

Inspection Report

14 May 2024



Crozier House

Type of Service: Residential Care Home

Address: Meeting House Road,

Banbridge, BT32 3ER

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Southern HSC Trust	Registered Manager: Mrs Deidre Irvine
Responsible Individual: Dr Maria O’Kane	Date registered: 22 December 2022
Person in charge at the time of inspection: Lois Weir – Senior Care Assistant	Number of registered places: 27 Category of care RC-DE for a maximum of 5 residents only. The home is approved to provide care on a day basis only to 4 persons.
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 19
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 27 residents. There is a Day Care Centre attached to this home which is managed by a separate registered manager.	

2.0 Inspection summary

An unannounced inspection took place on 14 May 2024, from 9.00 am to 4.00 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

It was evident that staff had a good understanding of residents’ needs and treated them with kindness and respect. Residents looked well cared for and said that living in the home was a good experience.

Staff spoke positively of their experiences working in the home and of the support provided by the manager. Additional comments received from the residents and staff are included in the main body of the report.

Areas requiring improvement were identified during this inspection and details of these can be found in the main body of this report and in the Quality Improvement Plan (QIP) in section 7.0.

RQIA were assured that the delivery of care and service provided in Crozier House was safe, effective and compassionate. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' lived experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included “staff are excellent”, “staff have made my time in the home easy” and “staff are fantastic, I have no complaints”.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager is supportive and available for advice and guidance.

Six questionnaire responses were received from residents following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 22 nd August 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The responsible person shall ensure that records of administration of thickening agents are accurately maintained and that they include the recommended consistency level.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 27 (4) (a)	The registered person shall submit a time bound action plan in response to the four outstanding recommendations from the fire safety risk assessment, dated 16 September 2022.	Partially met

<p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met and will be re-stated for a second time.</p> <p>Please see section 5.2.3 for further details.</p>	
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The responsible person shall ensure that care plans are in place to direct staff when residents are prescribed medicines for chronic pain.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 2</p> <p>Ref: Standard 32.1</p> <p>Stated: First time</p>	<p>The responsible person shall ensure that the temperature of the room where medicines are stored is monitored and recorded daily to ensure medicines are stored appropriately</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 3</p> <p>Ref: Standard 33</p> <p>Stated: First time</p>	<p>The responsible person shall ensure that a robust system of audit which covers all aspects of medicines management is implemented to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 4</p> <p>Ref: Standard 8.2</p>	<p>The registered person shall review the quality of recording of residents' progress records, so these are in sufficient detail.</p>	<p>Not met</p>

Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and will be re-stated for a second time. Please see section 5.2.2 for further detail.	
Area for improvement 5 Ref: Standard 27.8 Stated: First time	The registered person shall ensure the electrical switch room is locked at all times, when not in use. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Although a system was in place to ensure staff were recruited correctly to protect residents, there were inconsistencies in the information recorded in recruitment records and with what information was being shared with the manager by the Human Resources department. It is important that the manager has full oversight of recruitment processes for managing new recruits to the home. An area for improvement has been identified.

There were systems in place to ensure staff were trained and supported to do their job. However, a review of the staff training matrix evidenced that mandatory training for staff was overdue. This included, fire safety, manual handling, food hygiene, infection control, dysphagia, medication competency and Deprivation of Liberty Safeguards (DoLS). An area for improvement has been identified.

A review of staff records confirmed that new staff had completed an induction within the home.

The staff duty rota reflected the staff working in the home and the duty rota identified the person in charge of the home when the manager was not on duty. It was established that there were enough staff in the home to respond to the needs of residents in a timely way.

There were competency and capability assessments in place for staff left in charge of the home in absence of the manager. However, the assessments in place had not been reviewed and there were some senior staff who had not been assessed to date. An area for improvement has been identified.

Staff received supervision sessions and an annual appraisal; and records were maintained.

There was a system in place to monitor staff registrations with the Northern Ireland Social Care Council (NISCC).

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff demonstrated their knowledge of individual resident's needs, wishes, preferred activities and likes/dislikes.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Review of care records confirmed that resident's needs were assessed at the time of admission to the home. Following assessment, care plans were developed to direct staff on how to meet the resident's needs. This included any advice or recommendations made by other healthcare professionals; for example, the Occupational Therapy Team.

Some care records had not been regularly reviewed or updated to ensure they continued to meet the needs of residents. For example, a resident's care plan and risk assessment had not been reviewed to include details of skin care monitoring. Another resident who needed a specialised mattress for pressure relief, did not have a care plan in place for this. Another resident who had a specific risk factor recorded in their care plan, did not have a risk assessment in place for this. Two areas for improvement have been identified.

