

# Unannounced Care Inspection Report

## 13 October 2016



## Mount Alexander

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

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Mount Alexander Residential Home took place on 13 October 2016 from 10.10 to 17.35.

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

### Is care safe?

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

No requirements or recommendations were made in relation to this domain.

### Is care effective?

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

No requirements or recommendations were made in relation to this domain.

### Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

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.

One recommendation was made in relation to review of the level of activities provided within the home.

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
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 10 May 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> South Eastern Health and Social Care Trust/Hugh Henry McCaughey	<b>Registered manager:</b> Ms Angeline Taylor
<b>Person in charge of the home at the time of inspection:</b> Ms Angeline Taylor	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> DE – Dementia	<b>Number of registered places:</b> 37

## 3.0 Methods/processes

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

During the inspection the inspector met with eight residents, the registered manager, three care staff, the cook and one resident's representative. No visiting professionals were present.

The following records were examined during the inspection:

- Staff duty rota
- Staff training records
- Care records of three residents
- Complaints and compliments records
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Programme of activities
- Policies and procedures manual

A total of 25 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Eight questionnaires were returned within the requested timescale.

#### 4.0 The inspection

##### 4.1 Review of requirements and recommendations from the most recent inspection dated 10 May 2016

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

##### 4.2 Review of requirements and recommendations from the last care inspection dated 10 May 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 21.1 <b>Stated:</b> First time <b>To be completed by:</b> 05 August 2016	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager confirmed that senior trust managers were 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.	

##### 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. A review of the duty roster confirmed that it accurately reflected the staff working within the home. No concerns were raised regarding staffing levels during discussion with residents.

A resident's representative, however, reported that there were sometimes few staff members visible and available to respond to residents' needs. Some staff members also reported that they experienced difficulty in responding to residents' needs in a timely manner. This occurred mainly when other staff had indicated at short notice that they were unable to work and alternative staffing arrangements could not be made. Staffing levels were later discussed with the registered manager who advised that one staff member had, at very short notice, been

unable to work on that day and that every effort had been made, without success, to arrange a replacement. The dependency level of residents continued to be closely monitored. The trust was to launch a new recruitment drive for additional staff in the near future and this would provide a larger pool of staff available to respond when additional staffing was needed.

Completed staff induction records were reviewed during the last care inspection. 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 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 continued to be 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 mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the last care 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. Samples of completed staff competency and capability assessments were reviewed at the last care inspection and were found to be satisfactory. The registered manager advised that such assessments were completed on alternate years but it was planned that they would be completed annually. This will represent best practice.

The recruitment and selection policy and procedure was reviewed during the last care inspection and confirmed that it complied with current legislation and best practice. Discussion with the registered manager confirmed that staff continued to be recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. 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 adult safeguarding policy and procedure was reviewed during the last care inspection. The registered manager confirmed that there were plans in place to review the policy and procedure and to implement these. 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 new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was 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 whistleblowing. The registered manager and staff 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 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.

The registered manager confirmed 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 assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was reviewed during the last care inspection and 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 during the last care inspection 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 risk management policy and procedures remained in place which related 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 during the last care inspection 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 were well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure at the last care inspection confirmed that this was in line with regional guidelines. The registered manager confirmed that this was unchanged. Staff training records confirmed 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. The registered manager advised that an annual infection control audit continued to be 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.

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.

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, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. 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. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The registered manager confirmed that the home's fire safety risk assessment, dated 22 February 2016 and reviewed during the last care inspection, remained valid and that all recommendations arising had been addressed appropriately. Staff training records had confirmed that staff completed fire safety training twice annually. Fire drills were completed regularly and records retained of staff who participated and any learning outcomes. Fire safety records had 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. The registered manager confirmed that this information had not changed since the last care inspection.

The dining experience of residents was examined during this inspection. Inspection of the catering kitchen identified that it was clean, well equipped and well maintained. Foodstuffs were properly stored and fridge and freezer temperatures were monitored and recorded. The registered manager confirmed that kitchen staff were provided with training in food hygiene. Care staff were also trained in swallow awareness and first aid and were currently being trained in diabetic care.

Records were kept of meals eaten by individual residents if concerns were present regarding the resident's food or fluid intake. A suitable risk monitoring tool was used, where appropriate, for such residents and there was evidence contained in the care records of residents' weights being monitored and liaison with residents' GPs, Dieticians and Speech and Language Therapists (SALT).

There were systems in place to ensure that dietician or SALT recommendations for therapeutic diets were followed. Discussion with the cook identified that he was informed of the individual dietary needs of residents in relation to allergies, special diets, textures and consistencies of food.

On the day of inspection one resident required encouragement and assistance with feeding; this task was willingly undertaken by a family member. Staff confirmed, however, that such assistance would usually be undertaken by staff who were trained to take consideration of positioning and posture, distractions and sequencing, all areas with which people with dementia may encounter difficulty.

Eight completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from residents were as follows:

- “Everything is good.”
- “I feel safe having company and knowing I am looked after.”
- “I feel if men were separated a bit, as some men wander into women’s bedrooms.”

A comment received from a resident’s representative was:

- “The care is as safe as it can be depending on the number of staff on duty. No environment can be risk free and there are times when it appears there are less staff about.”

A staff member commented:

- “All mandatory training is completed and recorded by senior staff. Any training required will be identified through yearly appraisals or through supervision.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.4 Is care effective?**

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

A review of three care records 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 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. Care plans also incorporated how care was to be delivered in order to uphold Human Rights Act considerations.

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. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. 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.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed that arrangements remained 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. These were reviewed in detail during the last care inspection and evidenced that actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The registered manager confirmed 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. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and a representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. 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 and the next planned meeting was to be led by a consultant in Psychiatry of Old Age, the purpose of which was to provide education, practical advice and support to the families of people with dementia.

