

Unannounced Care Inspection Report 12 September 2018



Millverne

Type of Service: Residential Care Home
Address: 66 Mill Street, Enniskillen, BT74 6DW
Tel No: 028 6634 6000
Inspector: Priscilla Clayton

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a residential care home which is registered to accommodate a total of 45 residents, 20 places is for people with dementia. The remaining 24 places is for older people.

3.0 Service details

Organisation/Registered Provider: Carewell Homes Ltd Responsible Individual: Carol Kelly	Registered Manager: Julianne Treacy
Person in charge at the time of inspection: Julianne Treacy	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	Number of registered places: 45 RC- I x 17 MP&MP(E) x8 RC-DE x20

4.0 Inspection summary

An unannounced care inspection took place on 17 September 2018 from 10.00 to 14.30 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 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 promotion of a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. There was also evidence of good practice in regard to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control and the home's environment.

Areas requiring improvement were identified included addressing recommendations reflected within the fire risk assessment, choking/dysphasia risk assessment, recording of greater detail within care plans and close supervision of residents during meal times within the dementia unit.

Residents who met with the inspector said they were very satisfied that the care provided was safe, effective, compassionate and well led.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Julie Tracey, registered 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 08 March 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 registered manager, most residents and four staff.

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. No questionnaires were returned by residents, residents' representatives or 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 training schedule and training records
- Two staff employment files
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits undertaken
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings
- 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
- Selected 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 08 March 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 13 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 24.2 Stated: Second time	The registered person shall ensure that staff supervision is undertaken on a six monthly basis. Ref: section 6.4	Met
	Action taken as confirmed during the inspection: Review of supervision schedule, discussion with the registered manager and staff evidenced that staff supervisions were undertaken as recommended or more frequently if required.	

Area for improvement 2 Ref: Standard 27.1 Stated: Second time	The registered person shall ensure that the following environmental issues are addressed: <ul style="list-style-type: none"> • Address the damp area on one identified en suite bathroom • Address the rust on one identified shower plughole Ref: section 6.4	Met
	Action taken as confirmed during the inspection: The registered manager advised that this work was completed. This was evidenced during the inspection.	
Area for improvement 3 Ref: Standard 25.8 Stated: First time	The registered person shall ensure that staff meetings take place on a quarterly basis. Ref: section 6.5	Met
	Action taken as confirmed during the inspection: Minutes of staff meetings retained evidenced that these were held quarterly.	

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 not used in the home as permanent staff usually works extra time when required. Any turnover of staff was kept to minimum, where possible, and was monitored by the registered manager 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 at the time of the inspection.

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

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff were regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection. General Data Protection Requirements (GDPR) up-date training for staff is being provided electronically.

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 compliance with current legislation and best practice. Discussion with the registered manager 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 registered manager advised that Access NI enhanced disclosures was undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that Access NI information was recorded and managed in line with best practice.

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 was consistent with the current regional policy and procedures. The policy made referral to the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The identified adult safeguarding champion (ASC) for the home had received training in the role and functions of the ASC and was aware of the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019. No adult safeguarding issues had arisen since the last inspection.

Staff who spoke with the inspector demonstrated 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 registered 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 resident' 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 registered manager advised there were restrictive practices within the home, notably the use of keypad entry systems at the dementia unit, lap belts on wheel chairs and sensory alarm mats. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

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. The registered manager was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

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.

IPC compliance audits were undertaken and action plans developed to address any deficits noted. Audits undertaken included; hand washing, personal protective clothing and environment.

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.

“The Falls Prevention Toolkit” was discussed with the registered manager and advice was given on the benefits of using this or a similar toolkit. The manager advised that audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends by the clinical governance lead. One recorded incident which occurred within the dementia unit included the omission of an evening medication due to non-delivery by the pharmacy. The registered manager advised she was unaware of this and readily agreed to investigate and review systems to ensure that she is informed of any issues in this regard. Appropriate action is necessary to ensure compliance with prescribed medication, delivery and administration. Discussion took place with the registered manager regarding consistency of staff within the dementia unit. The registered manager advised that staff rotate on alternate days and that this worked well with the senior care worker having responsibility to report to her regarding care planned, provided and any issues arising.

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, exceptionally clean, nicely decorated and appropriately heated throughout.

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 visible hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

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

The home had an up to date Legionella risk assessment which was dated 12/02/18. Recommendations were addressed.