The care records reviewed lacked person centred detail, some did not have a photograph of the resident attached and similar information was recorded across a sample of care plans. It is acknowledged that some residents in Crozier House are there for a short period of time for rehabilitation. However; it is important that the information held in their care records is specific to the person, their needs and the level of support they might require while in the home. An area for improvement has been identified.

Review of records evidenced that residents' weights were checked monthly to monitor weight loss or gain and onward referral to the relevant professionals where necessary.

Examination of records and discussion with the management team confirmed that the risk of falling in the home were well managed. Where a resident was at risk of falling, measures to reduce this risk were put in place.

Daily progress records were kept in relation to how each resident spent their day and the care and support provided by staff. However; these records lacked detail in relation to the level of support provided to residents in relation to their emotional health and well-being, activities and visits from professionals. An area for improvement has been stated for a second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

Staff ensured that residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was a choice of meals offered, the food was attractively presents and looked appetising. There was a daily menu available for residents and their representatives to view.

Staff told us how they were made aware of residents' nutritional needs and confirmed that accurate residents care records were important to ensure residents received the right diet.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised where necessary with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely. There were no malodours detected in the home.

Observation of the home's environment evidenced that cleaning chemicals were not safely stored in keeping with Control of Substances Hazardous to Health (COSHH) regulations. This was brought to the attention of staff immediately who arranged for storage rooms to be locked to reduce the risk of harm to anyone using or potentially accessing them. An area for improvement has been identified.

A review of bathrooms across the home identified that resident's personal hygiene products such as shampoo and shower gel were not being stored appropriately for personal use. This was discussed with the management team who arranged for the items to be stored appropriately. This will be reviewed at the next inspection.

There were a number of bathrooms that required attention in relation to stained and worn flooring. An area for improvement has been identified.

There was a shower chair in one bathroom that had rusted and could not be effectively cleaned. This was brought to the attention of the management team who arranged for it to be removed.

Corridors and fire exits were clear of clutter and obstruction. The Fire Risk Assessment for the home was due for completion on 15 May 2024 and the manager confirmed post inspection that this had been completed. However, one action from the previous Fire Risk Assessment completed on 16 September 2022 had not been completed. An area for improvement has been stated for a second time.

Systems and processes were in place for the management of infection prevention and control. For example; there were ample supply of personal and protective equipment (PPE) and staff confirmed good availability of cleaning products.

Staff were observed carrying out effective hand hygiene at appropriate times. However, it was established during the lunch time meal, that staff were not wearing PPE as per regional guidance. This was discussed with the management team and an area for improvement has been identified.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spend their day.

Residents spent time in the communal lounges listening to music and chatting to each other. Some residents preferred to spend time alone relaxing, engaging in rehabilitation activities or having visits with loved ones.

Residents spoke positively about the provision of activities in the home and that the activity co-ordinator is "excellent". Activities offered in the home included, singing, crafts, yoga, hairdressing and walks in the garden.

Although there is an activities co-ordinator in the home, no activities took place on the day of inspection because they were off on leave. Residents told us that the "days can be long" when there are no activities to engage in. There was no activity planner in place for residents and their representative to view. It is important that the management team ensure that the provision of activities for residents is allocated to other staff to cover periods of leave and to ensure records are maintained. An area for improvement has been identified.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Deidre Irvine has been the Registered Manager in the home since 22 December 2022.

There was evidence of auditing across various aspects of care and services provided by the home. However; there was limited assurances that the current oversight and management arrangements were effective in identifying and driving improvements in the service. For example; there were a number of audits that did not have a completed action plan for review. An area for improvement has been identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The head of service for the organisation was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role and responsibilities and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. However, there were two incidents that occurred in the home that had not been reported to RQIA as required. This was discussed with the management team and retrospective notifications were completed following the inspection. An area for improvement has been identified.

There was a system in place to manage complaints. There were no complaints recorded since the last inspection.

