytelling, animal therapy and weekly music sessions. Stimulating games such as jigsaws and sensory equipment were readily available. A daily activity log was maintained, with options for residents, depending on their preference for individual or group activity.

Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, some residents attended a local day centre; transport was provided by the home during the week and taxis and additional staff are available at the weekend. The home had also arranged a Christmas party for residents and their families.

Staff spoken with during the inspection made the following comments:

- “The staff know the residents well, their likes and dislikes... You have to respect the residents’ personal space.”
- “Cedar have paid for me to get an additional driving licence, so I can drive a bigger bus; this means the residents can go out on day trips as a group.”
- “You become so fond of all the residents, you get to know them and their personalities... We always make sure the residents have privacy and keep their dignity, especially during personal care.”
- “The residents keep their dignity as they get their personal preferences... you get to know their individual needs well.”

Three completed questionnaires were returned to RQIA from residents or 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 preferences of residents.

Areas for improvement

There were no areas for improvement 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 registered manager outlined the management arrangements and governance systems in place within the home and advised that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

The previous care inspection confirmed that 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. The 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. A review of training records highlighted that some staff were due to receive training on complaints. The registered manager advised that staff had read and signed the current complaints policy and that there were plans to develop bespoke "in-house" training. RQIA's complaint poster was not currently displayed in the home due to ongoing renovations; however there was a copy of the Patient Client Council complaints poster on the notice board.

The registered manager advised that there had been no complaints made since the previous care inspection, therefore the complaints records were not reviewed on this occasion.

The home retained compliments received, for example, thank you letters and cards and there were systems in place to share these with staff via team meetings and monthly monitoring reports. Christmas cards from family members were displayed in communal areas.

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 as evidence by records of monthly management review reports. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice, for example, learning was reviewed and discussed in staff meetings.

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

There was evidence of managerial staff being provided with additional training in governance and leadership; two team leaders were currently undertaking the Qualifications and Credit Framework level five award. The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement. This was provided and reviewed through individual supervision, group supervision and staff meetings.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. The registered manager retained a memo file in the main office for all staff to access. E-learning was also available as required. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, such as training in swallow awareness, record keeping, person centred care, epilepsy and use of PEG feeding tubes.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which included timescales and the person responsible for completing the action.

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 registered manager stated that the registered provider was kept informed regarding the day to day running of the home through telephone calls and emails and senior management made weekly visits to the home.

The registered manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The registered 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 provider 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 registered 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. A poster advertising the RQIA membership scheme was also on display.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff. Training needs are identified and addressed through induction, individual and group supervision and team meetings. Staff were aware of the potential for disciplinary action if required.

A review of training and care records evidenced that arrangements were 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. For example, all staff receive Equality and Diversity training. The equality data collected was managed in line with best practice.

Staff spoken with during the inspection made the following comments:

- "Irina is a brilliant manager and all the management are very approachable, I cannot stress this enough."
- "The recent change of manager has improved things like paperwork, upgrading the building with the painting...Irina is superb – she has been instrumental in getting new staff... All the seniors (team leaders) and Irina are great, I can go to them for anything."
- "I can approach the team leader or manager if there are any problems."

No areas for improvement were identified during the inspection.

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

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

There were no areas for improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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