

Unannounced Care Inspection Report 10 May 2016



Mount Alexander House

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Mount Alexander House took place on 10 May 2016 from 10.10 to 15.30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

One recommendation was stated in regard to review and implementation of adult safeguarding in line with the most up to date regional guidance. There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, recruitment practice, adult safeguarding, infection prevention and control, risk management and the home's environment.

Is care effective?

No requirements or recommendations were stated in regard to the delivery of effective care. There were examples of best practice found throughout the inspection in relation to care records, audits and reviews and communication between residents, staff and other key stakeholders.

Is care compassionate?

No requirements or recommendations were stated in regard to the delivery of compassionate care. There were examples of best practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and to taking into account the views of residents.

Is the service well led?

No requirements or recommendations were stated in regard to the delivery of well led care. There were examples of best practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: South Eastern Health and Social Care Trust/Hugh Henry McCaughey	Registered manager: Angeline Taylor
Person in charge of the home at the time of inspection: Angeline Taylor	Date manager registered: 01 April 2005
Categories of care: DE – Dementia	Number of registered places: 37
Weekly tariffs at time of inspection: £494	Number of residents accommodated at the time of inspection: 32

3.0 Methods/processes

Prior to inspection the following records were analysed: the report from the most recent care inspection and notifications of accidents and incidents.

During the inspection the inspectors met with nine residents individually and with others in groups, the registered manager, two care staff, one domestic assistant, two kitchen assistants and the cook. Inspectors also spoke with two resident's representatives and one visitor to the home. No visiting professionals were present.

Five resident views, ten resident representative views and ten staff views questionnaires were left in the home for completion and return to RQIA. Three resident views questionnaires, one resident representative views questionnaire and three staff views questionnaires were returned to RQIA. The information contained within the questionnaires reflected general satisfaction with the services provided within the home.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Competency and capability assessments
- Staff training schedule/records
- Staff recruitment records
- Four resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Infection control records
- Equipment maintenance records
- Accident / incident / notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Summary report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance records of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreements
- Programme of activities
- Policies and procedures manual

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 04 February 2016

The most recent inspection of Mount Alexander House was an unannounced finance inspection. The completed QIP was returned and approved by the specialist inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 11 June 2015

There were no requirements of recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty –

- 1 x registered manager
- 1 x senior care assistant
- 5 x care assistants
- 3 x domestic staff
- 1 x laundry staff
- 1 x cook
- 2 x kitchen assistants
- 1 x kitchen volunteer

One senior care assistant and five care assistants were due to be on duty later in the day. One senior care assistant and three care assistants were scheduled to be on overnight duty.

A review of one completed induction record 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; new staff members received both corporate and in-house inductions.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. The registered manager advised that a quarterly training governance report was made to senior trust management, also that individual training records were maintained by all staff members and were discussed during routine supervision. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

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; records of competency and capability assessments were retained. A sample of staff competency and capability assessments was examined and confirmed that these were completed to a high standard.

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager confirmed 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 confirmed that she received written confirmation from the trust, prior to the commencement of employment that all documentation, including Enhanced AccessNI disclosures, was in order.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The registered manager advised that all staff were reminded during regular supervision of the importance of maintaining registration.

The home's adult safeguarding policies and procedures, dated December 2013 and due for review in December 2016, were found to be inconsistent with current regional guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015). A recommendation was made that senior trust managers should be advised of the need to review and implement the policy and procedures relating to adult safeguarding, in line with the most up to date regional guidance. The existing policy contained definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the previous regional adult safeguarding guidance; the registered manager undertook to make copies of the new regional guidance available for staff within the home. 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 to whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager reported that there had been no recent adult safeguarding issues. A review of accident and incidents notifications, care records and complaints confirmed this. The registered manager described how any 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 had drawn up a checklist for the home's staff to use to ensure that correct procedures were followed.

