



Unannounced Care Inspection Report 30 October 2018



Lisnisky Residential Home

Type of Service: Residential Care Home

Address: 16 Lisnisky Lane, Portadown, Craigavon, BT63 5RB

Tel No: 028 3833 9153

Inspectors: Alice McTavish and 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.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 14 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report. The residential care home is situated on the same site as Lisnisky nursing home.

3.0 Service details

| | |
|--|---|
| Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Claire Royston | Registered Manager: Jolly Joseph |
| Person in charge at the time of inspection: Jolly Joseph | Date manager registered: 9 May 2018 |
| Categories of care: Residential Care (RC) I – Old age not falling within any other category MP (E) – Mental disorder excluding learning disability or dementia – over 65 years LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment | Number of registered places: 14 |

4.0 Inspection summary

An unannounced care inspection took place on 30 October 2018 from 09.40 to 17.40.

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

The inspection assessed progress with any areas for improvement identified since the pre-registration inspection of the home 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 training and appraisal, adult safeguarding, care records, communication between residents, staff and other interested parties, listening to and valuing residents and to maintaining good working relationships.

Areas requiring improvement were identified. These related to the standard of cleanliness in the home, robust managerial oversight of environmental issues and to the staff duty rota.

Residents said that they enjoyed living in the home and that staff treated them well. A resident's representative said that they were pleased with the quality of care provided in the home.

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 | 1 |

Details of the Quality Improvement Plan (QIP) were discussed with Jolly Joseph, 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.

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 pre-registration inspection report, notifiable events and written and verbal communication received since the pre-registration inspection.

During the inspection the inspectors met with the registered manager, seven residents, two staff and one resident's representative.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Seven questionnaires were returned by residents or residents' representatives. No questionnaires were returned from staff within the agreed timescale.

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

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule
- Four residents' care files
- The home's Statement of Purpose
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews, accidents and incidents (including falls)
- Cleaning schedules (submitted after the inspection)
- Audits of the home's environment (submitted after the inspection)
- Equipment maintenance records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

- Individual written agreements
- Programme of activities
- Policies and procedures

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 18 June 2018

The most recent inspection of the home was an unannounced medicines management inspection.

6.2 Review of areas for improvement from the pre-registration inspection dated 12 February 2018

There were no areas for improvements made as a result of the pre-registration inspection.

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota identified that whilst it accurately reflected the staff working within the home, the working hours of the registered manager were not noted. Action was required to ensure compliance with the standards in this regard.

Staff induction records were examined during the pre-registration inspection of the home. The registered manager advised that no new staff had been recruited, hence induction records were not reviewed on this occasion.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules of training, staff appraisals and supervision were reviewed during the inspection. The registered manager advised that all areas of mandatory training were completed annually and that the organisation maintained records of all staff training.

Inspection of the records identified that all staff in the home had an annual appraisal. It was identified, however, that some supervisions were provided to the staff as a group instead of individual, formal supervision. The registered manager was advised that group supervisions could still be provided, but only in addition to the individual, formal supervisions. As the home had been registered for less than one year and the records indicated that some staff had been provided with individual supervisions, it was agreed that the schedule should be reviewed to ensure that all staff had a minimum of two individual supervisions in place annually. This area will be examined in further detail during future care inspections.

Discussion with the registered manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory.

The registered manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department; all pre-employment checks, including AccessNI enhanced disclosures, were undertaken for staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Records were retained of the dates of registration and payment of renewal fees. This information was audited on a monthly basis. Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was reviewed during the pre-registration inspection and found to be consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager and review of accident and incidents notifications confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained. Appropriate protection plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The registered manager advised there were no restrictions on movement of residents throughout the communal and private areas of the home and that no restrictive practices were used; there were keypads at doors to the treatment room, sluice room and to the doors to the stairwell to a lower floor for resident safety.

Inspectors noted that several residents smoked. Enquiries as to how staff ensured that residents smoked safely established that smoking materials (cigarettes and lighters) were managed by staff and made available to residents on request. This is considered a restrictive practice and the registered manager was advised that this should be described in the home's statement of purpose and residents guide. The registered manager immediately updated the statement of purpose and agreed to submit the residents' guide to RQIA; a review of the resident's guide identified that the arrangements for smoking were described.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The 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 internal environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Malodours were not detected in the home apart from in one bedroom; staff were able to provide a satisfactory account of how this was managed.

The residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. It was noted, however, that dust had accumulated on the skirting boards, light shades and on the top of picture frames in several bedrooms. In one bedroom, a call bell was not present and the bedspread was torn. In the communal areas, handrails and skirting boards were noted to be stained and dust present. In numerous areas the paint on wood and plaster was damaged. In the sluice room, the waterproof skirting had become detached from the wall. Whilst bathrooms, toilet frames and shower seats were clean, it was noted that the panel on one bath was loose and a piece of stained tissue paper was in the bath. All radiators had a fixed cover and there was evidence that dust had accumulated behind these covers. In the designated smoking room, the ashtray was full and there was ash on the floor. It was also noted that a linen store cupboard contained medical products (dressings) belonging to individual residents.

These issues were brought to the attention of the manager who took immediate action to replace the call bell and the damaged bedspread and to have the medical products removed from the linen store. At the end of the inspection it was evident that one bedroom had received a deep clean. The registered manager advised that work would commence the following day to deep clean the other bedrooms. The registered manager also advised that she would put in place arrangements to have the smoking room checked regularly throughout each day, the ashtray emptied and the area kept clean.

The registered manager advised that the organisation had already identified that the home was in need of a complete refurbishment and a plan was in place to commence work in early 2019. The refurbishment would include the change of a bathroom to a shower room and the replacement of the bath in another bathroom. In the meantime, arrangements would be put in place to repaint all areas of damaged woodwork and repair or replace the waterproof skirting in the sluice room and the bath panel.

It was agreed that action was required to ensure compliance with the regulations in regard to the standard of cleanliness in the home. The registered manager was requested to submit to RQIA within one week the completed cleaning schedules for the past four months, information on the arrangements for deep cleaning of the home, the environmental audits for the past three months and an action plan outlining the arrangements which were made or planned to address the issues identified, including timeframes for completion.

The registered manager submitted the requested information as agreed. A review of this information established that deep cleaning had not been consistently completed in the home. The action plan set out how each of the areas identified would now be addressed and provided timescales for work to be completed.

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

The registered manager completed a checklist for RQIA confirming that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary. The checklist confirmed that safety maintenance records for lifting equipment were up to date.

The home had an up to date fire risk assessment in place dated 28 June 2018 and all recommendations had been actioned or were being addressed. It was established that several residents smoked. A review of the care records of these residents identified that risk assessments and corresponding care plans had been completed in relation to smoking.

A review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems and means of escape were checked weekly and that emergency lighting was checked monthly; all equipment and systems were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents spoken with during the inspection made the following comments:

- “I haven’t had as many falls since coming here. I think there’s plenty of help around if we need it. The staff come to us straight away if we need anything.”
- “I had a call bell but it’s not there anymore. I think there could be more staff at night, just in case anything would happen, but there’s enough staff during the day.”
- “The home is kept clean and staff come to me when I use my bell.”

Staff spoken with during the inspection made the following comments:

- “I feel we have good staffing levels here. We also get good training and we have e-learning too and we keep up to date with that.”

Seven completed questionnaires were returned to RQIA from residents or residents’ representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified during the inspection. These related to the standard of cleanliness in the home and to the staff duty rota.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 1 |

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with General Data Protection Regulation (GDPR).

A review of the care records of four residents 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. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/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 they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The lunch time service was observed. It was noted that the dining room provided a pleasant environment for eating. A variety of cold drinks was available and tea and coffee was served after the meal. There were two choices on offer and portion sizes were appropriate. Additional food was offered. Residents were encouraged to eat well and were given some assistance, when required. One resident shared with inspectors a degree of dissatisfaction regarding the food offered but also acknowledged that staff always offer an acceptable alternative. The resident was observed to eat well at lunch time.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

The registered manager advised that none of the residents currently accommodated had broken skin and any wound care would be managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on residents' skin. Staff had received training in wound care and were familiar with the route of referral to the multi-professional team.

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. Audits of risk assessments, care plans, care reviews and accidents and incidents (including falls) were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

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, residents' meetings, staff meetings and staff shift handovers. Staff reported that they had received training in customer care. Minutes of staff meetings and resident meetings were reviewed during the inspection. A separate residents' representatives meeting was planned for the near future.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Residents spoken with during the inspection made the following comments:

- “The girls (staff) are good. They would notice if you weren’t yourself. They would come and have a talk with you and see what’s wrong.”
- “The staff make sure that I get up in time every morning for the district nurse to give me my injection.”

Staff spoken with during the inspection made the following comments:

- “The residents get the support they need. We (staff team) are here for the residents. If the residents can do most things for themselves, we make sure we encourage them to do that. We make sure that they keep their dignity and keep as much of their independence as possible.”