Staff and residents' meetings were held accordingly and included a comprehensive list of agenda items. A review of these records highlighted that there were no action plans being created following meetings to include; action identified, person responsible and date achieved by. This is a good method to ensure tasks are completed in an achievable timescale. An area for improvement has been identified.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	4*	13*

* the total number of areas for improvement includes one regulation that has been stated for a second time, one regulation that has been carried forward for review at the next inspection, one standard that has been stated for a second time and three standards that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 27 (4) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 1 July 2024</p>	<p>The registered person shall submit a time bound action plan in response to the four outstanding recommendations from the fire risk assessment, dated 16 September 2022.</p> <p>Ref: 5.1 & 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>On 15 May 2024, the Fire Prevention Officer completed a new Fire Risk Assessment, which now supersedes the FRA (Fire Risk Assessment) dated 16 September 2022.</p> <p>The work required in relation to recommendation 11, which related to fire safety signage, has now been completed.</p> <p>Action point 12 in the 16 September 2022 report relating to upgrading internal cross corridor doors is no longer recommended for action in the recent May 2024 FRA.</p> <p>Action point 13 relating to connecting the Fire Alarm signal to a receiving centre switchboard for stand-alone properties is currently being reviewed by the Fire Safety Team. The Registered Manager has been advised to expect an update on this within the next four weeks and will share this outcome with the RQIA Inspector team, before the required completion date of 01 July 2024.</p> <p>Action point 14 relating to compartmentation items, have all been completed and signed off by the FPO during his inspection on 15 May 2024.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 10 July 2023</p>	<p>The registered person shall ensure that records of administration of thickening agents are accurately maintained and that they include the recommended consistency level.</p> <p>Ref: 5.1</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 14 May 2024</p>	<p>The registered person shall ensure that all areas of the home to which residents have access are free from hazards to their safety, and staff are made aware of their responsibility to recognise potential risks and hazards and how to report, reduce and eliminate the hazard.</p> <p>This area for improvement is made with specific reference to the supervision and storage of cleaning chemicals.</p>

	<p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Following the Inspection on 14 May 2024, the Registered Manager reviewed her responsibilities regarding the management of COSHH (Control of Substances Hazardous to Health).</p> <p>The Registered Manager and the Senior Care Team commenced a safety and quality improvement review on the management of COSHH in the Home. The Storage and Safe keeping of resident's toiletries were reviewed using a re-designed risk assessment to evidence compliance with COSHH. All staff were informed of areas for improvement and reminded of their responsibility to be compliant with their COSHH training to ensure that they remain vigilant to safety hazards.</p> <p>The Registered Manager and the Head of Service have put an action plan in place to monitor and ensure compliance with the COSHH risk assessments.</p> <p>Compliance with COSHH will be monitored and recorded in the monthly monitoring reports.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: 14 May 2024</p>	<p>The registered person shall ensure that all notifiable events which occur in the residential care home are reported appropriately to RQIA.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken: Following the outcome of the inspection on 14 May 2024, the Registered Manager and Senior Care Team have now re-familiarised themselves with the legislative requirements relating to the notification process, namely the RQIA Guidance Statutory Notification of Incidents and Deaths v1.1 January 2023. This document has been distributed and read by all personnel required to submit notifications to RQIA.</p> <p>All necessary actions have been followed to ensure that retrospective notifications have now been submitted onto the RQIA portal.</p> <p>To ensure that notifiable incidents are reported in an appropriate time frame, the Registered Manager will review all</p>

	<p>incidents and ensure that the legislative process is being followed.</p> <p>Compliance will be reviewed as part of the monthly Monitoring visits and recorded in the monthly monitoring report.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 8.2</p> <p>Stated: Second time</p> <p>To be completed by: 1 August 2024</p>	<p>The registered person shall review the quality of recording of residents' progress records, so these are in sufficient detail.</p> <p>Ref: 5.1 & 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager along with the senior day care staff have reviewed all the residents care plans and signed them off. Senior Care staff will continue to review residents Care plans as part of their on-going monitoring role. This will form part of the care staff supervision process and any learning and development areas in relation to record keeping will be discussed and addressed.</p> <p>The senior staff will play an active role in ensuring residents care plans are kept up to date and reflect residents' current needs, as well as life history, current situation, lifestyle and personal preferences.</p> <p>The Registered Manager has put in place an audit tool to review and monitor the quality of recording of residents' progress records. This audit tool has been designed to capture and reflect the quality of care plan records to ensure the elements of Standard 8 of the minimum standards are evidenced. Key areas for improvement will be shared with the care team to ensure sustained improvement in recording and record keeping practice.</p> <p>Professional support has also been sought from the Trust Training and Development Team and a programme on effective recording is scheduled to take place between June 2024 and March 2025. This will be provided to all staff responsible for recording in service user care plans .</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans are in place to direct staff when residents are prescribed medicines for chronic pain.</p> <p>Ref: 5.1</p>

