



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

**Name of Establishment:** Meadowbank Care Home  
**Establishment ID No:** 1141  
**Date of Inspection:** 13 June 2014  
**Inspector's Name:** Angela Graham  
**Inspection No:** 16723

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544

**1.0 General Information**

<b>Name of Home:</b>	Meadowbank Care Home
<b>Address:</b>	2 Donaghane Road Omagh BT79 0NR
<b>Telephone Number:</b>	(028) 8224 2868
<b>E mail Address:</b>	meadowbank@ageni.org
<b>Registered Organisation/ Registered Provider:</b>	Age NI Ms Linda Robinson
<b>Registered Manager:</b>	Ms Bernadette Conway-McDaniel
<b>Person in Charge of the home at the time of Inspection:</b>	Ms Clare Lafferty, Deputy Manager (Acting)
<b>Categories of Care:</b>	RC – DE
<b>Number of Registered Places:</b>	25
<b>Number of Residents Accommodated on Day of Inspection:</b>	24 plus one resident in hospital
<b>Scale of Charges (per week):</b>	As per Trust contact
<b>Date and type of previous inspection:</b>	21 February 2014 Primary Announced
<b>Date and time of inspection:</b>	13 June 2014 09:35am – 3:05pm
<b>Name of Inspector:</b>	Angela Graham

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## 3.0 Purpose of the inspection

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the Deputy Manager (Acting)
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

## 5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard/s:

### **STANDARD 24 - STAFF SUPERVISION AND APPRAISAL**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **6.0 Profile of service**

Meadowbank Care Home is situated on the outskirts of Omagh and is within easy distance of local facilities.

The home is owned by Apex Housing and leased by Age NI for the purpose of providing residential care. The current registered manager is Ms Bernadette Conway-McDaniel.

Accommodation is provided in single en-suite bedrooms.

Three main communal areas are provided with one additional lounge designated as a smoking area for residents.

The home is registered to provide care for twenty five persons with dementia.

## 7.0 Summary

This secondary unannounced care inspection of Meadowbank Care Home was undertaken by Angela Graham on 13 June 2014 between the hours of 9:35am and 3:05pm. Ms C Lafferty, Deputy Manager (Acting) was available during the inspection and for verbal feedback at the conclusion of the inspection.

The recommendations made as a result of the previous inspection were also examined. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

The focus of this unannounced inspection was on Standard 24 of the DHSSPS Residential Care Homes Minimum Standards (August 2011). The inspector's overall assessment of the six criteria of this standard inspected is substantially compliant.

The inspector reviewed supervision arrangements for three staff. Review revealed formal supervision had been undertaken for these staff. However supervision had not taken place on a six monthly basis. A recommendation has been made that staff should have recorded individual, formal supervision no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision should be held for new staff and staff who are not performing satisfactorily.

The inspector reviewed appraisal arrangements for three staff. Review revealed that these staff had an appraisal undertaken. However staff appraisals had not been undertaken annually. A requirement has been made that the registered person must ensure that staff receive an annual appraisal.

During the inspection the inspector met with residents and staff discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents and staff are included in Section 10.0 of the main body of the report.

A number of additional areas were also examined. These included the environment, care records, staff training, fire safety, residents' dependency levels, accident / incident records and staffing. Further details can be found in Section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as adequately heated and fresh smelling throughout. A small number of infection prevention and control and environmental issues were identified to be addressed. Requirements have been made in this regard.

The inspector observed a trailing electrical lead from an air fresher on the corridor floor. This lead presented as a trip hazard. A requirement has been made in this regard.

A review of staff training records and discussion with the deputy manager (acting) identified that a number of staff required updating / training in safeguarding vulnerable adults and infection prevention and control. A requirement has been made to address these areas of training.

Requirements have been made in regard to the provision of fire awareness training and fire drills.

A review of incident / accident records identified two incidents pertaining to a resident that presented with behaviours that challenge. The inspector reviewed a number of areas of the resident's care records which identified that this resident had complex needs and should be reassessed.

Discussion also took place with the deputy manager (acting) in regard to the complex needs of this resident and how these needs were being managed. It is required that the registered manager requests an urgent review of this resident's needs through the trust care manager and relevant multi-disciplinary professionals, including the resident's representative to ascertain the appropriateness of this residents continued placement in the home.

A sample of accident / incident records was reviewed. The review evidenced that two accident records contained insufficient information including the position of the resident following the accident and detailed action taken following the accident. A recommendation has been made that the recording of accident records be improved upon to include a detailed account of the accident and any action taken following the accident.

The review also evidenced that an incident had occurred in the home and the resident required medical treatment. Evidence was not available that this incident had been reported to RQIA in line with legislation.

A requirement has been made that the registered person must ensure that the Regulation and Improvement Authority are notified without delay of the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident.