Seven completed questionnaires were returned to RQIA from residents or residents’ representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

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 interested parties.

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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager, staff and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents’ rights, independence, dignity and how confidentiality was protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Menus and the activity programme, for example, were written in a large print format.

Discussion with staff, residents, a representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

The home had been registered for less than one year. Residents will be consulted with, at least annually, about the quality of care and environment. The findings from the consultation will be collated into a summary report and any action plan will be made available for residents and other interested parties to read.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. 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:

- "There are activities to do here. We play word and ball games and the staff take us out for walks, if we are interested. I like living here."
- "We like to watch a lot of television. We also play bingo and have sing-alongs. A clothing retailer comes here so we can choose to buy our own clothes. There is an activities person who also comes in. The food is nice and we get plenty to eat. It's nice to have the company of all these other people."
- "We get top to toe pampering, hair, nails and feet. The staff soak our feet in warm water and massage them. It's lovely! There is a hairdresser who comes in twice a week too."
- "It's like a home from home. The staff have been very good to me. I haven't been here very long, but the staff have taken the time to get to know me. The food is very good, in fact they give me too much to eat! I get visits from my family and they are all made welcome by the staff. I'm happy here and I have plenty of company."
- "The staff are very good to me and take care of me. I have no complaints, but if I had any problems I would go to (two named members of staff) for they are lovely girls and they would help me. I'm glad I came here, for I don't have to worry about anything."

A resident's representative spoken with during the inspection made the following comments:

- "My (relative) is in hospital and is due back soon. She just can't wait to get back here, she absolutely loves it! Her health, especially her mood, has really improved since she came here. She knows that the girls (staff) are around to help her and they are great with her. She loves having the company of the other residents too. The staff are absolutely excellent and they couldn't do enough for (my relative) or me. If I had any issues, which I don't, I know I could go to any of the staff. It's great here!"

Seven completed questionnaires were returned to RQIA from residents or residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

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 and advised that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

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

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

The registered manager advised that no complaints had been received since the home had been registered. A review of the templates which would be used to record complaints confirmed that effective arrangements were in place to manage such complaints. Records of complaints would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. The registered manager advised that arrangements were in place to share information about complaints and compliments with staff. Should complaints be frequently received, an audit would be used to identify trends, drive quality improvement and to enhance service provision.

The home retained compliments received, for example, thank you letters and cards and there were systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff, for example, Dysphagia, Hydration and Health, Nutrition and Malnutrition in Older People. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, palliative care and pressure ulcer care.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

A review of the cleaning schedules and the environmental audits submitted following the inspection identified that the issues relating to cleanliness had not been recognised by the registered manager or during the visits by the registered provider. This represented a shortfall in the governance arrangements. Action was therefore required to ensure compliance with the regulations in relation to robust managerial oversight of environmental issues.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager advised that the registered provider was kept informed regarding the day to day running of the home through telephone calls, emails and visits to the home.

The registered manager advised that any changes to the management structure of the home or registered persons would be managed to minimise any adverse effects on the home or the residents accommodated.

The registered manager reported 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 was displayed.

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Seven completed questionnaires were returned to RQIA from residents or residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection. This related to robust managerial oversight of environmental issues.

| | 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 Jolly Joseph, 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 27. – (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p> | <p>The registered person shall ensure that all areas identified in relation to the cleanliness of the home are addressed.</p> <p>Ref: 6.4</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>All identified areas in relation to the cleanliness of the Home has been addressed. The replacement floor in the sluice room is awaited. All Domestic staff vacancies have been filled. The Resident's smoking room has been painted and the ash tray is emptied twice a day with a schedule in place to address this area. All radiator covers have been lifted and the area behind them cleaned. One bath has been replaced and other will be converted to a shower room as part of the refurbishment plan.</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 13. – (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p> | <p>The registered person shall ensure that a system of robust managerial oversight of environmental issues is put in place.</p> <p>Ref: 6.7</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>A Domestic staff meeting has been held on 2nd November 2018 and the identified issues discussed. A supervision session has been carried out regarding the competition of cleaning schedules. The Home Manager will monitor the cleaning schedules on a monthly basis and spot checking weekly.</p> |
| <h3>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</h3> | |
| <p>Area for improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p> | <p>The registered person shall ensure that the working hours of the registered manager are noted on the staff duty rota.</p> <p>Ref: 6.4</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>The Home Managers working hours are now noted on the staff duty rota.</p> |

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



The Regulation and
Quality Improvement
Authority

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