<p>To be completed by: 10 July 2023</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 32.1</p> <p>Stated: First time</p> <p>To be completed by: 10 July 2023</p>	<p>The registered person shall ensure that the temperature of the room where medicines are stored is monitored and recorded daily to ensure medicines are stored appropriately.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 33</p> <p>Stated: First time</p> <p>To be completed by: 10 August 2023</p>	<p>The registered person shall ensure that a robust system of audit which covers all aspects of medicines management is implemented to ensure that safe systems are in place and any learning from errors/incidents can be actioned and shared with relevant staff.</p> <p>Ref: 5.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: 14 May 2024</p>	<p>The registered person shall ensure that recruitment records held in the home have consistent details recorded in relation to the recruitment of new staff in order to ensure effective managerial oversight of the recruitment process.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager is currently progressing access to the Amicus recruitment portal. This software provides recruiting managers with greater visibility of all pre-employment checks including when conditional offers have been made. The recruitment team use Amicus as the platform for communicating with recruitment managers when any element</p>

	<p>of the pre-employment check is required to be referred or escalated for consideration and or a decision. The Registered Manager in her role of the recruitment manager will be the decision maker and will have and retain oversight of the whole process.</p> <p>The Amiqus portal will provide the Registered Manager with the assurance that staff are recruited and employed in accordance with the relevant statutory and employment legislation (Standard 19). Including compliance with the principles of data protection and with Access NI code of practice.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2024</p>	<p>The registered person shall ensure that there is a system in place to ensure all staff complete mandatory training requirements.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has reviewed her responsibilities regarding the management of all staff training and has a fuller understanding of her responsibilities in relation to her oversight to ensure compliance.</p> <p>The Homes staff training matrix has been updated to provide clearer oversight to training compliance thus ensuring staff complete training within required timeframes.</p> <p>This process will be monitored monthly and compliance with staff training will be recorded in the Monthly monitoring reports.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 25.3</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2024</p>	<p>The registered person shall ensure that a competency and capability assessment is completed with any staff member who is left in charge of the home in the absence of the manager. These assessments should be reviewed within a meaningful timeframe.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has now reviewed and updated all competency and capability assessments as required by standard 25.3 This review was completed between 17 and 31 May 2024.</p> <p>A date has been put in place to review week commencing 01 May 2025 or as required for all new staff commencing or undertaking this role. A review will also be undertaken at any</p>

	time with individual staff if there is a concern in relation to any area of competency or capability.
<p>Area for improvement 8</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2024</p>	<p>The registered person shall ensure that care plans are kept under review and amended as changes occur to accurately reflect the needs of residents. This specifically relates to; skin care and pressure relieving equipment.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has now reviewed and amended all residents care plans relating to skin care and pressure relieving equipment.</p> <p>A skin bundle assessment has been completed by the Community District Nurse (CDN) and this has provided the care team with repositioning information and a schedule of actions to be taken for the residents assessed as requiring this tool.</p> <p>This information has been documented in the care plan and shared with the care staff team. The care team are aware of their role and the requirement to record and sign the repositioning schedule. The CDN retains professional Nursing responsibility and as such will monitor and review the skin bundle and update the care team on any changes.</p> <p>Compliance with skin bundle will be recorded in the Monthly monitoring reports.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 6.7</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2024</p>	<p>The responsible person shall ensure that individual risk assessments are completed to inform the care planning process and kept under review for the identified residents.</p> <p>Ref: 5.2.2</p>

	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager fully understands that care plans and risk assessments are the cornerstone to the delivery of effective and safe care.</p> <p>The Registered Manager has sought support from the Trust Care Home Support Team who will deliver training sessions for senior staff on person centred and safe risk assessments. This training will take place before 30 June 2024.</p> <p>The Register Manager has also attended training on the Regional falls care homes pathway and bundle on 18 June 2024.</p> <p>The post falls guidelines and risk assessment for care homes / residential homes issued by the PHA are now to be implemented and work will commence to ensure that this is in place.</p> <p>Compliance will be reviewed and monitored as part of the monthly monitoring report.</p>
<p>Area for improvement 10</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2024</p>	<p>The responsible person shall ensure that residents care plans are person centred, include a photograph of the resident and include specific details on residents' individual needs and level of support they require in the home.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has reviewed all the residents care plans and can confirm that this improvement has been actioned.</p> <p>All care plans now include a current photograph of the resident, and the care plans reflect an understanding of residents, their behaviour and communication needs to ensure a consistent and person - centred approach and response from staff.</p> <p>Reviewing practice and compliance will be a focus of the care plan audit that the Register Manager will complete, which will provide an assurance with regards to compliance with Standard 6 of the minimum standards.</p> <p>Compliance will also be recorded in the Monthly monitoring reports.</p>

