



# Unannounced Care Inspection Report 17 December 2018



## Brooklands – Dunmurry

**Type of Service: Residential Care Home**  
**Address: 42e Cloona Park, Belfast BT17 0HH**  
**Tel No: 028 9060 1020**  
**Inspector: Marie-Claire Quinn**

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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

Brooklands is a residential care home with eight beds that provides care for residents living with dementia. The home is a separate unit located in the same building as Brooklands nursing home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Brooklands Healthcare Ltd  <b>Responsible Individual:</b> Therese Elizabeth Conway	<b>Registered Manager:</b> Maureen Munster
<b>Person in charge at the time of inspection:</b>  Lorraine Allen, Senior Care Assistant, until 09.30  Maureen Munster, Registered Manager, from 09.30	<b>Date manager registered:</b> 10 July 2018
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Number of registered places:</b> 8 – RC-DE

### 4.0 Inspection summary

An unannounced care inspection took place on 17 December 2018 from 08.10 to 14.20. 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 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 the person centred care provided to residents, the communication between staff, residents and residents' representatives, governance arrangements and the home's environment.

Residents and their representatives said they were happy with the care provided in the home, and that staff were always polite, friendly and helpful.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Maureen Munster, registered manager and Julie McKearney, regional manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent pre-registration inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 1 June 2018

## 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.

During the inspection the inspector met with the registered manager, regional manager, five residents, two members of staff, one visiting professional and one resident's visitor.

A total of ten questionnaires was 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 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 schedules
- staff competency and capability assessments
- staff training schedule
- two staff files
- five residents' care files
- minutes of staff meetings
- complaints records
- audits of risk assessments, care plans, accidents and incidents (including falls, outbreaks), complaints, environment, Infection Prevention and Control (IPC)
- accident, incident, notifiable event records
- reports of visits by the registered provider
- Statement of purpose and residents guide

Records of fire drills, fire safety training, legionella risk assessment, the fire safety risk assessment and the maintenance records of fire alarm systems, emergency lighting and fire doors were not immediately available on the day of inspection; these were later submitted to RQIA electronically.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 1 June 2018**

The most recent inspection of the home was an announced pre-registration inspection. The completed QIP was returned and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 1 June 2018**

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.6 and 20.9  <b>Stated:</b> First time	The registered person shall include information in relation to accessible outside space in the Statement of purpose and Residents' Guide	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Discussion with the registered manager and review of the home's Statement of Purpose and Residents' Guide confirmed that these were amended to include information regarding accessible outside space.	

**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. Agency staff were not used in the home, although due to current vacancies, some staff from the nursing home were used to cover some care shifts. The registered manager advised that this did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home. Recruiting suitable care staff remained a top priority for the home.

No significant concerns were raised regarding staffing levels during discussion with residents, a resident's visitor and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home on the day of inspection.

A review of two staff files and discussion with the registered manager 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 of training, supervision and staff competency and capability assessments were reviewed during the inspection and found to be satisfactory.

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).

It was established at the pre-registration inspection that the home had an adult safeguarding policy in place which 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 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.

The registered manager advised that no adult safeguarding issues had arisen since the last care inspection. Staff remained aware that any suspected, alleged or actual incidents of abuse should be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager advised 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 policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). The registered manager advised there were restrictive practices within the home, notably the use of keypad entry systems, pressure alarm mats and management of smoking materials. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. The registered manager confirmed that restrictive practices were described in the statement of purpose and residents' guide and would be updated to reflect any changes.

The registered manager confirmed an infection prevention and control (IPC) policy and procedure was 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. Observation of 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, alcohol hand gels and disposable towels wherever care was delivered. Cleaning was in progress throughout the day, with liquid soap being replaced in communal bathrooms as required. 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, including audits of environment, were undertaken and action plans developed to address any deficits noted. The most recent audit was completed in December 2018 and no deficits identified.

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.

The registered manager advised that there had been no falls in the home to date. A system for auditing accidents/falls was in place to allow for any themes and trends to be identified and for action plans to be developed to minimise the risk where required. Referrals would be 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. Some residents chose to have Christmas decorations in their room. The home was fresh-smelling, clean and appropriately heated. 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. The home was decorated for Christmas with a tree, window decorations and Christmas cards. Staff described the home as "serene" and on the day of inspection, a calm and quiet atmosphere was apparent.

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) and smoking.

It was established that some residents smoked. A review of the care records of these residents identified that risk assessment and corresponding care plans had been completed in relation to smoking. The assessment took account of contributing factors pertaining to the risk such as medical conditions and subsequent prescribed interventions, as well as current safety guidance.

