



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection Report 6 November 2018



Dunmurry Manor Residential Care Home

Type of Service: Residential Care Home

Address: 2A Hazel Avenue, Dunmurry, Belfast, BT17 9QU

Tel No: 028 9061 0435

Inspector: Alice McTavish

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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 36 beds that provides care for people who have dementia. This home is situated in the same building as Dunmurry Manor Nursing Home.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager: Michelle Montgomery
Person in charge at the time of inspection: Isabel Neves, deputy manager	Date manager registered: 6 July 2018
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: A maximum of 36 residents in category RC-DE to be accommodated on the Ground Floor.

4.0 Inspection summary

An unannounced care inspection took place on 6 November 2018 from 09.50 to 18.40.

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 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, audits, reviews and governance arrangements, the culture and ethos of the home and maintaining good working relations.

Residents said that they enjoyed living in the home and that staff were kind to them. Residents' representatives said that they were happy with the quality of the care provided to residents and that staff treated residents and their families well. Visitors to the home commented positively on the welcome provided by staff, the number of staff on duty, staff response to queries or any issues raised and to the cleanliness and warmth of the environment.

The lay assessor commented, "I felt such a positive atmosphere on entering Dunmurry Manor and was received very well by the staff. I noted that the staff interaction with the residents was just great. They appear to be so kind and considerate to them, I observed this continually. Any family member I spoke with stated they (staff) are like this all the time with the residents and not just due to the RQIA inspection today....a happy place!"

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	0	0

Details of the Quality Improvement Plan (QIP) were discussed with Isabel Neves, deputy manager and Lisa Gibson, manager of the residential home, 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

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report.

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, notifiable events and any written and verbal communication received since the pre-registration inspection.

During the inspection the inspector met with the deputy manager, the manager of the residential home, one resident, two care staff, the chef, four members of ancillary staff and one visiting professional. The lay assessor met with six residents and four residents' representatives.

A total of 20 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. One questionnaire was returned by a resident's representative. No questionnaires were returned by staff within the agreed timescale.

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

- staff duty rota
- induction programme for new staff
- staff supervision and annual appraisal schedules
- staff competency and capability assessments
- staff training schedule and training records
- two staff files
- three 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), environment, catering and the mealtime experience, Infection Prevention and Control (IPC), residents' weights, health and safety checks
- equipment maintenance records
- accident, incident, notifiable event records

- minutes of recent residents' meetings and residents' representative meetings
- reports of visits by the registered provider
- legionella risk assessment
- fire safety risk assessment
- fire drill records
- maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- programme of activities
- policies and procedures
- the home's Certificate of Registration
- employers liability insurance certificate

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 5 September 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

6.2 Review of areas for improvement from the pre-registration inspection dated 7 June 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 deputy manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met.

The deputy manager advised that agency staff were used in the home and described how such staff were block booked in order to ensure, as far as possible, continuity of staff who were familiar with the individual needs of residents. The deputy manager further described the system in place to ensure that agency staff who presented for duty in the home had their photographic identity checked against the profile sent to the home by the agency and that they had completed an induction. 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, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The deputy manager advised that the organisation had also introduced a handbook covering a wide range of areas to be used for senior care staff inductions.

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 manager of the residential home advised that all mandatory training was provided annually and that staff training was closely monitored through monthly audits.

Discussion with the deputy 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.

A review of the recruitment and selection policy and procedure during the pre-registration inspection of the home confirmed that it complied with current legislation and best practice. Discussion with the deputy manager and review of two staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The deputy manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The deputy manager advised that records were maintained of the dates of registration and renewal for all care staff and that registrations were audited monthly. Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy was reviewed during the pre-registration inspection and was 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 and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the deputy manager and a review of accident and incidents notifications confirmed that any 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 deputy 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 deputy manager advised that a small number of restrictive practices may be employed within the home. There were locked internal and external doors with keypad entry systems. Pressure alarm mats were used for some residents to alert staff that they had left their beds. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the statement of purpose and residents' guide.

The deputy manager advised 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 care, laundry and domestic 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. IPC compliance audits were undertaken and action plans developed to address any deficits noted.

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. It was noted, however, that the toilet rolls in the communal bathrooms were not covered. This may present a risk of infection. This was discussed with the deputy manager who gave a verbal undertaking to have these enclosed in wipeable dispensers. It was later confirmed in writing that this work had been completed.

The deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the Trust and RQIA with appropriate records retained.

The deputy manager reported that best practice guidance was used in the home to prevent falls and to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The en-suite bathrooms for each resident were clean and well equipped. The home was fresh-smelling, clean and appropriately heated, although it was noted that the carpet in the large lounge was stained. This was discussed with the deputy manager who advised that the carpet was washed regularly but the stains could not be effectively removed. A plan was already in place to provide new, easily washable flooring in early December 2018. Discussion with the home's maintenance person established that a system was in place to alert him of any areas that required attention and these were addressed immediately.

Inspection of the internal and external 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. No malodours were detected in the home.

The deputy 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 etc.

The home had an up to date Legionella risk assessment in place dated 3 May 2018.

The deputy manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The deputy manager confirmed that safety maintenance records for lifting equipment were up to date; certificates were present in the home's safety files.

The home had an up to date fire risk assessment in place dated 31 July 2018 and no recommendations had been made.

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 deputy manager described the measures in place to ensure that night staff were included. The records noted the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and 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:

- "It is warm and clean here and my bed is comfortable."
- "The cleanliness is good here."
- "My bed is comfortable and I have enough pillows. The staff keep everything very clean."

Residents' representatives spoken with during the inspection made the following comments:

- "The home is kept very clean. I check the temperature in my (relative's) room and it is always warm"
- "I find it (the home) very nice. I visit two or three times each week and I can see that there is always plenty of staff around. My (relative) has only been here a few weeks, but it is all good so far and I don't see any difference with the care today just because there is an inspection on. If (my relative) has an accident, he is changed right away and is kept clean. There are no bad smells. The staff are very good to the residents."
- "My (relative's) room is perfect as it is en-suite and it gives much more space than some older homes. The bed seems very comfortable and there are plenty of pillows. The cleanliness in the home is fine. I think the staff have a very good relationship with (my relative), and not just because they are being inspected today. The staff are very kind."

Staff spoken with during the inspection made the following comments:

- “We get lots of training and we have regular supervision with our manager. We can also go to our manager for informal supervision if we need it and it really helps to know that we can go to her at any time. Management makes sure that we are registered with NISCC. I know that all agency staff get a proper induction as I see it happen.”
- “We get a good induction when we come to work here and there is lots of training too. I feel there is enough staff on duty to meet the needs of the residents.”

Visiting professionals spoken with during the inspection made the following comments:

- “I think the care here is great. I am often here twice a day and I find that the residents always appear to be relaxed and contented. The staff treat the residents with great courtesy. They know their residents very well and they are very good at keeping in contact with us if there are any concerning changes in resident care. I would have no concerns about the quality of care in Dunmurry Manor, as my experiences have been positive.”

One completed questionnaire was returned to RQIA from a resident’s representative. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Comments received from a resident’s representative was as follows:

- “Prior to choosing a care home for (my relative), I visited some ten other homes. In light of these visits I rated Dunmurry Manor as number one. It’s still number one in my book. The care (my relative) receives is consistent and regular, day after day. The attitudes of the various members of staff remain consistent day after day.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding and the home’s environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussion with the deputy 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 three 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. moving and 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.

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 inspector observed the lunch time dining experience. The dining rooms were bright and clean with tables attractively laid. Menus were displayed on each table and, being mindful that residents may need additional support to make individual choices, sample plates of each offering were shown to residents to allow them to indicate their preference. Food was served from a bain-marie to ensure that all food and plates were warm. Care staff were in attendance to encourage residents to eat and drink. Extra portions of food, drinks, gravy and custard were offered and provided on request. Staff gave residents assistance and support where needed in a manner which preserved the dignity of residents.

Inspection of the catering kitchen found it to be clean, spacious and well equipped. The inspector spoke with the chef and the kitchen assistant who described and demonstrated the systems in place for ordering and storing catering provisions. The chef advised that the organisation's catering manager was very supportive, there was no difficulty in ordering supplies or equipment and that there was always a contingency plan in place for any disruption to the usual supplies due, for instance, to bad weather. The chef advised that he met with all new residents and/or their families to establish individual preferences; menus were changed regularly to meet the preferences of residents and there were arrangements in place to cater for the needs of residents who were diabetic or vegetarian.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. This was described by the chef and by care staff. The chef advised that he was provided with the monthly weight records of residents and changes in weight were highlighted. Inspection of the weight charts identified that there were no residents at nutritional risk; the weight of all others had remained stable and some residents had gained weight. The chef described also how residents' weights were audited in the visits by the registered provider. Action plans were devised for any resident at risk and this information was shared with the chef who liaised directly with trust dietitians.