Elements of two care records were reviewed. The review evidenced that a risk assessment in regard to maintaining a safe environment was in place. However, a care plan for maintaining a safe environment had not been developed. A requirement has been made that the registered person must ensure that a written care plan is prepared in consultation with the resident or resident's representative as to how the resident's needs in respect of his care, health and welfare are to be met.

Discussion with the deputy manager (acting) and the domestic staff member identified that the domestic staff member carried out laundry duties and cleaning duties. Specific laundry hours were not recorded on the staff duty roster. The inspector was unable to determine the number of laundry hours utilised in the home. A recommendation has been made that a review is undertaken of the laundry staffing levels to ensure that these are adequate to provide the laundry arrangements in the home.

Ten requirements and three recommendations were made as a result of the secondary unannounced care inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, deputy manager (acting) and staff for their assistance and co-operation throughout the inspection process.

## 8.0 Follow-up on the recommendations issued as a result of the previous inspection on 21 February 2014

NO	REGULATION REF	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	11.5	The registered manager should liaise with the relevant staff in the Trust to ensure that annual care reviews take place within timescales and that a review report is available on each residents file.	The returned quality improvement plan and discussion with the deputy manager (acting) confirmed that this recommendation had been addressed. The identified care review had been undertaken on 4 March 2014.	<b>Compliant</b>
2.	19.2	The registered organisation should revise the homes recruitment and selection policy to ensure it reflects the action to be taken as outlined in criterion 19.2.	The returned quality improvement plan and discussion with the deputy manager (acting) confirmed that this recommendation had been addressed. A recruitment and selection policy dated February 2014 was available in the home on the day of inspection.	<b>Compliant</b>
3.	19.6	The registered organisation/registered manager should review how residents or their representatives, where appropriate, could be involved in the recruitment process.	The inspector did not review this recommendation. This recommendation will be reviewed during the next inspection.	<b>To be validated at the next inspection</b>
4.	RQIA Guidance	A matrix in respect of staff attending annual refresher training in respect of the Protection of Vulnerable adults should be retained within the home.	The returned quality improvement plan and discussion with the deputy manager (acting) confirmed that this recommendation had been addressed. A staff training matrix that included the protection of vulnerable adult training was available in the home on the day of inspection.	<b>Compliant</b>

**Section 9.0**

<b>STANDARD 24 - STAFF SUPERVISION AND APPRAISAL</b>	
<b>Staff are supervised and their performance appraised to promote the delivery of quality care and services.</b>	
<b>Criterion Assessed:</b> 24.1 Managers and supervisory staff are trained in supervision and performance appraisal.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The deputy manager (acting) confirmed that the registered manager and deputy manager carried out supervision and performance appraisal for all staff employed in the home. Discussion with the deputy manager (acting) confirmed that the registered manager had overall responsibility for supervision and performance appraisal.  Discussion with the deputy manager (acting) and review of training records revealed the registered manager and deputy manager had attended training in performance appraisal and supervision in May 2013. Evidence was provided that update training in performance appraisal and supervision was scheduled for 1 August 2014.	Compliant
<b>Criterion Assessed:</b> 24.2 Staff have recorded individual, formal supervision according to the home's procedures and no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision is held for new staff and staff who are not performing satisfactorily.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A policy and procedures for staff supervision dated November 2011 was available in the home on the day of inspection.  The inspector reviewed supervision arrangements for three staff. Review revealed formal supervision had been undertaken for these staff. However, supervision had not taken place on a six monthly basis. A recommendation has been made that staff should have recorded individual, formal supervision no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision should be held for new staff and staff who are not performing satisfactorily.	Moving towards compliance

<b>STANDARD 24 - STAFF SUPERVISION AND APPRAISAL</b> <b>Staff are supervised and their performance appraised to promote the delivery of quality care and services.</b>	
<b>Criterion Assessed:</b> 24.3 Supervision sessions are planned in advance and dedicated time set aside.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Discussion with the deputy manager (acting) and three care staff confirmed that supervision sessions were planned in advance and dedicated time was set aside for supervision.	Compliant
<b>Criterion Assessed:</b> 24.4 Supervisory staff report any serious and/or recurring issues arising in supervision to the manager.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Discussion with deputy manager (acting) confirmed that any serious and / or recurring issues arising in supervision were reported to the registered manager.	Compliant
<b>STANDARD 24 - STAFF SUPERVISION AND APPRAISAL</b> <b>Staff are supervised and their performance appraised to promote the delivery of quality care and services.</b>	
<b>Criterion Assessed:</b> 24.5 Staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The inspector reviewed appraisal arrangements for three staff. Review revealed that these staff had an appraisal undertaken. However, staff appraisals had not been undertaken annually. A requirement has been made that the registered person must ensure that staff receive an annual appraisal.	Moving towards compliance
Discussion with three care staff confirmed that they benefited from the appraisal meetings and that they were involved with their line manager in agreeing personal development plans.	
The deputy manager (acting) confirmed that the outcome of supervision and appraisal sessions informs the development of the annual training programme.	