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 weekly; a log of visits and a hard copy of relevant alerts were maintained by the registered manager. Staff could access this file or review the information electronically, to ensure shared learning.

Documents submitted by the registered manager following the inspection indicated that the home had an up to date fire risk assessment in place dated 28 May 2018. Fire safety training and fire drills had taken place on 30 May, 12 September and 22 November 2018; each drill had included the use of horizontal evacuation using evacuation sleigh. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were regularly maintained. Review of care records confirmed that individual resident's had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents, staff, one visiting professional and a resident's visitor spoken with during the inspection made the following comments:

Residents:

- "This is a great place. It has plenty of staff. The girls (staff) are always about."
- "It's lovely."

Staff:

- "I think there's enough staff... the only time we might be short is if staff phone in sick, but this always gets covered. We are able to work together."
- "It's very safe here, we look after them (the residents) and they get what they need...yeh, there's regular fire drills and plenty of training."

Visiting professional:

- "Staff are lovely. Always helpful. The residents seem content."

Resident's visitor:

- "My (relative) is happy here, I think it's very safe. I've never had concerns about staffing levels, but having more consistent staff would be good – there is always familiar staff about, but others can change."

## **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision, infection prevention and control and the home's environment.

## **Areas for improvement**

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 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 included the arrangements for the creation, storage, maintenance and disposal of records. On the day of inspection, the registered manager completed some filing, ensuring that all records were stored safely and securely in line with General Data Protection Regulation (GDPR).

The care records of five 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, oral health, nutrition, continence) 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. Systems were in place which set an electronic reminder to staff to complete care plan reviews on a monthly basis. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. The care records included the views and input of residents' relatives, where appropriate.

Discussion with and observation of staff confirmed 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. Each resident had a preferred rising time, and some chose to have a lie in. Some residents preferred spending time in their bedrooms, but would join the other residents in the lounge area if there was an activity they were interested in. Residents were also given a choice of when they would like to attend to personal care.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dining tables were clean, with brightly coloured tablecloths and small Christmas themed centrepieces. Mealtimes were observed to be relaxed and residents appeared to enjoy their food. Breakfast was provided as and when residents requested this, rather than a set time in the morning. Residents had a choice of cereal and toast, including freshly baked scones. Staff were aware of each resident's usual preferences for breakfast, and were aware of which residents preferred some support at meal times, for example, with cutting toast. Residents were encouraged to dine independently, with staff available for support if required. During lunch, residents had a choice of a hot or cold meal. If the resident had changed their mind about their selection, another option would be provided.

The home's cook visited during the lunch period to ensure the residents were satisfied with their meals. Staff provided residents with hot and cold drinks throughout the day.

Systems were in place, such as the Malnutrition Universal Screening Tool (MUST) 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.

Discussion with the registered manager, a visiting professional and staff confirmed that any wound care would be managed by community nursing services. Referrals were made to the multi-professional team to address any concerns 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, accidents and incidents (including falls, outbreaks), complaints, environment, safeguarding and use of restraint 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. Staff completed both written and verbal handovers, and these records were also audited by the registered manager to ensure that all identified needs had been addressed. Minutes of staff meetings were reviewed during the inspection and found to be satisfactory. The registered manager discussed the home's intention to arrange a residents' representatives meeting in early 2019.

Observation of practice evidenced that staff were able to communicate effectively with residents. On the day of inspection, all staff presented as patient and responsive to the needs of the residents. Any signs of distress or agitation were immediately attended to. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, copies of the visits by Registered Provider reports and latest RQIA inspection reports were retained in the main staff office. As the residential home has only been registered for six months, the annual satisfaction survey report and annual Quality Review report were not yet required; these may be reviewed at future inspections. The home had recently recruited an additional activities co-ordinator, and their role will include gathering feedback from residents and their families, as well as arranging a residents and representatives meeting in early 2019.

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.

A resident, staff, one visiting professional and one resident's visitor spoken with during the inspection made the following comments:

Resident:

- “I’ve got what I need. We get something to eat four times a day, and plenty of tea and juice.”

**Staff:**

- “All the staff make sure everyone is cared for but we encourage people to be independent as well. It’s important that they (the residents) keep those skills.”
- “They (residents) get looked after, get their personal care. We encourage independence as much as we can. There’s more time for one to one chats here, which I like.”

**Visiting Professional:**

- “I’m not here all the time, but when I have been, the staff have been welcoming. They bring you to the resident, and stay there in case they are needed. I think residents are getting the help they need.”

**Resident’s visitor:**

- “The residents seem to get what they need...you would never see the staff just sitting around talking to each other – they are always busy helping residents.”