The chef advised that all staff, including kitchen staff, had been provided with training in the new International Dysphagia Diet Standardisation Initiative (IDDSI).

Care staff advised that there were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care plans and associated risk assessments.

The deputy manager advised that there were no residents currently accommodated who needed pressure relieving equipment for the management of damaged skin. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals would be made to the multi-professional team to address areas of concerns identified in a timely manner; any wound care would be managed by community nursing services.

The deputy 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 review, accidents and incidents (including falls, outbreaks), IPC, environment, catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. The deputy manager also advised that unannounced night time inspections were undertaken by senior managers. Further evidence of audit was contained within the reports of the visits by the registered provider.

The deputy 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. Minutes of staff meetings and resident meetings were reviewed during the inspection. Separate representative meetings were also held.

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

A review of care records and discussion with a visiting professional 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 staff are very good and they help me whenever I need it."

Residents' representatives spoken with during the inspection made the following comments:

- "Clothes are washed daily and are returned the next day at the latest. I know who to go to if I have any complaints."

One completed questionnaire was returned to RQIA from a resident's representative. The respondent 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, audits and reviews 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 deputy 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 deputy manager advised that consent was sought in relation to care and treatment; evidence of how consent was sought and obtained was contained within care records. 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 and dignity and how confidentiality was protected.

Discussion with staff and residents' representatives confirmed that residents' spiritual and cultural needs were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, anxiety or distressed reactions, where appropriate.

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, pictorial format.

Discussion with staff, residents, representatives 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. The deputy manager advised that residents would be consulted with, at least annually, about the quality of care and environment. The findings from the consultation would be collated into a summary report and action plan which would be made available for residents and other interested parties to read.

Discussion with staff, residents and 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' representatives expressed their satisfaction with the activities provided for residents by staff and on the availability of the café area in the home which provided a pleasant social area for residents and their families to meet.

Residents spoken with during the inspection made the following comments:

- "The staff are ok, they are good, yes. I am able to get a good sleep at night. I like doing exercises. The food is ok."
- "Oh gosh, yes, I am happy here. It's warm and very clean, my bed is good and the food is great. I know all the names of the staff."

- “They (staff) are good to me here. There is nothing that I would change. The food is good, cleanliness is good and my bed is comfortable. I am quite happy and if something was wrong, I would go to the boss.”
- “The staff are very kind. I love it here.”

Residents’ representatives spoken with during the inspection made the following comments:

- “The meals are good.”
- “They (staff) are indeed good to (my relative) and there is a nice atmosphere here. I knew straightaway that this was the place for her. I am very pleased with the staff. They had her up dancing one day!”
- “The staff are very good, very kind and attentive. My (relative) is well looked after. The home is always clean. My (relative) liked sitting outside during the summer and the staff made sure she had a hat on and made sure that she and the other residents sat in the shade so they wouldn’t get burnt. When (my relative) had a fall, the staff let me know. I know who to go to if I had any complaints, but I’ve never had any cause to complain.”

One completed questionnaire was returned to RQIA from a resident’s representative. The respondent 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 deputy 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 deputy 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 had received training on complaints management and were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

A 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 in staff meetings, individual staff supervisions and in daily handovers. Although complaints were infrequently received, a monthly audit of complaints was 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 deputy 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.

There was evidence of managerial staff being provided with additional training in governance and leadership. The manager of the residential home was in the process of completing the Quality and Credit Framework (QCF) level five qualification in residential management. The deputy manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the deputy manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, equality and diversity and Human Rights.

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.

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 deputy manager stated 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. Managerial staff advised that senior management throughout the organisation were approachable, contactable and supportive at all times.

The deputy 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 and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The deputy 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.

The deputy manager described the arrangements in place for managing identified lack of competence and poor performance for all staff.

Residents spoken with during the inspection made the following comments:

- "It's good here, but I know who to go to if anyone was messing about! I would go to the boss!"

Residents' representatives spoken with during the inspection made the following comments:

- "My daughter would complain if she had to – she did it once about the laundry. The laundry does sometimes get mixed up. If you go to them (staff) they rectify it."

One completed questionnaire was returned to RQIA from a resident's representative. The respondent 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 governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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