

Unannounced Care Inspection Report 26 July 2018



Ratheane Care Home

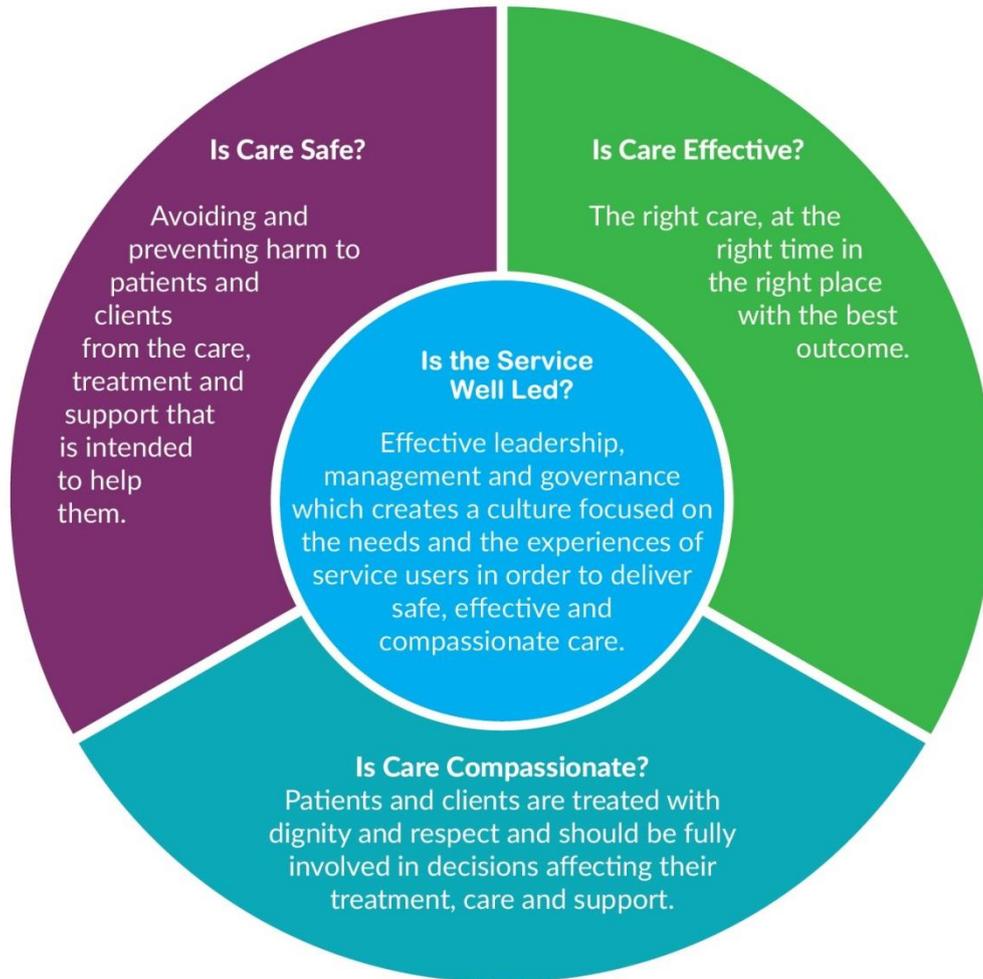
Type of Service: Residential Care Home
Address: 58 Mountsandel Road, Coleraine, BT52 1JF
Tel No: 028 7034 4299
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a residential care home with seventeen beds that provides care for older people or people who have a disability.

3.0 Service details

Organisation/Registered Provider: Macklin Group Responsible Individuals: Brian Macklin Mary Macklin	Registered Manager: Araceli Flores
Person in charge at the time of inspection: Araceli Flores	Date manager registered: 22 September 2017
Categories of care: Residential Care (RC) I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH (E) – Physical disability other than sensory impairment – over 65 years	Number of registered places: 17

4.0 Inspection summary

An unannounced care inspection took place on 26 July 2018 from 09.00 to 15.00.

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

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

Evidence of good practice was found in relation to staff recruitment and training, infection prevention and control, risk management, care records, audits and reviews, listening to and valuing residents, governance arrangements and maintaining good working relationships.

Areas requiring improvement were identified. These related to competency and capability assessments for staff left in charge of the home, the home's environment, residents' meetings and policies and procedures.

Residents said that they enjoyed living in the home and that staff treated them very well.

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	3

Details of the Quality Improvement Plan (QIP) were discussed with Araceli Flores, 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the pre-registration inspection on 8 September 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP and notifiable events received since the previous care inspection.

During the inspection the inspector met with the registered manager, four residents, two care staff and the cook. No visiting professionals and no residents' representatives were present.

