

Unannounced Care Inspection Report 11 October 2017



River House

Type of Service: Residential Care Home
Address: 114 Milltown Road, Belfast, BT8 7XP
Tel No: 028 9064 8314
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a residential care home with 8 beds that provides care for adults who have a learning disability.

3.0 Service details

Organisation/Registered Provider: Parkcare Homes No2 Ltd Responsible Individual: Mrs Nicola Cooper	Registered Manager: Mr Mark Beattie
Person in charge at the time of inspection: Mr Mark Beattie	Date manager registered: 5 July 2017
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 8

4.0 Inspection summary

An unannounced care inspection took place on 11 October 2017 from 10:30 to 17:55.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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

Evidence of good practice was found in relation to staff recruitment, induction, training, care records, listening to and valuing residents and taking account of the views of residents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified. These related to notification of accidents, incidents and events, review of the home's Statement of Purpose and Residents Guide and to a number of aspects of the home's environment.

Residents said that they enjoyed living in the home and that the staff helped them to participate in lots of activities.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Mark Beattie, Registered Manager, and Jill Campbell, Service Support Manager 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 3 August 2017.

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 and notifiable events received since the previous care inspection.

During the inspection the inspector met with three residents, two care staff, the housekeeper, the deputy manager, the registered manager and the service support manager. No visiting professionals and no residents' visitors/representatives were present.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment files
- Care files of one resident
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Equipment maintenance records
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Sample of policies and procedures

The inspector was also present during a staff meeting between management and senior support workers in the home.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 3 August 2017

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 3 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20. – (1) (a) Stated: First time To be completed by: 4 August 2017	The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working in the home in such numbers as are appropriate for the health and welfare of residents. Ref: 6.3	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of staff duty rotas submitted to RQIA since August 2017 and during the inspection confirmed that suitably qualified, competent and experienced persons were working in the home in such numbers as were appropriate for the health and welfare of residents at all times.	

<p>Area for improvement 2</p> <p>Ref: Regulation 13. – (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 4 August 2017</p>	<p>The registered person shall ensure that the residential care home is conducted as to promote and make proper provision for the health and welfare of residents.</p> <p>Ref: 6.3</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection: Discussion with the registered manager, staff and residents and inspection of documentation confirmed that the residential care home was conducted as to promote and make proper provision for the health and welfare of residents.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 29. – (3)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2017</p>	<p>The registered person shall ensure that monthly monitoring visits are completed for the home.</p> <p>Ref: 6.3</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the monthly monitoring visit reports confirmed that these were being completed for the home.</p>		

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 deputy manager confirmed the staffing levels for the home and advised that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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

Discussion with staff established that mandatory training, supervision and appraisal of staff was provided. The registered manager and the service support manager advised that the intense nature of the work within the home necessitated frequent and supportive staff supervision. An action plan with specified timescales had been developed to enhance supervision and this was

shared with senior support staff during the staff meeting observed by the inspector. The service support manager advised that training was provided to all staff tasked with delivering supervision to care staff. The area of staff supervision and annual appraisal will be examined more closely during future care inspections.

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; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

A review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of staff personnel 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 service support manager advised that enhanced AccessNI disclosures were viewed by the organisation for all staff prior to the commencement of employment and that the registered manager received written confirmation of this. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice. The service support manager advised that staff were required by the organisation, as an additional safeguard, to sign a criminal conviction declaration on an annual basis and to have AccessNI disclosures completed periodically during their employment within the organisation. This represented good practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC) and that management retained information regarding the date of renewal of registrations. In addition, staff and the organisation received email notification of the due date for payment of annual fees.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The policy document was generic and designed to cover care homes in all UK regions in which the organisation operated. The service support manager advised that the organisation was currently working on developing a local policy for use in Northern Ireland.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of policy and procedures relating to safeguarding of children and young people and 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 registered manager established that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably locked internal and external doors and external gates with keypad entry systems. Sound monitors were used in the bedrooms of some residents. High levels of staffing were used to meet the individual care needs of residents and, on occasion, physical interventions were used to maintain the safety of residents. Televisions and electrical equipment in communal areas and in the bedrooms of some residents were housed within protective units with Perspex screens. CCTV was used for parts of the external environment. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the Statement of Purpose and Residents Guide identified that restrictions were not described. Action was required to ensure compliance with the standards.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust in partnership with Positive Behaviour Support staff in the home and noted to be regularly updated and reviewed as necessary.

In discussion with the registered manager it was identified that RQIA had not been notified of a number of occasions when individual restraint was employed in the home. The registered manager agreed to establish the extent of the backlog in reporting of such events and to advise the inspector of this by the end of October 2017. All events were to be submitted retrospectively and the registered manager was to confirm with the inspector when all reporting had been completed. Action was required to ensure compliance with the regulations in relation to the submission of retrospective notifications to RQIA.

The registered manager advised there were risk management policy and procedures in place in relation to safety of the home e.g. Control of Substances Hazardous to Health (COSHH), Fire Safety etc. The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced.