It was established that three residents smoked. A review of the care records of one resident identified that risk assessment and corresponding care plan had not been fully completed in relation to smoking. The needs assessment should take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance to ensure compliance with the regulations/standards.

The registered 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 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 which was dated 05 January 2018. Recommendations (5) detailed within the action plan were not dated/signed as having been addressed. The registered manager advised that these had been actioned but not signed off as such. The registered manager readily agreed to ensure recommendations were signed and dated as actioned.

Review of staff training records confirmed that staff had completed one annual fire safety training as required. However some staff requires a second training session in keeping with requirements. Fire drills were completed on 22 February 2018 and records reviewed confirmed these were up to date with outcome recorded. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly and monthly, as required and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents and staff spoken with during the inspection made the following comments:

- "We feel safe, this is a good home" (resident)
- "I feel the residents are very well cared for " (staff)
- "Very good training and support provided through team meetings and supervision" (staff)
- "I would certainly recommend this home" (staff)
- "I would certainly not want to move from here" (resident)

Areas of good practice

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

Areas for improvement

Areas identified for improvement related to the provision of a second fire safety training session for staff who did not attend the previously arranged date, undertaking smoking risk assessment including the recording of measures to minimise the risk/interventions within the care plans.

	Regulations	Standards
Total number of areas for improvement	1	2

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 which included 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 was undertaken. Care records included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of each resident. Improvements in regard to the following areas were identified and discussed;

- completion of choking risk assessment for one resident
- reflect greater detail in regard to the measures in place to minimise the choking risk within the care plan intervention, for example close staff supervision during meal and snacks. Ensure SALT recommendations are reflected
- Refer one resident identified to be at risk of choking to the speech and language therapist (SALT)
- reflect greater detail within care plans of residents at risk of urinary tract infection, for example, increased fluid intake
- record greater detail in regard to the management of smoking within care plans
- signing of care plans by the registered manager

The care records reviewed 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. 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. For example, discussion at pre-admission assessment, care plan development, care reviews and through daily informal discussions.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Meals were served within dining rooms by staff in a respectful manner. Tables were nicely set with a range of condiments and fluids served. Residents were afforded choice at meal times and rotating weekly menus were noted to be varied and nutritious. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. The inspector observed that residents within one dining room (dementia unit) where a resident at risk of choking was not supervised during a short time while the staff member went to fetch additional item of food from another area. Clear instruction should be given to staff in regard to close supervision throughout meals and snack times.

The home received a rating of four out of five in food hygiene standards assessment from Environmental Health which was conducted on 10 July 2017.

Discussion with the registered manager and staff confirmed that any wound care arising was managed by community nursing services. Referrals were made to the multi-professional team to address 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. Examples of audits undertaken included care plans, accidents and incidents, medications, environment, catering and NISCC registrations 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 and staff 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 and resident 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.

Notice boards within the home contained a wide range of current information for residents and their representatives. Information included scheduled activities, menu, a range of healthy living matters, flu vaccination benefits, consent and how to complain. Staff advised that the flu vaccination programme for those who wished to avail of the vaccine was due to commence soon.

There were systems in place to ensure openness and transparency of communication, for example, registered provider reports, RQIA inspection reports, annual quality review report were available on request for residents, their representatives any other interested parties to read.

The review of three 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.

Residents and staff spoken with during the inspection made the following comments:

- “The care is very good here and yes I feel my needs are fully met” (resident)
- “My care is reviewed and I have everything I need here” (resident)
- “The district nurse and other professional health and social care staff visit to review or provide care as required” (staff)
- “Care reviews are conducted with the resident in attendance” (staff)

No issues or concerns were raised or indicated by staff or residents.

Areas of good practice

There were examples of good practice found in relation to audits and reviews, communication with residents, trust multi-professional teams and relatives/representatives.

Areas for improvement

Areas identified for improvement included inclusion of greater detail within care plans (dementia unit) and close supervision of residents during meal times within the dementia unit.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

The registered manager, residents 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 and residents confirmed that residents’ spiritual and cultural needs 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, falls, infection and nutrition,

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. Menus and the activity programme were displayed.

Discussion with staff, 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. Other systems of communication included, daily informal discussions with staff residents' meetings, suggestion box, 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 (2017) was made available for residents and other interested parties to read. No improvements were necessary as a result of resident satisfaction survey.