A review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff members of all designations established that they were knowledgeable and had understanding of IPC policies and procedures. The registered manager advised that an annual infection control audit was undertaken by the trust and that a report of the findings was provided. Separate trust inspections of the home were carried out at least twice annually by Patient Experience staff.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. 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. Observation of staff practice identified that staff adhered to IPC procedures. Notices promoting good hand hygiene were displayed throughout the home. There were also information notices and leaflets available on IPC for residents, their representatives and staff.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. 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.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this 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 confirmed that some areas of restrictive practice were employed within the home, notably locked doors with keypad entry systems and pressure alarm mats for some residents. 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. A review of the Statement of Purpose and Residents Guide identified that restrictions were adequately described.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; the registered manager confirmed that no residents currently had a behaviour management plan in place; any behaviour management plans would be devised by specialist behaviour management teams from the trust and that behaviour management plans would be regularly reviewed and updated as necessary. Discussion with the registered manager confirmed that if individual restraint was employed, the appropriate persons/bodies would be informed.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc. The registered manager confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges and bathrooms. Residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. Discussion with a domestic assistant confirmed that daily work schedules were in place. 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, volunteers or staff. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment, 22 February 2016, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 4 May 2016 and records retained of 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 (PEEPs) in place.

Areas for improvement

One area for improvement was identified within the area of safe care. This related to the review and implementation of adult safeguarding policy and procedures in line with the most up to date regional guidance.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care effective?

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

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that they had an understanding of person centred care and that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed 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) and complaints were available for inspection and evidenced that actions identified for improvement were incorporated into practice; an example of this is set out later in this report. Further evidence of audits was contained within the monthly monitoring visits reports and the annual quality report.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents and their representatives. A review of care records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident meetings were available for inspection. The registered manager advised that separate meetings were held several times annually for residents' representatives. The meetings covered a variety of topics, the latest of which was delivered by the Alzheimer's Society which provided education, practical advice and support.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who had issues with mental capacity or who required specialist supports.

There was evidence that the use of audits and reviews was employed to provide excellent effective care to residents. An example of this was how staff, through analysis of incidents, had identified the need to provide therapeutic activity for residents, especially those who could become unsettled or agitated as a result of their dementia. Staff had made a strong case to the Trust to create a therapy room, making use of an upstairs room which had previously been used for storage, and for provision of funds to purchase suitable equipment. The room is now used to provide treatments such as foot and leg massages, back massages, facials and hand care. The visiting podiatrist uses the adjustable treatment chair to treat residents' feet. Staff members, who have a special interest in such therapies, provide the treatments to the residents and a record is maintained of what treatments were supplied and the reactions of the residents. There was evidence that this resource was well used and had positive benefits to the residents in the home. One resident is recorded as commenting after a massage "Am I allowed to purr like a cat?"

The home also employs a diversional therapist who works closely with the residents and encourages participation in both indoor and outdoor activities.

Areas for improvement

No areas for improvement were identified within the area of effective care.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with the representatives of one resident confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

The registered manager and staff confirmed that consent was sought in relation to care and treatment. Two resident's representatives and staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff, residents, representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. 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.

The registered manager confirmed that 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. There were systems in place to ensure that the views and opinions of residents, and/or their representatives, were sought and taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

Residents provided the following comments;

- “I think it’s wonderful here. The food is lovely, I can have a cup of tea whenever I want one, my room is comfortable and the whole place is kept so clean. I’m glad I came to live here, for I wasn’t doing so well in my own home and my family was worried about me. Being here has made such a great improvement in my health. I’m very happy here and the staff are great.”
- “It’s all right, I like it.”
- “It’s good here. They (staff) treat me very well.”
- “They look after me well here.”
- “I think it’s good here. I like the food and there’s plenty of it. The staff are nice to me.”
- “Staff here are amazing, the cleaner never stops working. I enjoy being here”
- “Staff are so kind”
- “Nothing is a bother to staff”

The representatives of a resident provided the following comment;

- “This place is brilliant, absolutely brilliant! The staff have been so supportive of (our relative) and of us as a family during a really difficult time. We couldn’t thank them enough.”

A regular visitor to the home commented;

- “Staff are so good and are very attentive to residents.”

A resident’s representative provided the following comments in a returned questionnaire;

- “The staff have encouraged (my relative) to use her rollator which avoids any falls. They also made her feel secure at night and this helps her sleep well. My (relative) has been able to speak for herself about her care; she appreciates everything that is being done for her and thankful for such care available. I find Angie (the registered manager) and Iris (senior care assistant) very efficient and easy to talk to. They are always ahead of any requirements (my relative) has. I have great respect and admiration for all the staff. Overall, my (relative’s) care has been to an excellent standard.”

A care assistant, in describing the care given to a resident who recently died, provided the following comment;

- “The residents become like family to us and we treat them like they are our family. When one is ill or dies, it really affects the staff team and it leaves such a gap.”

