



Unannounced Care Inspection Report 15 April 2019



Abbeylands – Seapark Unit

Type of Service: Residential Care Home
Address: 441 Shore Road, Whiteabbey, Belfast BT37 9SE
Tel no: 028 9086 4552
Inspector: Marie-Claire Quinn

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.

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

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for 37 residents in the categories of care outlined in Section 3.0 below.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Eleanor Dodson 23 February 2018
Person in charge at the time of inspection: Eleanor Dodson	Number of registered places: 37
Categories of care: Residential Care (RC) I - Old age not falling within any other category MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years A – Past or present alcohol dependence.	Total number of residents in the residential care home on the day of this inspection: 21

4.0 Inspection summary

An unannounced care inspection took place on 15 April 2019 from 10.00 to 17.15 hours.

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 the culture and ethos of the home, staff recruitment and induction, and good working relationships within the home.

Areas requiring improvement were identified in relation to the environment, record keeping and management, staffing levels and activities.

Residents described staff as fantastic, kind and caring, however expressed some dissatisfaction with staffing levels at night and activities provided in the home. Comments from relatives included: "All in all, we are happy with (my relative's) care here".

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	*5

*The total number of areas for improvement includes one regulation and one standard which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Eleanor Dodson, registered 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 inspection dated 7 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 7 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Comments received from residents, people who visit them, one visiting professional and staff during the inspection, are included in the main body of this report.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments received by the lay assessor are included within this report.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the agreed time scale.

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

- staff duty rotas from 1 April to 1 May 2019
- recruitment and induction records for one member of staff
- annual staff appraisal and supervision schedule for 2019
- care records of four residents
- minutes of staff meeting 15 January 2019
- staff training matrix for 2019
- minutes of residents' meeting 15 January 2019
- monthly monitoring reports for 14 March 2019 and 4 April 2019
- records and information management policy
- consent policy and procedure
- fire safety records dated 11 January – 9 April 2019
- a sample of audits; dining experience audit 19 March 2019; hand hygiene 14 January 2019; Personal and Protective Equipment audit 14 January 2019; and complaints 5 March 2019

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 7 January 2019

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 7 January 2019

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 19 (5) Stated: First time	The registered person shall ensure that information about a resident's health and treatment is handled confidentially. Ref: 6.5	Not met

	<p>Action taken as confirmed during the inspection: On the day of inspection the inspector observed that records were not always securely stored in the home. This area for improvement has therefore been stated for a second time. Please see Section 6.5 for further detail.</p>	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<p>Area for improvement 1 Ref: Standard 7.4 Stated: First time</p>	<p>The registered person shall ensure that completed written consent forms, where used, are maintained within individual case records.</p> <p>Ref: 6.6</p>	Not met
	<p>Action taken as confirmed during the inspection: Review of care records highlighted that although pro-formas for consent were retained, they had not been fully completed as they had not been signed by the relative and/or resident. This area for improvement has therefore been stated for a second time. Please see Section 6.5 for further detail.</p>	
<p>Area for improvement 2 Ref: Standard 6.3 Stated: First time</p>	<p>The registered person shall ensure that all care plans are signed by either the resident or their representative. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.5</p>	Met
	<p>Action taken as confirmed during the inspection: Review of the care records of four residents confirmed that the majority of care plans had been signed by the resident and/or relative. Please see Section 6.5 for further detail.</p>	

6.3 Inspection findings

6.4 Is care safe?

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

Environment

There is currently ongoing repair work in the ground floor of the home. This has required some residents to be temporarily relocated to another care home. The registered manager advised that this work is due to be completed within the week. Residents who remain on the upper floor of the home stated that there has been minimal disruption to them during this building work.

The upper floor of the home was warm, clean and tidy, but required some redecoration. The paintwork on the wooden hand rails along the corridors was chipped in places, which was not only unattractive but limited the effectiveness of infection prevention and control procedures. There were some signs of wear and tear to furniture; one chair in the residents' smoking area had cigarette burns on the cushion, and a chair in the upstairs activities room was damaged. There was a lack of decoration in the corridors, such as artwork or photographs, and the walls would benefit from fresh paint to brighten and revamp the home.

