

Unannounced Care Inspection Report 5 September 2018



Mount Alexander House

Type of Service: Residential Care Home
Address: Castle Lodge Park, Comber, BT23 5DW
Tel No: 028 9187 8963
Inspector: Alice McTavish

www.rgia.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 37 beds that provides care for residents living with dementia.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual: Hugh McCaughey	Registered Manager: Angeline Taylor
Person in charge at the time of inspection: Angeline Taylor	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 37 The home is approved to provide care on a day basis only to four persons

4.0 Inspection summary

An unannounced care inspection took place on 5 September 2018 from 09.30 to 17.55.

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 induction, training, supervision and appraisal, adult safeguarding, risk management, care records, audits and reviews, the culture and ethos of the home, listening to and valuing residents, quality improvement and maintaining good working relationships.

Two areas requiring improvement were identified. One area related to the visits by the registered provider and one related to written individual agreements.

Residents said that they liked living in the home and that staff treated them with kindness. A resident's representative said that the care provided was of a high standard.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Angeline Taylor, 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 most recent inspection on 31 October 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, notifiable events and any written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, six residents, a senior care assistant, three care assistants, the cook and one resident's representative.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Three questionnaires were returned by residents' representatives. 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
- Care files of four residents
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of care reviews, accidents and incidents (including falls, outbreaks), equipment, Infection Prevention and Control (IPC), NISCC registration
- Equipment maintenance records
- Accident, incident, notifiable event records

- Minutes of recent residents’ 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.
- Individual written agreements
- Programme of activities
- Samples of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 October 2017

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

6.2 Review of areas for improvement from the last care inspection dated 31 October 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 30. – (1) Stated: First time	The registered person shall ensure that notification is made to RQIA of death, illness or other events in accordance with current guidance.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of accident and incident records confirmed that notification was made to RQIA of death, illness or other events in accordance with current guidance.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27 Stated: First time	The registered person shall ensure that suitable arrangements are put in place for visitors to access the home at all times.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and staff confirmed that suitable arrangements were put in place for visitors to access the home at all times.	
Area for improvement 2 Ref: Standard 27.8 Stated: First time	The registered person shall ensure that effective methods of communication are available at all times for those wishing to make contact with the home.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and staff confirmed that effective methods of communication were available at all times for those wishing to make contact with 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. Agency staff were not used in the home, although some trust bank staff were used. The registered manager stated that the use of bank staff 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.

No concerns were raised regarding staffing levels during discussion with residents, a resident's representative 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 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. It was noted that senior care staff were provided with supervision on a monthly basis and that care staff had supervision quarterly. This exceeds the standards.

Discussion with the registered manager and staff 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 a previous care inspection confirmed that it complied with current legislation and best practice. The registered manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The registered manager advised that records were maintained of staff registrations, that spot checks were completed regularly and that senior care staff discussed registrations with care staff during supervisions.

Inspection of the records identified that the registration certificate for one identified staff member had the wrong dates of issue and expiry. The registered manager agreed to contact NISCC and request that a new certificate be supplied giving the accurate details. The registered manager later confirmed by email that a new certificate had been requested.

The adult safeguarding policy in place was reviewed during a previous care 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. The registered manager advised that she and four other senior staff in the home were either already or soon to be trained in their role as appointed person. The role and function of the Adult Safeguarding Champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

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 in the home since the last care inspection; all suspected, alleged or actual incidents of abuse would 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 reviewed during a previous care inspection; the policy and procedure 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 locked external doors and some locked internal doors leading to the kitchen, laundry and other ancillary areas and also to stairwells. The locked doors were fitted with keypad entry systems. For residents who smoked, smoking materials were managed by staff. 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.

A review of the Infection Prevention and Control (IPC) policy and procedure during a previous care inspection established that this 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. 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.

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

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. 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, however, that the drain in the floor of a downstairs bathroom was uncovered and the shower chair was in a poor state of repair. Toilet rolls and light pull cords in all bathrooms and toilets were not encased in wipeable covers. This was discussed with the registered manager who advised that a new shower chair was ordered to replace the identified chair and that work had been ongoing to improve the drains in the home. These issues would be raised with the trust estates department and immediate action would be taken to address these. The registered manager later confirmed by email that each of these issues had been addressed.

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

The home's Legionella risk assessment was found to be recently out of date. The registered manager advised that this had already been identified and that confirmation had been received that the assessment was to be completed in the very near future.

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 regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The registered manager and a review of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date.

The home had an up to date fire risk assessment in place dated 8 June 2018 and all recommendations had been actioned. It was established that one resident smoked. A review of the care records of the resident identified that risk assessment and corresponding care plan was completed in relation to smoking.

A review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, 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.

Staff spoken with during the inspection made the following comments:

- "We get lots of training and there is good supervision and an annual appraisal. If staff have been off for a long time for any reason, the manager or senior staff make sure that we are up to date with any changes in the home and with the residents before we start back to duties. I feel there is always enough staff to make sure the needs of residents are met."
- "We get good training and it is all up to date. There are good staffing levels here."