A review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that 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. 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 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.

Inspection of the external environment identified that the home and grounds were largely kept tidy, safe, suitable for and accessible to residents, staff and visitors. The registered manager advised of plans to improve the gardens for use by residents and staff. A large area at the front of the home was to be levelled, new topsoil laid and the ground reseeded or re-turfed; other grassed areas at the side and the back of the home, which were in an overgrown state, were to be weeded and tidied.

Other areas for improvement in the external environment, however, were identified during the inspection. The masonry on a wall outside a resident's bedroom was in poor state and crumbling. Weeds were present on the tarmac surface of some pathways around the home. Tiled external steps and walkways had not been swept and were slippery, including one which was a fire escape route.

Areas for improvement were also identified in the internal environment. Whilst the home was clean, appropriately heated and residents' bedrooms personalised with photographs, memorabilia and personal items, other issues were noted. In the en-suite bathroom of one resident's bedroom, multi-sensory equipment was inadequately contained in a laundry basket on the floor. The freezer compartment of a fridge in a resident's bedroom was defrosting as the door seal appeared to be ineffective. A strong odour of damp was noted in the sluice room and small storage room under the stairs; an area of damaged paintwork was also noted on the wall of the sluice room. In the laundry room there were areas of mould along the top of the walls and on the ceiling. This may be indicative of inadequate ventilation. A quantity of lint or fluff was present behind the tumble drier and this may present a fire hazard. Action was required to ensure compliance with the standards in relation to the environment of the home.

The home had an up to date fire risk assessment in place dated 14 November 2016 and all recommendations were noted to be appropriately addressed with the exception of one. Confirmation was received after the inspection that this recommendation was in the process of being addressed.

A review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed, most recently on 19 September 2017. Records were retained of staff who participated and any learning outcomes. Advice was provided to the service support manager on how training records could be improved to better evidence the frequency of fire training and attendance for all staff at least annually at fire drills.

Fire safety records identified that fire alarm systems were tested weekly, fire-fighting equipment and emergency lighting were checked monthly and fire doors were checked quarterly. All equipment and systems were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas of good practice

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

Areas for improvement

Three areas for improvement were identified during the inspection. These related to notification to RQIA of a number of occasions when individual restraint was employed in the home, to a review of the Statement of Purpose and Residents Guide to describe restrictions used in the home and to a number of issues in respect of the home's environment.

	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. Records were stored safely and securely in line with data protection.

A review of the care records of one resident confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. swallowing, diabetes, epilepsy, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice and staff were able to describe, in detail, the individual care needs, choices and preferences of residents.

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. In addition, the organisation undertook internal audits to ensure that care was effectively delivered and that any actions identified for improvement were incorporated into practice. The area of audits may be examined in detail during future care inspections.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. Staff reported that residents' meetings were not held as some residents had limited verbal communication; instead, residents' views, choices and preferences were sought through individual and informal meetings. It was planned, however, that residents' meetings would be arranged in the near future for those residents who wished to participate. The registered manager and staff advised that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. A review of care records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The registered manager confirmed 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.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff confirmed that residents' spiritual and cultural needs were met within the home. Discussion with residents and staff confirmed that 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 which identified that care plans were in place for management of anxiety, behaviours etc.

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. For example, where a restrictive practice was employed in the home for an individual, this was shared with residents and signed, where possible.

The registered manager and staff advised that consent was sought in relation to care and treatment. Discussion with staff, along with observation of care practice and social interactions, demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were able to describe in detail the individual choices and preferences of residents and how these were met within the home.

The registered manager and staff advised that residents were listened to, valued and communicated with in an appropriate manner. Observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Residents were encouraged to participate in reviews of their care; staff advised that due to limitations in communication, some residents were unable to actively participate in residents' meetings and these residents were approached individually to obtain their choices, as far as possible, regarding menus, activities etc.

The area of annual resident consultation about the quality of care and environment was not reviewed on this occasion.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities and arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- "I like it here. I like the staff and I like watching some television but I really like listening to the radio. I am good friends with (staff member) and I have got to know him well. I like my room and the staff are good to me"
- "I like living here and the staff take me out all the time"

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide. Discussion with the service support manager established that staff had received training on complaints management. In discussion with staff they advised that they were knowledgeable about how to receive and deal with complaints.

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. No complaints had been received since the last care inspection. The registered advised that, where complaints were received, an audit of complaints was used to identify trends and to enhance service provision.

The registered manager advised that the systems in place to ensure that notifications of all accidents/incidents/notifiable events were effectively documented and reported to RQIA and other relevant organisations had been audited by the organisation. The audit had found that appropriate notifications had not been made. The registered manager advised that an action plan had been developed to address this. Action was required to ensure compliance with the regulations in relation to the notifications to RQIA of all accidents/incidents/notifiable events in accordance with current RQIA guidance.