The inspector and registered manager discussed how the home's environment could be immediately improved. For instance, the damaged chairs could be removed this week. The registered manager also advised that the home was awaiting a skip to remove several rubbish bags and discarded furniture the inspector had noted outside the home. Correspondence following the inspection confirmed that a skip was delivered to the home on 18 April 2019.

While the registered manager advised that there were longer term plans for the home to be repainted, an area of improvement was made regarding the environment to ensure it is updated and maintained to an acceptable standard for residents.

Staff recruitment

The registered manager advised there are currently three vacancies for senior care assistants in the home. One new senior care staff has already been recruited and is due to commence working in the home next week. Another senior care worker is due to return from maternity leave shortly. The home is still advertising for the third position, as well as a deputy manager. In the interim, agency staff have been block booked to ensure there is always sufficient staff working in the home.

The recruitment and induction records for one new member of staff were reviewed. This confirmed that staff were recruited safely, as records included Access NI checks, full employment history and references. Staff confirmed they had a good induction and that they were able to approach senior staff if needed.

All care staff must also be registered with Northern Ireland Social Care Council and both staff and the registered manager confirmed this was in place. The registered manager provided the date that this registration was requested, and reported that monthly audits are completed to ensure this remains in date for all staff. These systems are important to ensure that no one is employed in the home unless they are suitable to work with residents.

Staffing levels

On the day of inspection, staff were patient, polite and attentive to residents. Residents presented as content and well cared for. A visiting GP confirmed that he felt there were sufficient staff in the home when he visits: "There is always someone about."

Staff did present as busy. Discussion with staff identified that while they felt there were sufficient staff working in the home, it could be pressured when staff were on sick leave at short notice. Staff were clear that the health and safety of residents was their priority, and that they ensured that residents' needs were always attended to: "We are never so busy that we can't handle it." Staff also stated that management were quick to arrange staffing cover when they had enough notice, and additional staff if a resident presented with additional care needs.

Residents' views on staffing in the home were mixed. Some residents stated, "Staff come day or night if I use my call bell...I don't use the call bell, but I know staff would come if I did." Other residents reported that there were not always enough staff available: "especially at night. It's very busy...they (staff) are always under pressure. Especially at night...they need a buzzer in the TV lounge – especially when you need to go to the toilet...(staff are) very hard worked. Not always quick to come and help."

This feedback was relayed to the registered manager, who stated that one senior care assistant and two care assistants work at night in the home and that staffing does not fall below this level. Initial review of the duty rota for April 2019 identified four occasions where staffing levels appeared to be lower. This was highlighted to the registered manager who explained that the duty rota had not listed the agency staff on duty on those dates. Following the inspection, information was provided to the inspector confirming that agency staff had been booked and were working on the dates in question.

The home used the Care Homes Equation for Safe Staffing (CHESS) to plan staffing levels in the home. The registered manager felt confident that this ensures that the home is sufficiently staffed to meet the needs of the residents at all times. We discussed how the registered manager could provide additional assurances that this system was robust and responsive to changes in the home; for instance, further discussion with residents or relatives to explore their concerns, and the use of the daily walkabout audit to monitor staffing levels.

Staff training

The home uses the SOAR system to audit, monitor and plan staff training. The registered manager outlined this process and how this ensures that all staff have completed and maintained their mandatory training. If staff do not keep their mandatory training in date, they are not permitted to work directly with residents until this has been updated.

Discussion with staff confirmed they felt they had received sufficient training and induction which ensured they had the knowledge and skills to carry out their roles in the home. Review of annual appraisal and supervision schedules were also satisfactory. Following the inspection,

the registered manager also confirmed that senior care staff had completed medication competency and capability assessments on 5 April and 25 April 2018.