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

Review of residents' care plans identified that the personal food choices and preferences of residents were actively sought and recorded. There were risk assessments present where applicable. The daily menu was displayed in the upstairs dining areas and on the notice board in the main dining room. It was not, however, displayed outside the main dining room where many residents would be more likely to see it. The registered manager advised that this issue had already been identified and a suitable board was being ordered on which the daily menu and other information could be displayed.

Examination of the weekly menus identified that choices were provided at each mealtime and that suitable alternatives were provided. Snacks and drinks were available on request. In the upstairs communal areas, residents had access to fridges which contained cold snacks, yogurts, jellies, fruit etc. Staff confirmed that snacks were provided during the day and in the evenings and at night, a trolley was prepared and stocked with bread, biscuits and snacks. It was observed that the dining room was clean and bright and that tables were laid with good quality crockery, cutlery and glassware. Meal portion sizes were generous and meals were attractively presented. Additional servings were both offered and provided. Residents reported that they enjoyed the quality of the food and that they were satisfied with the choices available to them.

The cook reported that the kitchen operated at the same level over seven days and a full menu was available on each day. The food was made on the premises using fresh ingredients.

Eight completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied, satisfied or borderline between satisfied and dissatisfied.

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

- “Generally staff will meet care needs when they are apparent and there is a balance between encouraging independence and giving more individual attention with dressing, hygiene and toileting as the resident becomes more dependent and less able. Again (effectiveness) depends on staffing levels and what is realistic.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.5 Is care compassionate?**

The registered manager confirmed 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. Staff training records reviewed during the last care inspection identified that staff received training in equality and diversity every three years.

A range of policies and procedures was in place which supported the delivery of compassionate care. 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 residents, their representatives and staff confirmed that 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 which contained care plans for the management of pain, trigger factors, prescribed medication, where this was appropriate.

The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, a representative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity and they were able to describe how residents’ confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them. Discussion with staff and residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff

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. Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Arrangements were in place for residents to maintain links with their friends, families and wider community, for example, 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.

Discussion with staff, residents and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The home also employed a part time diversional therapist who worked closely with the residents and encouraged participation in both indoor and outdoor activities. The cook described how a popular activity was monthly baking; this provided a good opportunity for residents to be involved in both a practical and social activity which promoted both lively conversation and reminiscence.

The cook further described how residents were consulted and included in the planning of menus. This was achieved through residents meetings, annual surveys and one to one consultation. The cook described how this information fed into how seasonal menus were devised and how new dishes were trialled and adopted if successful. The residents of Mount Alexander House had enjoyed such meals as pizza, curry, lasagne and sweet and sour dishes and such meals remained popular.

Menus were provided for special occasions including Easter, Christmas and Halloween. The cook had a list of residents' birthdays and baked a cake which was presented decorated with candles. The cook and registered manager confirmed that hospitality was extended to families or groups who visited the home.

Residents spoken with during the inspection made the following comments:

- "They look after me very well here. If I need anything, the staff help me. I have no complaints."
- "It's very relaxing here. The staff are very good at taking care of me. They are helpful. The food is very good ad the place is kept lovely and warm and clean."
- "It's great here. I really like to be out working in the garden."

Eight completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

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

- "Generally the staff are very caring and kind to residents."

A staff member commented:

- “I do feel the residents should have more input to menus, however, when carers are asked to (attend) carers’ meetings in the past very few have attended.”

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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 and was inspected during the last care inspection. 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 as changes occurred.

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.

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 Residents Guide and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

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.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. This area was examined in detail during the last care inspection when it was confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Learning

from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of suitable models for the prevention of falls in the home and were using latest guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned; 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.

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 to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. The Trust supported staff to undertake enhanced training. Senior care assistants were trained to band 5 level in developing manager training and in practical manager training. Three senior staff had successfully completed QCF governance awards and another 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.

At the last care inspection it was established that managerial staff were supported by the trust to deliver a high quality of governance and leadership. The registered manager confirmed that she continued to receive 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. This was outlined in the home's Statement of Purpose and Residents Guide which was reviewed during the last care inspection. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The registered manager confirmed 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 was displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered providers responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff 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 and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home 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.

With regard to the management of the dining experience for residents, the trust had developed a policy for take away food. There was a six monthly revision of menus and three weekly menu rotation in place. Resident satisfaction surveys were conducted and resident feedback was used to devise menus. There was a system of communication between the registered manager and catering staff in order to share information regarding special diets, feedback from residents, trialling menu suggestions, etc.

Eight completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

A comment received from a resident was as follows:

- “It would be good to have an open residents meeting (to discuss) menus and what crafts or entertainment (residents) would like. Maybe a few daily newspapers put out in lounges for residents?”

A resident’s representative commented:

- “We do feel more could be done to provide stimulation for residents and also that they could be encouraged more to take part with what is on offer. Perhaps even in smaller groups with the same level of need. It is not always in the interest of residents to be let sleep when other events are going on.”

The responses to the questionnaires were discussed with the registered manager after the inspection. A recommendation was made that the level of provision of activities within the home should be reviewed.

**Areas for improvement**

One area for improvement was identified in relation to review of the level of activities provided within the home.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider 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 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider 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 provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 13.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2017</p>	<p>The registered provider should ensure that the level of provision of activities within the home is reviewed.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>We currently have 3 vacant posts and when these are filled we will allocate a person on the rota to carry out activity with our clients. In the meantime we are sourcing more outside involvement from Artscare and Ards Arts Council.</p>

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



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