<p>Area for improvement 11</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2024</p>	<p>The responsible person shall conduct a review of bathroom flooring in the home and arrange for the necessary works to be completed.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The non-slip floor coverings in the bathrooms and toilets have been reviewed with support services team.</p> <p>The nature of the non-slip flooring presents a tendency to easily mark.</p> <p>The Trust support services team have recommended the use of "Dry Scrub dryer", which is a "multi-wash" powered floor cleaning machine and steamer, which has been proven to improve floor appearance in other Trust facilities.</p> <p>The Registered Manager is currently liaising with cleaning machine reps to test the products with a view to purchase.</p> <p>The outcome will be reported in the monthly monitoring report.</p>
<p>Area for improvement 12</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 14 May 2024</p>	<p>The registered person shall ensure that the risk of infection for staff, residents and visitors is minimised and that staff wear the required PPE as necessary.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has reminded all staff of the IPC requirements within the Home, including the requirement to wear PPE to minimise the risk of infection. Aprons should be worn to protect uniform or clothes when contamination is anticipated / likely (e.g. when in direct contact with residents).</p> <p>The Registered Manager has reinforced with all staff that disposable gloves and aprons are to be changed for each person being cared for and for each new task.</p> <p>Staff have also been reminded to wear aprons in the dining room when handling food plates. The Registered Manager and the senior team will monitor compliance and this has been added to the daily safety walk management tool that the</p>

	<p>person in charge will complete. Non compliance will be addressed at the time.</p> <p>This will be reported on and reviewed as part of the Monthly monitoring report.</p>
<p>Area for improvement 13</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 14 May 2024</p>	<p>The registered person shall ensure that the provision of activities is allocated to other staff to cover periods of leave and that the programme of activities is displayed in a suitable format and location.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has reviewed the quality of care in relation to standard 13, which relates to the programme of activities and events.</p> <p>A white notice board has now been located in an area within the home, which is visible for all residents. The board details a daily programme of activities and leisure pursuits to meet the interests and recreational needs of residents.</p> <p>The activity co-ordinator timetable is visible and when she is not on duty a clear reference is made to the staff who will be responsible for undertaking and supporting recreational and leisure activities on a daily basis.</p> <p>In addition, white boards have been ordered for every bedroom and when these arrive they will be used to detail the specific interests and hobbies of each service user with reference to how the service user will be supported to engage in the activity.</p> <p>The Registered Manager has sought support from the Training and Development team and a training programme on Meaningful Engagement with People with Dementia (activity course) will take place on 05 September 2024. All care staff will attend and the outcome of this programme will be evaluated and reported on in the monthly monitoring report.</p>

<p>Area for improvement 14</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2024</p>	<p>The registered person shall ensure that audits are robust in ensuring actions on deficits and plans to improve are time bound and signed off when created.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager can confirm a more robust approach to the audit programme has commenced this is to ensure the delivery of safe and effective care on a day-to-day basis in accordance with Standard 20.</p> <p>Learning and issues arising from audits will be reported in the monitoring report on a monthly basis. This report will also include views of residents and detail their opinion on the quality of the service provided.</p> <p>An audit of accidents and incidents has been undertaken for April 2023 - March 2024. This was completed on the 17 June 2024. Findings and themes arising will be shared with the senior care team meeting on 28 June 2024.</p> <p>The Audit cycle has now commenced a review of Accidents and incidents from April to June 2024.</p> <p>A Quarterly record keeping audit is currently being undertaken for April - June 2024. An Audit outcome report will be prepared for July 2024. The findings of which will be shared with staff.</p> <p>An Activity Programmes audit is currently underway and this will also capture service user and staff feedback. A report will be prepared for August 2024 in advance of the scheduled Meaningful activity training Programme taking place in September 2024.</p> <p>All audit activity will be reviewed and documented as part of the monthly monitoring report.</p>
<p>Area for improvement 15</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2024</p>	<p>The registered person shall ensure that when residents and staff meetings are held that robust records are maintained for each meeting in accordance with standards and good record keeping principles.</p> <p>Minutes should include details of any actions agreed, who is responsible for the action and the date it is to be achieved by.</p> <p>Ref: 5.2.5</p>

	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has developed a new Standard Operating Procedure for Team meetings to ensure that all team meetings reflect the standards and principles of good record keeping.</p> <p>In addition, the template used for recording staff meetings has now been revised and updated to ensure that this reflects the actions agreed and designates appropriate personnel responsible for each action.</p> <p>This will be launched at the next staff meeting scheduled for July 2024.</p> <p>A schedule of dates for all staff team and service user meetings will be agreed in the staff July 2024 meeting. This will ensure that there is advance notice of meetings and provide an assurance that meetings are regularly held.</p> <p>Notes of meetings will be recorded and reported in the monthly monitoring report.</p>
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