Discussion with the activity therapist, residents, observation of practice and review of activity records confirmed that residents were enabled and supported to engage and participate in meaningful therapeutic activities. The programme reviewed included a wide range of activities which take place and took account of residents' spiritual needs. The records reviewed reflected all activities held, the names of residents who participate and outcome. The activity co-ordinator advised that the programme of activities is reviewed regularly with residents to ensure the changing needs of residents were met. The duration of each activity and daily time table took account of the needs and abilities of residents participating. Arrangements were in place for residents to maintain links with their friends, families and wider community. The activity therapist is to be commended on the provision of a well-structured programme of varied activities and social events.

Residents and staff spoken with during the inspection made the following comments:

- "Yes staff always seek consent to provide care or treatment" (resident)
- "Sometimes when you get older people don't treat you so well, that's not the case here all staff are just great" (resident)
- "Yes we get a choice at meal times and at other time; activities, going to bed and getting up or meals in our room" (resident)
- "All our staff treat residents with dignity and respect" (staff)
- "Every resident treated equally, no preferential treatment" (staff)
- "We have a great range of things to do here which we really enjoy" (resident)

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. The provision of a structured programme of therapeutic activities were considered to be enjoyable, purposeful, age related and took account of residents spiritual needs.

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 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.

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/s responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the current RQIA certificate of registration and employer's liability insurance certificate, dated 14 January 2018, were displayed.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home which included; management meetings, telephone calls, emails and regular visits to the home.

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/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on displayed 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. Arrangements were in place to share information about complaints and compliments with staff.

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 discussed as part of the inspection process. The registered manager advised that audits were undertaken by the governance manager and that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice. As

previously cited within section 6.4 of this report one issue in respect of medication omission is to be investigated by the registered manager and measures put in place to ensure she was notified regarding issues arising to prevent reoccurrence.

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

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.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines made available to staff included; Northern Ireland Social Care Council (NISCC), Public Health Agency and National Institute of Clinical Excellence (NICE). Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents which included person centred care planning.

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. Where required an action plan was developed to address identified issues.

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 at any time to raise concerns and that staff would always 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.

Residents and staff spoken with during the inspection made the following comments:

- “good manager always about to see to things” (resident)
- “excellent staff, well trained to do the job” (resident)
- “good team working, which means a lot”(staff)
- “we can approach the manager at any time, open door” (staff)

Areas of good practice

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

Areas for improvement

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 Julianne Treacy, registered 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

<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2018</p>	<p>The registered person shall put in place a detailed risk assessment and care plan pertaining to any individual resident who smokes. The assessment should take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.</p> <p>Ensure fire safety training is provided for staff who did not attend the second session.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All smoker have a detailed risk assessment and care plan. Fire training has been provided for all staff.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2018</p>	<p>The registered person shall ensure that the five recommendations detailed for action within the fire risk assessment, dated 05 January 2018, are dated and signed as actioned.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The recommendations from the HTM84 Risk assessment have all been addressed and signed as actioned.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2018</p>	<p>The registered person shall ensure the listed areas are addressed:</p> <ul style="list-style-type: none"> • Completion of the choking/dysphasia assessment for one resident identified to be at risk. • Refer one resident identified to be at risk of choking to the speech and language therapist (SALT) for assessment • Reflect greater detail in regard to the measures in place to minimise the choking risk, for example close staff supervision during meal and snacks times. Ensure SALT recommendations are reflected within care plans. • Reflect greater detail within care plans of residents at risk of urinary tract infection, for example, increased fluid intake. • Record greater detail in regard to the management of smoking habits within resident care plans. • Ensure care plans are signed by the registered manager. <p>Ref: 6.5</p>

	<p>Response by registered person detailing the actions taken: All areas detailed above have been addressed.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12.10</p> <p>Stated: First time</p> <p>To be completed by: 18 September 2018</p>	<p>The registered person shall ensure that staff closely supervised residents during meal times within the dining room of the dementia unit.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Residents are supervised at all times in the Iris Suite at meal times.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 30.1</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p>	<p>The registered person shall ensure that an investigation is undertaken into one incident regarding the availability of evening medication for one resident.</p> <p>Senior care assistant (Dementia Unit) to be aware of the necessity to report all issues arising to the registered manager.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: This issue was investigated and has been resolved. Senior carers have been reminded to report any out of stocks to the manager.</p>



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