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. No questionnaires were returned by residents, residents' representatives or 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 training schedule and training records
- Two staff files
- Four residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), Infection Prevention and Control (IPC), Northern Ireland Social Care Council (NISCC) registrations
- Equipment maintenance records
- Accident, incident, notifiable event records
- 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

Areas for improvement 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 1 May 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 last care inspection dated 8 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 6 (a) Stated: First time	The registered person shall ensure that the home's Statement of Purpose and Residents' Guide are reviewed to describe and include any restrictions used within the home. Ref: 6.1	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the home's Statement of Purpose and Residents' Guide confirmed that they were reviewed to describe and include any restrictions used within the home.	

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. No agency staff were used in the home. 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. Staff described the day shift as being very busy, but stated that the needs of residents were always met. 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 registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

In discussion with the registered manager it was identified that competency and capability assessments were not 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. The registered manager advised that work was being commenced on a suitable assessment template for this and that staff competency and capability assessments were to be completed in the near future. Action was required to ensure compliance with the regulations in this regard.

Discussion with the registered 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 registered 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). Records were maintained of care staff noting the dates of registration with NISCC and the dates of annual payment of fees. The registered manager also undertook spot checks of NISCC registrations.

The adult safeguarding policy in place was 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.

The registered manager advised that no adult safeguarding issues had arisen since the pre-registration inspection. The registered manager was knowledgeable about the system in place to ensure 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 to be retained.

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.

Staff in the home advised there were a small number of restrictive practices employed within the home. The front door to the home was locked for security and a keypad entry system was in operation. The code was supplied to residents' relatives and to any resident who was assessed as safe to leave the premises unaccompanied. The door to a stairwell was also controlled by keypad. Wheelchair lap belts were used for those residents who needed assistance to mobilise over longer distances. Pressure alarm mats were used for a number of residents to alert staff that they had left their beds. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

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.

IPC compliance audits were undertaken and action plans developed to address any deficits noted.

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.

Audits of accidents/falls were undertaken on 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 individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. It was noted that there was no wipeable covering on the lighting pull cord in an assisted bathroom. In the same bathroom, a very small mark was present under the toilet paper dispenser. In a toilet, it was noted that the lighting was insufficient. Action was required to ensure compliance with the standards in relation to the home's environment.

Inspection of the internal and external environment identified that the home and grounds were 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 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 etc.

The home had an up to date Legionella risk assessment in place dated 19 May 2017 and all recommendations had been actioned or were being addressed.

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

The registered manager advised that all safety maintenance records were up to date, including Lifting Operations and Lifting Equipment Regulations (LOLER).

The home had an up to date fire risk assessment in place dated 24 April 2018. The registered manager advised that all recommendations had been actioned and that the organisation's head office were to send written confirmation of this.

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, emergency lighting and means of escape were checked weekly and were regularly maintained. It was noted that the fire alarm in the building housing the residential and adjoining nursing home was accidentally activated on one recent occasion and that RQIA had not been notified of this. Advice was provided to the registered manager regarding events reportable to RQIA and a notification was submitted to RQIA in retrospect.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training, infection prevention and control and risk management.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to competency and capability assessments for staff left in charge of the home and to the home's environment.

	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.

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. moving and handling, bedrails, 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. An individual agreement setting out the terms of residency was in place and appropriately signed.

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. Care staff were able to describe the systems in place to regularly record residents' weights and to respond appropriately to any significant changes in weight. 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 cook was able to describe how the needs of individual residents were met through the provision of textured diets and how staff had access to the kitchen throughout the evening and night to make drinks and snacks for residents during these times.

Discussion with staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage. Inspection of wound care audits identified that referrals were made to the multi-professional team to address and areas of concern identified in a timely manner.

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 review, accidents and incidents (including falls, outbreaks), complaints, wound care, use of antibiotics, safeguarding 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, staff meetings and staff shift handovers. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection. In discussion with the registered manager it was established that residents' meetings had not taken place. Action was required to ensure compliance with the standards in relation to residents meetings.

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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

One area for improvement was identified during the inspection. This related to residents' meetings.

	Regulations	Standards
Total number of areas for improvement	0	1

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 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 and dignity.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home. A review of care records identified that preferences for end of life care were noted.

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, for example, were clearly displayed in the dining room.

Discussion with staff and residents 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. Residents were encouraged and supported to actively participate in the annual reviews of their care.

The registered manager advised that residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and an action plan was made available for residents and other interested parties to read. The report of the last consultation was being prepared and this will be examined during the next care inspection.

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

- "The staff are always about and they come to me quickly if I need anything. I get everything that I need, my room is kept very nicely, very clean. The food is lovely. I find the staff very kind. We go out on trips and the last time we went to a garden centre and I really enjoyed that. We go out about once a month during the good weather. There is always music and arts and crafts here and I have plenty to keep me busy during the day. There is also a church service and I enjoy going to that. It is very popular."
- "The staff come to you immediately if you need help, but I prefer to try to stay independent and the staff help me to do that. This is a lovely place – the staff are very good and they work very hard. They take the time to have a chat with us all, which I enjoy. We have a good lot of activities and we visited a local children's nursery. The children were very young, maybe four or five years old and they were lovely. They made us cards thanking us for coming to see them! The staff are very good at organising things like that."
- "The staff are very good and come to me when I need anything. They are very nice and helpful. My room is nice and they keep it very clean. I go out when my family comes to see me and they are always made welcome here. I like the food and there is always fresh juice in my room. I like the food and there's always plenty of it and good choices."