Adult Safeguarding

Discussion with the registered manager and staff confirmed that regional adult safeguarding policies and procedures were embedded into practice. Any suspected or actual incidents of abuse or harm were reported to the relevant authorities, including PSNI or NISCC if necessary. Learning from incidents was shared with staff, for example during staff meetings and supervision. Discussion with staff confirmed they were aware of their roles and responsibilities regarding adult safeguarding, including whistleblowing.

Discussion with the registered manager confirmed their knowledge and understanding of policy and procedure relating to staff misconduct, including appropriate referral to professional bodies such as NISCC. We also discussed how additional safeguards could be provided in the home, for instance discussion with residents to promote their awareness and understanding of the adult safeguarding process.

The registered manager advised that the home's adult safeguarding champion was completing their annual position report. This had yet to be finalised and so was not available for inspection on this occasion.

Risk Management

Discussion with the registered manager and review of care records confirmed that additional measures to ensure the safety of residents were in place when deemed necessary. Any limitations to residents' rights were discussed with the resident, relatives and multi-agency professionals. Action plans were complete within risk assessment and care plans.

Review of fire safety records confirmed that checks of firefighting equipment were completed on a weekly basis. Fire drills were organised on a minimum twice yearly basis, and records listed the staff who had attended and any learning outcomes identified. For instance, additional fire safety training was to be arranged following the fire drill on 26 February 2019.

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

One new area for improvement was identified in relation to the home's environment.

	Regulations	Standards
Total numb of areas for improvement	0	1

6.5 Is care effective?

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

Care delivery

Observation of practice identified that staff were responsive and reactive to residents' expressed needs. Staff were prompt and courteous with residents and presented with a strong awareness and understanding of their needs, including individual preferences. Staff were able to describe how they adjust their work, depending on the needs of residents, for instance, ensuring they have enough to drink on warmer days.

It was evident that staff had taken time to support residents with their personal care, as residents were well-groomed, wearing clean clothes and appeared in good health. One resident stated, "The laundry is excellent!"

Discussion with residents confirmed that they felt they were being cared for effectively, and that staff knew what their care needs were: "No complaints, I'm very content with my care...I'm fairly happy...I'm very happy to be here...Staff are lovely, I have all I need."

Residents felt that their needs were reviewed and responded to by staff. For instance, one resident talked about the special rollator they had received following a recent mobility assessment. A visiting GP also confirmed he had no concerns regarding the care provided to residents, who he described as "content and well cared for."

Care Records

Review of care records confirmed that a range of need and risk assessments was in place, covering areas such as falls, choking, oral health and moving and handling.

The home also completes bedroom fire risk assessments with each resident, which the registered manager advised were reviewed annually. Review of care records highlighted that this was not completed consistently, which was highlighted to the registered manager.

Review of care plans confirmed that these were individualised for each resident, including consideration of residents' capacity to make complex and non-complex decisions about their care. It was positive to note that care plans considered how to promote residents' independence and choice, such as rising and retiring times.

Care plans required further detail on residents' life history. For instance, some care records included a "My Preferences" tool, which had been completed with residents; however, this was not consistent. This information is important to ensure that residents' social, leisure and cultural needs are met and to contribute to activity planning in the home. Some care plans had also not been signed by the resident and/or relative to confirm their awareness and agreement.

While the inspector was satisfied that the home was adequately staffed to meet the basic needs of the residents, a shortfall was identified in relation to record keeping and how this could impact the effectiveness of aspects of care in the home. In addition, review of the monthly monitoring reports identified that some care records required updating, in line with the home's policy. Therefore, an area of improvement has been made. The home must

ensure that staffing levels are sufficient to meet the residents' needs at all times. This includes sufficient staffing to ensure that care records are consistently fully updated, reviewed and maintained to a high standard.

Annual Care Reviews

Review of records and discussion with the registered manager identified that the majority of annual care reviews had been completed. We discussed ways to improve the audit system to monitor and record this, including the home's attempts to arrange these meetings and receive copies of the minutes. Due to a change in care management within the health and social care trust, it appeared that some care reviews were overdue; electronic correspondence with the registered manager following the inspection confirmed a matrix system had been updated to record actions taken by the home to ensure this was monitored. This will be reviewed at the next care inspection.