<p><b>Criterion Assessed:</b> 24.6 Staff who are contracted to undertake specific services receive guidance and support that corresponds to their role and responsibilities.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Discussion with the deputy manager (acting) revealed currently there were no staff contracted into the home to undertake specific services.</p>	<p>Not applicable</p>

<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Substantially Compliant</p>

## 10.0 Additional areas examined

### 10.1 Environment

A general inspection of the home environment was carried out and a number of residents' bedrooms and communal areas were viewed. The areas of the environment viewed by the inspector presented as adequately heated and fresh smelling throughout.

Areas identified for improvement include;

- Repaint the identified door frames and skirting boards as marked and paintwork chipped;
- Repair the identified bed headboard as broken;
- Address the weeds present in the patio area, sensory garden and flower beds;
- Replace the identified dining room table chipped; and
- Deep clean / replace the laundry floor covering as stains present.

In the interest of infection prevention and control;

- Provide pedal operated waste disposal bins in toilet areas, the kitchen and kitchenettes; and
- Seal the laundry self as exposed wood cannot be effectively cleaned.

The inspector observed a trailing electrical lead from an air fresher on the corridor floor. This lead presented as a trip hazard.

These issues were discussed with the deputy manager (acting) and requirements have been made.

### 10.2 Residents' consultation

The inspector met with seven residents individually and with others in groups. In accordance with their capabilities all residents indicated / expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

"I like it here. I have a lovely bedroom"

"I do some painting here. My paintings are up on the wall"

"Dinner was very good"

"Staff are nice".

### 10.3 Staff consultation

The inspector spoke with four care staff and two ancillary staff members. Staff confirmed that they are provided with the relevant resources to undertake their duties.

Comments received included:

"I am well supported by the senior staff and manager"

"I have had an appraisal last year"

“I have been on fire training in May of this year”

“I had supervision about three weeks ago with the manager”

“The residents are well cared for”

“I can discuss any issues I want to bring up during my supervision or if I had any issues I can raise with the manager or deputy manager at any time”.

#### **10.4 Care records**

Elements of two care records were reviewed. The review evidenced that a risk assessment in regard to maintaining a safe environment was in place. However, a care plan for maintaining a safe environment had not been developed. A requirement has been made that the registered person must ensure that a written care plan is prepared in consultation with the resident or resident’s representative as to how the resident’s needs in respect of his care, health and welfare are to be met.

#### **10.5 Staff training**

A review of staff training records and discussion with the deputy manager (acting) identified that a number of staff required updating / training in safeguarding vulnerable adults and infection prevention and control. A requirement has been made to address these areas of training.

#### **10.6 Fire safety**

A review of staff training records and discussion with the deputy manager (acting) identified that a number of staff required updating / training in fire awareness. A requirement has been made to address this area of training.

A review of fire drill records revealed that a number of staff had not participated in an annual fire drill. A requirement has been made that the registered person must ensure that all staff participate in an annual fire drill.

#### **10.7 Resident’s dependency level**

A review of incident / accident records identified two incidents pertaining to a resident that presented with behaviours that challenge. The inspector reviewed a number of areas of the resident’s care records which identified that this resident had complex needs and should be reassessed.

Discussion also took place with the deputy manager (acting) in regard to the complex needs of this resident and how these needs were being managed. It is required that the registered manager requests an urgent review of this resident’s needs through the trust care manager and relevant multi-disciplinary professionals including the resident’s representative to ascertain the appropriateness of this residents continued placement in the home.

#### **10.8 Accident / incident records**

A sample of accident / incident records were reviewed. The review evidenced that two accident records contained insufficient information including the position of the resident following the accident and detailed action taken following the accident. A recommendation has been made

that the recording of accident records be improved upon to include a detailed account of the accident and any action taken following the accident.

The review also evidenced that an incident had occurred in the home and the resident required medical treatment. Evidence was not available that this incident had been reported to RQIA in line with legislation.

A requirement has been made that the registered person must ensure that the Regulation and Improvement Authority are notified without delay of the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident.

### **10.9 Staffing**

Discussion with the deputy manager (acting) and the domestic staff member identified that the domestic staff member carried out laundry duties and cleaning duties. Specific laundry hours were not recorded on the staff duty roster. The inspector was unable to determine the number of laundry hours utilised in the home. A recommendation has been made that a review is undertaken of the laundry staffing levels to ensure that these are adequate to provide the laundry arrangements in the home.