Staff spoken with during the inspection made the following comments:

- New staff get a good induction when they start here and we get supervisions and appraisals. The staffing levels are ok. Sometimes it gets very busy but we get good support from our senior care assistants and the manager. I had a family member who lived here and I would recommend Ratheane to anyone for the care is very good. Special occasions are always marked, for example, on residents' birthdays the cook bakes a cake and we hold a party. Gifts are bought for the residents at birthdays and at Christmas. Families were made welcome at all times, especially at Christmas when they can choose to eat Christmas dinner with their relative here 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, 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 stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Several areas of improvement were identified throughout the inspection which related to policies and procedures. Action was required to ensure compliance with the standards and are described below.

It was noted that the policy and procedures manual contained documents which pertained to the adjacent nursing home and the documents which related to the residential home contained references to nursing staff. This was inaccurate as Ratheane Care Home is a residential home staffed by care staff. The manager was advised that the manual for the residential home should contain documents for that home only and that the policies relating to the residential home

should be reviewed to ensure consistency of language. Advice was provided to the registered manager in respect of a review of all corporate documents, including the statement of purpose, residents guide and the individual written agreements, to ensure that these describe the residential home only.

The home had a policy on the use of restraint. The policy document did not state that notification must be made to RQIA on any occasion when a physical intervention is used to manage behaviours which challenge. The registered manager was reminded that if individual restraint was to be employed, RQIA and appropriate persons/bodies must be informed. Advice was provided in regard to including this within the policy document.

There was a complaints policy and procedure in place which was largely in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. The policy did not outline the arrangements for referral to those agencies which may be contacted if the complaint cannot be resolved locally.

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.

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. The registered manager advised that no complaints had been received since the pre-registration inspection of the residential home. Should complaints be regularly received, an audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA which were no longer accurate. 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. The registered 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.

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 registered 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.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered providers responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place. It was noted that this did not specify those agencies outside the home to whom staff could report poor practice, if necessary. Discussion with staff confirmed that they were knowledgeable regarding the process of whistleblowing. 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.

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

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

One area for improvement was identified during the inspection. This related to policies and procedures.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Araceli Flores, 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

Area for improvement 1
Ref: Regulation 20. – (3)
Stated: First time
To be completed by:
 31 October 2018

The registered person shall ensure that competency and capability assessments are 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.

Ref: 6.4

Response by registered person detailing the actions taken:
 Competency and capability assessment has been completed for persons in charge of the home in the absence of the manager.

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

Area for improvement 1
Ref: Standard 27.1
Stated: First time
To be completed by:
 31 August 2018

The registered person shall ensure the following:

- a wipeable covering is placed on the lighting pull cord in the identified assisted bathroom
- the lighting in the identified toilet is improved
- thorough cleansing of all toilet paper dispensers is included in routine cleaning schedules

Ref: 6.4

Response by registered person detailing the actions taken:
 Wipeable cover has been placed on lighting pull cord in the bathroom.

 Light bulb has been replaced with a clear bulb that produces a clear and bright light.

 Thorough cleaning is carried out daily, staff to ensure that regular checks are done throughout the day to ensure dispensers are kept clean.

Area for improvement 2
Ref: Standard 1.2
Stated: First time
To be completed by:
 31 August 2018

The registered person shall ensure that residents meetings are held with minutes retained noting the date, attendance, items discussed and action taken.

Ref: 6.5

Response by registered person detailing the actions taken:
 Residents meeting has been held and will be carried out at least twice a year. Minutes of the meeting will be retained, action taken will also be documented.

<p>Area for improvement 3</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2018</p>	<p>The registered person shall ensure that policies and procedures are reviewed as follows:</p> <ul style="list-style-type: none"> • the policy manual for the residential home should contain documents for that home only; policies relating to the residential home should use language relevant to residential care • the policy on the use of restraint should state that notification must be made to RQIA on any occasion when a physical intervention is used to manage behaviours which challenge • the complaints policy should outline the arrangements for referral to those agencies which may be contacted if the complaint cannot be resolved locally • the accident, incident and notifiable events policy and procedure should note reporting arrangements to RQIA using the web portal • the whistleblowing policy should note those agencies outside the home to whom staff could report poor practice <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Policy manual is under review and will reflect the above points. Statement of purpose has been updated to include arrangements for referrals to agencies who may be contacted if the complaint cannot be resolved locally.</p>

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



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