Data Protection

Following the recommendations from the previous care inspection on 7 January 2019, the registered manager arranged for refresher training for staff on information governance. However, on the day of inspection, the inspector noted that this training was not fully embedded into practice. For instance, residents' medication records were left unattended on top of the medication trolley; residents' care records were left unattended on top of the staff work station; and care records were stored in a filing cabinet, which was not securely locked.

Discussion with the registered manager identified that the home had considered creating an enclosed office space, adding a door and windows to surround the staff's station. This would make arrangements more secure, and also provide additional privacy for telephone conversations. However, there were no plans in place for this to date, and so we discussed immediate improvements the home can make to ensure that records are treated confidentially at all times; for instance, providing lockable filing cabinets. This area for improvement has therefore been stated for a second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to meeting the immediate health and care needs of residents and supporting residents to maintain personal care.

Areas for improvement

Two new areas for improvement were identified during the inspection. These were in relation to record keeping and ensuring care records contain sufficient information on residents' life history, preferred activities and interests.

	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.

Culture and Ethos

Discussion with residents confirmed they were very satisfied with the compassionate care being provided in the home: "Staff treat me very well...staff are first class." One resident liked that: "there is a bit of banter with staff."

Observation of practice and discussion with staff highlighted that the staff on duty on the day of inspection were passionate about providing a high quality of care to residents. Staff were observed to have a lovely and friendly rapport with residents, and adapted their approach and communication style to the needs and preferences of the resident. For instance, some residents enjoyed laughing and joking with staff, while others were more quiet and reserved. Residents appeared to respond well to staff's gentle, kind and friendly approach.

Residents' routines were flexible depending on their expressed wishes and choices on the day: "I like that I can have my breakfast in bed and lunch in my room when I want...I choose what I wear." Another example was that one resident disliked the lunchtime meal and so an alternative was provided. One resident was due to have support with personal care, but wished to have a lie in: "I told staff I was having a wee doze, so I'll get my shower later and then they'll change my bed".

Staff who spoke with the inspector presented as highly committed and dedicated to their work: "I love it. I love the residents...I just have such a wee laugh with the residents, I love to make their day. I just think, what if it was your granny?" Staff also gave an example of how residents' requests are addressed in the home, for instance when a resident requested a specific piece of fruit, this was ordered the same week.

Resident Involvement

The majority of residents who spoke with the inspector and lay assessor confirmed that they felt included in decisions about their life in the home.

The minutes of the most recent residents meeting were reviewed. This confirmed that there were systems in place to ensure residents had opportunities to express their views and have their opinions heard.

The registered manager advised that feedback for the home's Annual Quality Review report was being collated. As the report was not yet completed, it was not available for inspection on this occasion.

Review of care records confirmed that there was documentation in place to seek written consent from residents and/or relatives, for example, consent form for the retention and use of photographs of residents. This is important to evidence that residents and their families are aware of, and in agreement with, the care being provided in the home and how personal and private information is managed. Of the four records reviewed by the inspector, three records had not been signed.

The registered manager outlined the arrangements in place for staff to seek written consent, and gave examples of where this has been unsuccessful. However, as these attempts had not been documented in the care records, the inspector was unable to verify this. The registered manager agreed to ensure that if a resident and/or relative is either unable to or declines to provide a signature of written consent, that this is recorded in care records. This area of improvement has therefore been stated for a second time.

Activities

The activities room had some Easter decorations, which residents had made such as paper Easter eggs and cards. There was a jovial atmosphere in the activity room, with 50's music playing and residents enjoying their morning snack. Residents reported enjoying listening to music and dancing: "I do the foxtrot!" Dementia friendly activities had been discussed and planned in conjunction with residents and relatives. For instance, some residents enjoyed feeling productive and taking part in activities they would have completed when living at home. On the day of inspection, some residents were enjoying sorting and organising socks from the laundry and confirmed that they enjoyed this activity. Discussion with the home's Personal Activity Leader (PAL) identified that she had an excellent understanding of how to maximise opportunities to engage and involve residents in these activities, for instance reminiscing about the housework and chores residents completed as a child.

