



# Unannounced Care Inspection Report 20 September 2019



## **SENSE**

**Type of Service: Residential Care Home**  
**Address: 41 Edenvale Avenue, Eden, Carrickfergus BT38 7NP**  
**Tel No: 02893362792**  
**Inspector: Gerry Colgan**

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 10 persons who have a sensory impairment.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> SENSE  <b>Responsible Individual:</b> Collette Gray	<b>Registered Manager and date registered:</b> Kathryn Robinson. Kathryn Robinson was there on the day of inspection but she has moved to another area of the Sense Organisation. Senga Knox (registration pending) is the new manager having taken up post in August.
<b>Person in charge at the time of inspection:</b> Kathryn Robinson	<b>Number of registered places:</b> 10
<b>Categories of care:</b> Residential Care (RC) SI - Sensory impairment	<b>Total number of residents in the residential care home on the day of this inspection:</b> 10

### 4.0 Inspection summary

An unannounced inspection took place on 20 September 2019 from 09.00 hours to 15.30 hours.

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.

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, most audits and reviews and communication between residents, staff and other key stakeholders. Further examples of good practice were identified by the inspector in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives, taking account of the views of residents, governance arrangements, management of complaints and quality improvement.

Areas were identified for improvement in relation to staff recruitment, staff morale, seeking adequate support from the identified trust, undertaking monthly falls audits, environmental issues, timely notification of accidents/incidents to RQIA, providing evidence that next of kin are notified following an accident/incident, and updating the Statement of Purpose to reflect the current staffing.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, and enhance care practice and residents' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	6

Details of the Quality Improvement Plan (QIP) were discussed with Kathryn Robinson, registered manager, and a team leader 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 inspection dated 28 June 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 28 June 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 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 registered manager, two residents, six staff and a resident's relative.

A total of 10 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.

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
- One staff file
- Three residents' care files
- 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, outbreaks), complaints, environment, catering, Infection Prevention and Control (IPC), and NISCC registration

- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings/ representatives' meetings/ other
- 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
- Sample of policies and procedures

Two areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the registered manager and a team leader at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 31 May 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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (2) <b>Stated:</b> Second time	The registered person shall ensure the following issues identified are made good: <ul style="list-style-type: none"> <li>• The hallway in the bungalow (A) needs repainted.</li> <li>• The ceiling in identified bedroom needs to be sanded and repainted.</li> <li>• The drains in the identified ensuite need replaced.</li> <li>• The kitchen doors in bungalow (B) need replaced as they are not fit for purpose.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the environment and conversation with a team leader confirmed that all the issues identified above had been addressed.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.5  <b>Stated:</b> First time	The registered person shall ensure the courtyard has weeds removed and is made good.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the courtyard confirmed that it has been weeded and made good.	

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

The team leader advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. However, a review of the duty rota from 16 September 2019 to 29 September 2019 evidenced high usage of agency staff as well as some shifts not covered. One resident with complex needs is cared for on a 2:1 basis. One of the staff providing this level of care is always an agency staff member. In discussion with staff concerns were raised about staffing levels and also the fact that there were no consistent staff from the agency meaning that each morning time had to be spent on induction of new agency staff. An area for improvement has been stated under the regulations in relation to Sense organisation recruiting adequate staff to meet the needs of the residents.

The registered manager has moved to another area of the Sense organisation although she was available at inspection. The new manager (registration pending) was on annual leave. Conversation with staff confirmed that this is the fourth change of registered manager in seven years. Also, staff said they do not feel fully equipped to care for a named resident. These issues, along with staff shortage, are having a negative effect on staff morale. The registered manager and team leader confirmed that further advanced Maybo training has been arranged to help equip the staff to manage this resident's complex behaviour. Management should organise a timely meeting with staff to address their fears and anxieties, and improve morale. An area for improvement is stated under the standards.

A review of completed staff induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection. These were noted as being up to date and appropriately completed.



Discussion with the registered 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that Sense's recruitment processes complied with current legislation and best practice. Discussion with the team leader and review of staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The team leader advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

A register of staff working in the home was available and contained all the required information as outlined within the legislation.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

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 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.

Discussion with the team leader, 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 team leader stated there were risk management procedures in place relating to the safety of individual residents. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission. These were found to be comprehensive and up to date.