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified within this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 and staff advised that consent was sought in relation to care and treatment. Review of care records evidenced that consent was considered and residents’ representatives involved in the process. There were written consent records for the use of photographs; however there was no record of written consent for nightly checks, access to records, or to management of smoking materials. This was discussed with the registered manager, who immediately began to address this. Consent forms were created on the day, and staff were advised to begin seeking signatures as required.

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; for example, visitors were asked to respect meal times, in order that residents had support from staff and privacy while eating. Staff described how they would knock bedroom doors before entering and seek consent before offering support with eating. Staff also described how they maintained residents' dignity and privacy while providing personal care, for example, keeping residents covered with towels after bathing or showering and encouraging independence where possible.

Discussion with staff 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. This was further evidenced by the review of care records; care plans were in place for the identification and management of pain, falls, fluid intake and nutrition, 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. Several posters were displayed throughout the home advising of Christmas mass service and Christmas jumper day. Notice boards displayed the day, date and weather. The menu for lunch and dinner was updated daily on a blackboard in the lounge/dining area.

Discussion with staff, residents, one resident's visitor, one visiting professional 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. For example, residents and their representatives were encouraged and supported to actively participate in their pre-admission assessment and care plans. Other systems of communication included visits by the registered provider.

Discussion with staff, residents and observation of practice confirmed that residents were enabled and supported to engage and participate in activities, such as bocchia. There was a selection of crosswords, puzzles, books and games in the lounge area, as well as a TV and radio. The registered manager had ensured that a dementia friendly newsletter was readily available, which enabled the residents to reminisce about music, films and past events.

Arrangements were in place for residents to maintain links with their friends, families and wider community. On the day of inspection, an Irish language speaking primary school visited the home for a carol service. Staff advised that residents enjoyed the weekly visits from the "music man" who plays the guitar and sings.

Residents, staff, one visiting professional and one resident's visitor spoken with during the inspection made the following comments:

Residents:

- "The girls (staff) are lovely. I'm good at playing bowls."
- "I'm fine here."

Staff:

- "The priest doesn't come in often enough for the residents; we've asked, but he just doesn't have the time. But we make sure they (the residents) get confession when they need it, and do the rosary on Thursday evenings and Friday nights. There's a Christmas mass here this week."

- “There could maybe be slightly more activities for the residents, but we all try, and we’re getting another activity co-ordinator. The women like getting their hair done and their nails painted. The men seem to enjoy the games, singing and music more; they’ll go downstairs when something’s on.”
- “I’ve arranged for the primary schools to come in and visit; the residents love the carols and the singing.”

Visiting professional:

- “The staff I’ve dealt with were pleasant and welcoming.”

Resident’s visitor:

- “Staff are helpful, friendly and kind. You would speak to any of the staff if you needed to. It (the home) could perhaps do with more of a choice of activities.”

### 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 promotion of residents’ spiritual and cultural needs.

### Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 online, and made accessible to staff. The registered manager stated that the policies and procedures had all been reviewed throughout 2018 by the previous regional manager. On the day of inspection, the computer system was briefly out of service, therefore the inspector was unable to review these in detail. This may be examined in future inspections.

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 entrance to the home. RQIA's complaint poster was available and displayed in the home.

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. A monthly audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The home retained compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff; thank you cards were displayed on the home's notice board.

A monthly audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. These were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. 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 maintained a hard copy of relevant alerts. These were dated and signed by the registered manager and reviewed weekly. Staff could access this file or review the information electronically to ensure shared learning.

The registered manager advised that there were systems, including staff meetings and e-learning, to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Inspection of the home and review of the minutes of staff meetings confirmed that information in regard to current best practice guidelines was made available to staff; for example, memos were displayed in the staff office. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, such as the use of thickening agents and application of topical creams. Several members of staff had received training in dementia care through the University of Sterling.

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; review of these evidenced that issues were addressed in a timely manner.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with the registered manager and the regional manager identified that they had understanding of their role and responsibilities under the legislation. 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. 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 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. Competency and capability assessments were regularly reviewed.

The equality data collected was managed in line with best practice and discussion with staff evidenced that they were aware of recognising and responding to the diverse needs of residents.

Staff, one visiting professional and one resident's visitor spoken with during the inspection made the following comments:

Staff:

- "Maureen is great. She listens to problems and is quick to resolve them. She is straight to the point."
- "It's lovely working here. Maureen is very good; you can go to her if you have any issues. Everyone here is nice."

Visiting professional:

- "Yes, there is good communication. I've never had any concerns about the place. Staff always help even if they're busy."

Resident's visitor:

- "I'm quite impressed with the service."

### 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 within this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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