The PAL presented as enthusiastic and committed and advised she encouraged relatives to attend activities if this would encourage residents to engage: "I always try to do something different so people don't get bored." Staff also discussed how the most recent residents meeting had focused on activities and review of the minutes of the residents' meeting confirmed this. Residents had reported that the arranged activities were not consistent or advertised enough. Residents commented on the home's PAL: "You seem to be more of a carer... You have too much to do." The PAL outlined attempts made to engage male residents in activities, such as a men's lunch, which had limited success. Outings are offered, but can be hard to organise due to lack of interest from residents.

Due to the ongoing building work in the home, the weekly schedule of activities was not currently on display; however, the home's PAL stated that a range of activities was provided, including arts and crafts, ice cream socials, sandwich making day, bingo, games day, movies day and pamper sessions. Popular activities included pet therapy where residents got to feed, hold and bathe guinea pigs and dogs, as well as music and singing sessions. In the warmer weather, residents were reported to enjoy walks, bird watching, and tending to the garden patch. Weekends are usually busy with lots of visitors. On Sundays, a church visits the home to provide a service and the local choir sings. Staff reported, "There's always something on, some residents love dancing. Some residents will get one to one if they don't do groups, and families are aware that we respect people's choice" (about whether to attend groups)".

Despite these efforts, discussion with residents established that they were not entirely satisfied with activities provided in the home: "There's not very much to do during the day. Just watch TV. I would love to go outside to the shops... Not enough to do during the day – we just sit in the TV lounge. Nothing is organised... I find the days long – there's no entertainment." Some relatives stated, "Things have improved this last couple of months with activities for them (the residents)." Discussion with the registered manager highlighted how the other stated areas of improvement in relation to staffing levels and care records could enhance the home's provision of activities. For instance, when completing life histories

with residents, they could identify previous interests they would like to revisit. This may improve residents' engagement. Therefore, an area of improvement has been made in relation the activities provided in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and the enthusiasm and dedication of staff.

Areas for improvement

One new area for improvement was identified in relation to activities.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Management arrangements

Residents were aware of management arrangements and were positive about this: "Eleanor is a great manager...I'd recommend it here."

Staff described management as approachable and responsive: "All the managers are great with anything you need...Eleanor is very approachable, with anything at all that you want." Staff confirmed additional support was available through regular supervision, annual appraisals and team meetings.

Four Seasons Health Care, the home's registered provider, creates and updates the policies and procedures. Review of a sample of policy and procedures confirmed these were reviewed on a minimum three yearly basis. The registered manager outlined how these are easily accessible to staff on the home's computer or iPads.

Management oversight

Senior and managerial staff conduct 'daily walkabouts' to monitor and audit the quality of the care provided in the home. This provides additional assurances to ensure that quality is consistently maintained, and that issues raised by residents and/or relatives are being addressed. For instance, residents had reported that menu boards were not being updated; this is now included as part of the daily checks to ensure that the day's menu is accurately displayed. On the day of inspection, the inspector noted that the menu board accurately reflected the meal served to residents at lunch time and that a choice of meal was provided.

Eight residents reported they were happy with the choice and standard of meals provided, with some describing the food as: "brilliant!...There's always plenty to eat." Two residents reported

that the food: “was sometimes cold” and that there is: “no choice, but things have improved recently (after I complained).” The registered manager outlined how the home ensures the quality of the dining experience for residents, such as the use of a bain marie, a system used to keep food hot.

The registered manager had last completed a dining experience audit on 19 March 2019, where no issues were identified. We discussed how this audit could be further improved to address the concerns raised by residents. The registered manager advised that food thermometers are readily available in the home, and she will ensure to check the temperature as part of continued audits and reviews.

Thorough monthly monitoring visits and reports were conducted in the home. Initial review of these records identified some areas which had yet to be addressed. This was discussed with the registered manager who explained that the home was currently implementing new audit systems such as a new template to record and monitor NISCC registrations and alerts. Copies of this were provided to the inspector with additional assurance through the use of the NISCC online portal system.