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 registered manager advised that restrictive practices were implemented within the home, notably the use of locked doors, keypad entry systems and lap belts. 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 statement of purpose and residents' guide. The registered manager was aware that when individual restraint was employed, RQIA and appropriate persons/bodies must be informed

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. However, during discussion with staff it was confirmed that they don't feel adequately supported by the Trust in relation to a named resident being cared for on a 2:1 basis. Staff informed the inspector that when they have asked for medical help and advice from the Trust, personnel sent by the Trust have stated that they are not trained in brain injury and do not feel equipped to advise. This issue should be addressed at a senior level in the Sense organisation with the relevant Trust. An area for improvement is stated under the standards.

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.

The team leader reported that there had been no outbreaks of infection within the last year. The team leader assured the inspector that any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the Trust and RQIA with appropriate records retained.

The team leader reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. However, audits of accidents/falls were not undertaken on a monthly basis and analysed for themes and trends. Falls action plans have not been developed to minimise the risk where possible. An area for improvement is stated under the standards. Referrals were 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. Residents themselves chose the colour schemes for their bedrooms. The home was fresh-smelling, clean and appropriately heated. In Bungalow A the suite in the lounge was found to be scuffed and torn at the sides. The bathroom floor was stained and the paintwork at the bottom of the door needs refreshed. In an identified ensuite there were screw holes on the shower walls and in another there was cracked tiles and mould noted on the grout between tiles. An area for improvement is stated under the standards.

In Bungalow B the lounge carpet was scuffed and the entire lounge needs to be repainted; there were paint stains on the bathroom floor, and damaged walls and dado rail on the corridor. The staff room should be repainted. In an identified ensuite there were open screw



holes and mould on the skirting. The coved skirting has been replaced but it is coming away from the walls in places and it does not cover the same area as the original did, leaving an area around the top of the skirting very uneven and difficult to adequately clean. Areas for improvement have been stated under the standards.

The team leader 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) and fire safety, etc.

The home had an up to date Legionella risk assessment in place and all recommendations made within the risk assessment had been actioned or were being addressed.

The team leader 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 home had an up to date fire risk assessment in place and all recommendations had been actioned or were being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular 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, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

**Areas of good practice**

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

**Areas for improvement**

The following areas were identified for improvement in relation to staff recruitment, staff morale, seeking adequate support from the identified Trust, undertaking monthly falls audits and environmental issues.

	Regulations	Standards
<b>Total numb of areas for improvement</b>	1	5

**6.4 Is care effective?**

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

Discussion with the team leader and 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 includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR). A review of three care records 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, bedrails, nutrition, falls, 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 their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that 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 is provided which meets the individual and recorded dietary needs and preferences of the residents. 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 were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the team leader and staff confirmed that wound care is managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage. Referrals were made to the multi-professional team to address any concerns identified in a timely manner.

The team leader 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, complaints, environment and catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. However, as already stated, in relation to accidents and incidents (including falls) it was noted that there was no falls audit in place. A fall where the patient was unresponsive was not notified to RQIA, and there was no evidence of next of kin being informed following an accident / incident. Areas for improvement are stated under the standards.

The team leader and 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, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings were reviewed during the inspection.

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, latest RQIA inspection reports ,annual satisfaction survey report and annual Quality Review report were on display or available on request for residents, their representatives any other interested parties 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.

**Areas of good practice**

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

**Areas for improvement**

The following areas were identified for improvement under the standards, in relation to timely notification of accidents/incidents to RQIA and providing evidence that next of kin are notified following an accident/incident.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

**6.5 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 team leader and 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.

The team leader and registered 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 and nutrition, 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. Care plans, menus and the activity programme, for example, were written in a pictorial format.

Discussion with staff and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner. 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. Other systems of communication included, residents individual' meetings and visits by the registered provider.

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 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 inspection eight residents left to attend a nearby day centre. Residents also go swimming and shopping. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, residents like to go home to see their families.

A relative spoken with during the inspection was very pleased with the care her father receives in the home. During conversation she stated that:

- "We always get privacy when we visit Dad."
- "Hygiene is always good. He is always neat and tidy. Plenty of fluids available, always clean sheets on the bed."
- "Whatever food Dad would like it is always there for him."

No questionnaires were returned to RQIA.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of residents.

### Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 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 stated 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.

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 registered manager stated that 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 their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

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. Information about complaints and compliments were shared with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. As already stated a review of these events confirmed that these were not all effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The registered 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.