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

Discussion with the registered manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, all care staff were trained in the management of behaviours which challenged which were bespoke to meet the assessed needs of individual residents.

A monthly monitoring visit 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, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through the line management structures of the organisation.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff; a new policy and procedure had been put in place to support more robust management of absences due to staff sickness. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection. This related to notification to RQIA of all accidents/incidents/notifiable events.

	Regulations	Standards
Total number of areas for improvement	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 Mark Beattie, Registered Manager, and Jill Campbell, Service Support 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. (6)</p> <p>Stated: First time</p> <p>To be completed by: 6 December 2017</p>	<p>The registered person shall ensure that RQIA is notified of all occasions on which individual restraint was employed in the home. All such individual restraint must be notified to RQIA in future.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>An internal audit had identified a "back log" of Form 1a notifications which had not been forwarded to RQIA. These included several incidents when restraint had been employed. These were put onto the internal e-compliance system and then put onto the RQIA portal. The Inspector was notified by email that this had been completed.</p> <p>Each Senior staff member has been issued with an internal log in to put all incidents onto ecompliance when they occur - the Manager and/or Deputy Manager will then notify RQIA via the portal of any Form 1 a notifications that have to be made.</p> <p>Senior staff attended an inhouse training session with the Service Support Manager for reporting incidents and what is reportable to RQIA. A laminated copy of the RQIA guidance on what is reportable was also issued to all senior staff and a copy was placed on the office notice board.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 30. (1) (d)</p> <p>Stated: First time</p> <p>To be completed by: 11 October 2017</p>	<p>The registered person shall ensure that RQIA is notified of all accidents/incidents/notifiable events in accordance with current RQIA guidance.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>An internal audit had identified a "back log" of Form 1a notifications which had not been forwarded to RQIA. These included several incidents when restraint had been employed. These were put onto the internal ecompliance system and then put onto the RQIA portal. The Inspector was notified by email that this had been completed.</p> <p>Each Senior staff member has been issued with an internal log in to put all incidents onto ecompliance when they occur - the Manager and/or Deputy Manager will then notify RQIA via the portal of any Form 1 a notifications that have to be made.</p> <p>Senior staff attended an inhouse training session with the Service Support Manager for reporting incidents and what is reportable to RQIA. A laminated copy of the RQIA guidance on what is reportable</p>

	<p>was also issued to all senior staff and a copy was placed on the office notice board.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1 Ref: Standard 20.6, 20.9 Stated: First time</p>	<p>The registered person shall ensure that the home’s Statement of Purpose and Residents Guide are reviewed to describe any restrictions employed within the home. Ref: 6.4</p>
<p>To be completed by: 6 December 2017</p>	<p>Response by registered person detailing the actions taken: The following statement has been added to the SOP and SU Guide.</p> <p>“Restrictions employed within River House are - -Locked internal and external doors and external gates with keypad entry systems. -Sound monitors are used in the bedrooms of some residents . -High levels of staffing are used to meet the individual care needs of residents and, on occasion, physical interventions are used to maintain the safety of residents. -Televisions and electrical equipment in communal areas and in the bedrooms of some residents are housed within protective units with perspex screens. -CCTV is used for parts of the external environment.</p> <p>All restrictions are based on an assessment of need and risk and will be reviewed, reduced and/or removed when not required. The multi disciplinary team will be involved as required.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 27.1, 27.5</p> <p>Stated: First time</p> <p>To be completed by: 6 December 2017</p>	<p>The registered person shall the following –</p> <ul style="list-style-type: none"> • the masonry on a wall outside a resident’s bedroom is replaced and repainted • weeds on the tarmac surface of pathways around the home are removed • tiled steps and walkways around the home are swept and cleaned • the storage of the multi-sensory equipment in the en-suite bathroom of one resident is improved • the door seal on the fridge in a resident’s bedroom is repaired or the fridge replaced • the sluice room and small storage room under the stairs are investigated for damp and appropriate action taken, including repair to the damaged areas on the walls of these rooms • the ventilation system in the laundry room is investigated and appropriate action taken • moulded areas along the top of walls and on the ceiling in the laundry room are treated and/or the room repainted • arrangement put in place to regularly remove lint or fluff from behind the tumble drier <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> - Action is planned to repair the masonry outside the residents bedroom - this will be painted once repaired. - Weeds have been removed from pathways and weed killer has been sprayed to prevent further growth. - Tiled steps and walkways have been cleaned. - Multi sensory equipment has been relocated in the resident's bedroom -The freezer of the faulty fridge has been defrosted and this remedied the problem. - The sluice room and small room under the stairs have been reported to our helpdesk and we await an inspection to determine what work is to be completed - The laundry ventilation has been reported to our helpdesk and we await an inspection to determine what work is to be completed. - Laundry room walls have been washed and a coat of paint applied - there may be further work to be completed as stated above re ventilation - any further actions will be completed once ventilation is addressed. - Lint / fluff has been removed and signage is in place to advise that this completed daily in the machine and daily behind the machine.



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