Complaints

Residents confirmed that they knew how to make a complaint, and felt able to do so if needed. Open and transparent communication was encouraged, including the RQIA complaints poster being displayed in the home.

Correspondence and discussion with the registered manager outlined how concerns and complaints are addressed in the home. For instance, some relatives who spoke with the lay assessor expressed concern that information is not always communicated to all staff: “(Staff) don’t always read pass-over notes, or pass on information.” Staff outlined arrangements for ensuring effective communication in the home, including handovers at each change of shift, and a diary of appointments. A visiting GP confirmed he had no issues with communication with staff in the home. The registered manager described how communication methods are reviewed in the home.

An area of good practice was identified in relation to the registered manager’s response to issues and complaints raised by residents. One resident advised the inspector that a DVD player had gone missing from their bedroom, and they were annoyed that the home would not replace this. When this was discussed with the registered manager, she stated that she had not been made aware of this; if she had, she would have had no issue replacing this item immediately and would do so today.

Working Relationships

Staff were positive about their experiences working in the home: “It’s brilliant, I love it...we get on well with everybody, including families.” Staff advised that even agency staff have commented on how friendly and approachable staff are, compared to their experiences in other homes.

The registered manager arranged regular staff meetings in the home. The minutes of the most recent meeting on 15 January 2019 were reviewed. This meeting had focused on adult safeguarding and working practices in the home, including staff’s responsibility under whistleblowing. Discussion with the registered manager provided further context to this

discussion, including management's response to equality and diversity in the home. The inspector highlighted areas where the structure of the meeting minutes could be improved to provide further quality assurance.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified within this domain 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 Eleanor Dodson, 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 19 (5)</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection</p>	<p>The registered person shall ensure that information about a resident's health and treatment is handled confidentially at all times, by being stored securely.</p> <p>Ref: 6.5</p>
	<p>The Registered Person is working with the Estates Manager to create an enclosed area at the current work station on the top floor. Work to be completed by end of July 2019.</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 7.4</p> <p>Stated: Second time</p> <p>To be completed by: 15 July 2019</p>	<p>The registered person shall ensure that completed written consent forms, where used, are maintained within individual case records. If the resident and/or relative declines or is unable to sign the consent forms, this is also recorded.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: The Registered Person has sent a letter to all family members with any responsibility requesting they contact Home Manager or SCA to arrange an appointment so as consent can be obtained.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 5.3</p> <p>Stated: First time</p> <p>To be completed by: 15 July 2019</p>	<p>The registered person shall ensure information about the resident's life history and previous lifestyle, values and personal preferences is obtained on an ongoing basis and recorded within care records.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: The Registered Person has engaged with staff to ensure that this information is obtained and recorded in the residents care file.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 15 July 2019</p>	<p>The registered person shall ensure that the home plans and maintains a programme which includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p> <p>Ref: 6.6</p>

	<p>Response by registered person detailing the actions taken: An activity survey will be conducted with Residents to enable an enjoyable, purposeful, age and culturally appropriate activity programme to be developed.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: 15 July 2019</p>	<p>The registered person shall ensure that at all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements. This includes sufficient staffing levels to ensure that care records can be consistently maintained to a high standard.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: At time of inspection a revised staffing model was in place. Currently all beds are now operational and staffing is confirmed for 36 Residents as: Am 2 SCA's and 4 Care staff. PM 2 SCA and 3 Care Staff ND 1 SCA and 2 Care staff The Home is currently recruiting for a PAL 22 hours. The Registered Person has undertaken an audit of the care records and found these to be up to date .</p>
<p>Area for improvement 5</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2019</p>	<p>The registered person shall ensure that the building is decorated to a standard acceptable for the residents.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Registered Person is working with the Property Manager to ensure the ongoing redecoration programme for the Home continues which will include painting undertaken by the FSHC Regional Painters.</p>

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



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