There was evidence of managerial staff being provided with additional training in governance and leadership. The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents and training. For example, additional patient centred Maybo training is being developed based on the assessed needs of one particular patient. Feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the registered manager and team leader 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. Staff had received training in Dysphasia and supporting positive interactions. They also had received training in Mayo Techniques.

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 include timescales and 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. However, the Statement of Purpose had not been updated to reflect the current staffing. An area for improvement is stated under the regulations. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

A new manager has been recruited (awaiting registration). The current 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 current registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The QIP returned following the most recent inspection confirmed that the registered provider responded to some 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.

The registered 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.

### **Areas of good practice**

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

## Areas for improvement

Updating the Statement of Purpose to reflect the current staffing was an area identified for improvement under the regulations.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kathryn Robinson, registered manager, and a team leader 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, 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

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 20.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2019.</p>	<p>The registered person shall ensure that adequate numbers of staff are recruited to fully meet the care requirements of all residents.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> We have been involved in recruitment campaigns over the past year and have found some difficulties with recruitment; this was compounded by a number of staff leaving at short notice following a move to university in September. At the time of inspection we were undergoing another recruitment campaign and a high percentage of vacancies were recruited to. We have a small number of weekend only posts, and are currently recruiting specifically for these posts. It is anticipated that new staff will have commenced work in November pending all necessary checks</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2019</p>	<p>The registered person shall ensure that all reportable accidents/incidents are reported to RQIA in a timely manner.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Following advice received during the inspection we have reported chocking incidents and those requiring medical interaction to RQIA via portal and will continue to do so</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 3.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2019</p>	<p>The registered person shall ensure that the Statement of Purpose is updated to reflect the current management and staffing.</p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> Statement of purpose has been updated</p>

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 41.8 <b>Stated:</b> First time <b>To be completed by:</b> 31 October 2019	<p>The registered person shall organise regular staff meetings designed to address staff's concerns.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Both individuals and group meetings were carried out and following additional support the majority of staff have indicated they feel more confident in their role</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> First time <b>To be completed by:</b> 31 October 2019.	<p>The registered person shall liaise with the relevant Trust to ensure provision of help and advice in relation to a named resident.</p> <p>Ref: 6.3 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            We continue to liaise with the Trust and have had a further support visit from Dr Ian Taylor on 16<sup>th</sup> October and continue to liaise with those services to provide ongoing support to the individual and the staff team</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 22 <b>Stated:</b> First time <b>To be completed by:</b> 31 October 2019	<p>The registered person shall complete ongoing monthly audits of falls and retain records for inspection.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            This has been actioned and a falls audit is in place and has been compiled retrospectively for the year 2019</p>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 43 <b>Stated:</b> First time <b>To be completed by:</b> 30 November 2019	<p>The registered person shall address the following environmental issues in Bungalow A:</p> <ul style="list-style-type: none"> <li>• Replace the suite in the lounge which was found to be scuffed and torn at the sides.</li> <li>• The bathroom floor was stained and the paintwork at the bottom of the door needs refreshed.</li> <li>• Make good the screw holes on shower walls.</li> <li>• Make good the open screw holes in the identified ensuite.</li> <li>• Replace the cracked tiles and clean the mould on the grout between tiles in an identified ensuite.</li> </ul> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            The work to address these issues has been commenced and will be completed by 30<sup>th</sup> November 2019</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 43</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2019</p>	<p>The registered person shall address the following environmental issues in Bungalow B:</p> <ul style="list-style-type: none"> <li>• Replace the scuffed lounge carpet.</li> <li>• Repainted the lounge in bright fresh colours.</li> <li>• Remove the paint stains on the bathroom floor.</li> <li>• Repair the damaged walls and dado rail on the corridor.</li> <li>• Repaint/decorate the staff room.</li> <li>• In an identified ensuite repair the open screw holes and mould on the skirting.</li> <li>• In an identified ensuite make good the coved skirting and wall.</li> </ul> <p>Ref: 6.3</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 37</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2017</p>	<p><b>Response by registered person detailing the actions taken:</b> The work to address these issues has been commenced and will be completed by 30th November 2019</p> <hr/> <p>The registered person shall provide evidence that the next of kin has been informed following an accident / incident.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> We have reviewed policies, procedures and processes to ensure that this action is noted and cascaded to staff the need to address this issue and record the information on the appropriate documentation</p>

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



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