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

A comment received from a resident's representative was as follows:

- "(My relative) is very happy at Mount Alexander and her daughter and I are very happy with her care."

Areas of good practice

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

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

Care 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/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed. It was noted, however, that some individual agreements were not up to date. Action was required to ensure compliance with the standards in this regard.

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. Observation of the lunch service established that residents were offered a choice of meals, generous portions were provided and additional food was served. The cook and care staff described the systems in place to ensure that residents who required a modified diet were provided with appropriate meals and drinks.

Inspection of care records established that residents' weights were regularly recorded 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 are reflected within the individual resident's care plans and associated risk assessments.

Discussion with the registered manager established that no residents accommodated in the home had pressure damage to the skin and no residents needed pressure relieving equipment. The registered manager confirmed that staff were able to recognise and respond to skin damage and that timely referrals were made to the multi-professional team if required.

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

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection.

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.

The registered manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Staff spoken with during the inspection made the following comments:

- “The senior team make sure we know how to look after the residents well. If anything changes for a resident, we are able to deal with it.”
- “Lots of the staff, including me, have been trained in Best Practice in Dementia. I have found this so useful in working here!”

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

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 individual written agreements.

	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.

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 confidentiality were protected.

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, for example, care plans were in place for the identification and management of pain, distress or anxiety, 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, for example, menus and the activity programme were written in a large print 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. For example, residents were encouraged and supported to attend residents' meetings and residents' views were sought during the visits by the registered provider.

Residents were also consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read. The registered manager advised that the consultation for 2018 had recently been completed and the report was being prepared by the trust.

Discussion with staff, residents and a representative, 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:

- “All the staff are very helpful.”
- “The staff treat me very well. They are always about to give me help if I need it and they like to chat with us. There is lots for me to do, if I want to. They keep the place spotless and everything is comfortable.”
- “I’m still coming here (for day care). The staff know me very well and I still enjoy doing the gardening. I also come in for some respite and that keeps (my family) happy. The staff are very good to me.”
- “This is a good place.”
- “They (staff) treat us very well.”

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

- “I am happy with the care here. The staff haven’t needed to let me know about any problems yet, but I feel they would contact me if there were any concerns or emergencies. My (relative) is always well presented in clean clothes and seems to be relaxed and content. The staff have shown a very flexible approach to me taking (my relative) out and they have helped make the transition from our home into care as easy as possible.”

Staff spoken with during the inspection made the following comments:

- “There are lots of activities that go on here and there is lots of resources for staff to use. We are lucky to have an activities co-ordinator.”

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home and stated 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. It was noted that a number of trust policies and procedures were out of date. The registered manager stated that the Trust was aware that a systematic review of policies and procedures had lapsed and that they were working to rectify the matter. The Trust had provided guidance to staff regarding the use of policies and procedures in the interim. All staff had computer access and could refer to the latest policy documents.

The complaints policy and procedure was reviewed during a previous care inspection and found to be 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. The home also retained compliments received, e.g. thank you letters and cards and there are 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. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff, for example, dementia; all senior care assistants had completed specialist training and four care assistants were in the process of completing the Best Practice in Dementia course. Staff were also provided with mandatory

training and additional training opportunities relevant to any specific needs of the residents, for example, swallowing and diabetes awareness.

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. It was noted, however, that the report for August 2018 had not been completed for that month and that the reports for June and July were combined in one report. The registered manager advised that this had been due to the lack of availability of senior staff. Action was required to ensure compliance with the regulations in respect of the visits by the registered provider and the accompanying written reports.

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 the line management structure of the Trust; the Assistant Director was contactable through telephone calls and emails and managers attended regular management meetings.

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 provider 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 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.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. The registered manager advised that the Trust collected some equality data and that this was managed in line with best practice guidance.

Staff spoken with during the inspection made the following comments:

- “The manager and the senior staff are very supportive and approachable. I am confident that if I went to any of them with a problem or issue, they would deal with it well. There is a very good staff team here.”
- “We have a good team here. If I saw or heard anything that I was uncomfortable with, I would not hesitate to report it to a senior carer or the manager. I feel there is very good communication between the staff at the shift handovers and everyone makes sure that nothing gets missed.”

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to 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 the visits by the registered provider and the accompanying written reports.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Angeline Taylor, 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 29 (2) (c); (4) (c) Stated: First time To be completed by: 28 September 2018	<p>The registered person shall ensure that visits by the registered provider occur monthly and that separate written reports are prepared for each visit.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: This has been raised with senior management and an action plan to ensure compliance is in place.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 4.2 Stated: First time To be completed by: 30 November 2018	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • residents and/or their representatives are given written notice of all changes to the agreement • the written agreement is kept up to date to reflect the current weekly fee • the updated agreement is signed and dated by the resident and/or their representative <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The resident's agreement will be signed by family/carers which will reflect any changes that occur taking into account increase in fees.</p>

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



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