Other staff within the home commented;

- “I find management very supportive and this is a good place to work”
- “I feel the care here is excellent, we have all our training up to date and there is good team work”
- “The staff are friendly and it’s a nice environment to work in.”
- “There is good communication between the manager and care staff and the kitchen staff are kept up to date on residents’ food needs and choices.”

There was evidence that the attitude and approach of the home’s management and staff team provided excellent compassionate care to residents and to their families. For example, a review of care records identified that residents’ care plans incorporated how care was to be delivered in order to uphold the Human Rights Act. A review of staff training records also identified that staff receive training in equality and diversity every three years. This demonstrates the strong value base of management and staff. These practices were to be commended.

In discussion with the staff team and with a church visitor, there was evidence that volunteers were used to maintain connection between residents and the local community. A Friends of Mount Alexander House group also run regular coffee evenings and sales to raise funds for residents’ comforts. Residents were involved with this and enjoyed the additional social outlet this provided.

A review of care records identified that staff undertook life story work with residents. Discussion with the registered manager and staff evidenced that this process enhanced the delivery of all aspects of person centred care to residents.

On the day of inspection a relative of a resident, who had recently died in the home, met with the registered manager to arrange to make a sizeable gift to the home for the comfort of residents. This was in recognition of the exceptional care provided to the resident and the resident’s family by staff.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the health and social care needs of accordance with the home’s Statement of Purpose and the categories of care for which the home was registered.

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. Policies and procedures were systematically reviewed every three years or more frequently should changes occur.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide and posters displayed within the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints. It was noted also that the Trust's Complaints Annual Report for 2014-15 was displayed within the home.

A review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. Arrangements were in place to share information about complaints and compliments with staff. No written complaints had been made to the home since 2013. The registered manager confirmed that an audit of complaints would usually be used to identify trends and to enhance service provision.

The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable 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 this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice, for example, if falls occurred and inappropriate footwear was a contributory factor, staff would arrange for more suitable footwear for the resident.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed; the registered manager was required to reply to the Assistant Director to acknowledge receipt of alerts and to confirm that any relevant action was taken. Such alerts were made available for senior care staff to read and sign that they had done so. This practice was to be commended.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit 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, trust representatives and RQIA.

There was evidence of managerial staff being supported by the trust to deliver a high quality of governance and leadership. The registered manager received monthly professional supervision. The registered manager also attended monthly trust managers' meetings to share learning from complaints, incidents and feedback and to ensure that such learning was integrated into practice. Managers also attended quarterly meetings with the Assistant Director to keep abreast of latest operational developments and to actively feed into a cycle of continuous service improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered person identified that she had understanding of her role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents and their representatives were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employer's liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

There was evidence that the home's management provided excellent well led care to residents, to residents' families and to the staff team. For example, the Trust supported staff to undertake enhanced training. The four senior care assistants were trained to band 5 level in developing manager training and in practical manager training. Three out of the four senior staff had successfully completed QCF governance awards and the fourth staff member had applied to commence this course. The registered manager was a certified facilitator for the Best Practice in Dementia Awards (University of Sterling) and had trained 15 staff members of senior care

assistant and care assistant grades. There was evidence that the enhanced training provided to staff had a direct impact on all aspects of care delivered to the residents.

The home held hard copies of all trust policies. This was to ensure that any members of trust staff without direct access to a computer could consult policy documents. There were robust arrangements in place to ensure that the hard copies of such documents always matched the most recent policies published by the trust. The registered manager printed off updated policies on a monthly basis and replaced outdated policies; an additional safeguard was also implemented in that all staff within the home were reminded to read any updated or new policies and to sign that they had done so. This had a direct impact on users of trust services as staff need to have access to policies in order to deliver safe and effective care.

The registered manager ensured that the hairdresser, who was not employed by the trust but who attended the home several times weekly to provide a service to residents, presented her public liability insurance annually. This added a further protection for residents in the event of any harm caused during this service.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Angeline Taylor, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

****Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address****

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 05 August 2016</p>	<p>The registered person should ensure that senior trust managers are advised of the need to review and implement the policy and procedures relating to adult safeguarding, in line with the most up to date regional guidance.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The South Eastern Trust are aware of the need to review this policy in line with current legislation and guidance</p>



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