### **10.10 Observation of care practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

## **QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed with the Deputy Manager (Acting), Ms C Lafferty as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Angela Graham**  
**The Regulation and Quality Improvement Authority**  
**Hilltop**  
**Tyrone & Fermanagh Hospital**  
**Omagh**  
**BT79 0NS**



## Quality Improvement Plan

### Secondary Unannounced Care Inspection

#### Meadowbank Care Home

13 June 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the Ms C Lafferty, Deputy Manager (Acting) either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**Statutory Requirements**

**This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005**

No	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	27 (2) (b)	<p>The registered person shall, having regard to the number and needs of the residents, ensure that the premises to be used as the home are of sound construction and kept in a good state of repair externally and internally. The following maintenance issues must be addressed:</p> <ul style="list-style-type: none"> <li>• Repaint the identified door frames and skirting boards as marked and paintwork chipped</li> <li>• Repair the identified bed headboard as broken</li> <li>• Address the weeds present in patio area, sensory garden and flower beds</li> <li>• Deep clean / replace the laundry floor covering as stains present.</li> </ul> <p>Ref: Section 10.1 (Additional Areas Examined)</p>	One	<p>Headboard in Room 24 fixed. Work has commenced on garden areas and Apex Housing are painting external areas. We are awaiting quotes for new equipment for laundry and as soon as this work is complete a new floor covering will be fitted and shelving sealed.</p>	31 October 2014

<b>Statutory Requirements</b>					
<b>This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005</b>					
<b>No</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
2	20 (1)(c)(i)	<p>It is required that staff as appropriate are trained / updated in the following areas:</p> <ul style="list-style-type: none"> <li>• Infection prevention and control</li> <li>• Safeguarding vulnerable adults</li> </ul> <p>Ref: Section 10.5 (Additional Areas Examined)</p>	One	<p>Infection Prevention &amp; Control scheduled for 22/09/14</p> <p>Safeguarding Vulnerable Adults 16/09/14</p>	30 September 2014
3	27 (4) (e)	<p>The registered person shall make arrangements for persons working at the home to receive suitable training, from a competent person, in fire prevention.</p> <p>Ref: Section 10.6 (Additional Areas Examined)</p>	One	<p>Fire Training 30/07/14</p> <p>facilliated by competent person</p>	31 August 2014
4	27 (4) (f)	<p>The registered person shall ensure, by means of fire drills and practices at suitable intervals, that the persons working at the home and, so far as practicable, residents, are aware of the procedure to be followed in case of fire, including the procedure for saving life.</p> <p>Ref: Section 10.6 (Additional Areas Examined)</p>	One	<p>Fire evacuation and practices with fire fighting equipment</p> <p>facilliated by competent person 30/07/14</p>	31 August 2014

<b>Statutory Requirements</b>					
<b>This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005</b>					
<b>No</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
5	13 (7)	<p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between residents and staff. Ensure that the following issues are appropriately addressed:</p> <ul style="list-style-type: none"> <li>• Provide pedal operated waste disposal bins in toilet areas, the kitchen and kitchenettes</li> <li>• Seal the laundry self as exposed wood cannot be effectively cleaned.</li> </ul> <p>Ref: Section 10.1 (Additional Areas Examined)</p>	One	Completed	31 August 2014
6	16 (1)	<p>The registered person shall ensure that a written care plan is prepared in consultation with the resident or resident's representative as to how the resident's needs in respect of his care, health and welfare are to be met.</p> <p>Ref: Section 10.4 (Additional Areas Examined)</p>	One	Completed	20 June 2014

<b>Statutory Requirements</b>					
<b>This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005</b>					
<b>No</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
7	13 (1) (a)	It is required that the registered manager requests an urgent review of the identified residents' needs through the trust care manager and relevant multi-disciplinary professionals including the residents' representative to ascertain the appropriateness of these residents continued placement in the home.  Ref: Section 10.7 (Additional Areas Examined)	One	Review held 20/06/14	20 June 2014 This process to commence immediately
8	20 (1) (c) (i)	The registered person shall ensure that the persons employed to work at the home receive annual appraisal.  Ref: Section 9, Criterion 24.5	One	On going	31 October 2014
9	30 (1) (d)	The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident.  Ref: Section 10.8 (Additional Areas Examined)	One	On going	From the date of this inspection

<b>Statutory Requirements</b>					
<b>This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005</b>					
<b>No</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
10	14 (2) (c)	The registered person shall ensure as far as reasonably practicable that unnecessary risks to the health, welfare or safety of residents are identified and so far as possible eliminated.  Ref: Section 10.1 (Additional Areas Examined)	One	Trip hazard identified on day of inspection has been returned to supplier	From the date of this inspection

**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

No	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	24.2	<p>It is recommended that staff should have recorded individual, formal supervision no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision should be held for new staff and staff who are not performing satisfactorily.</p> <p>Ref: Section 9, Criterion 24.2</p>	One	<p>People and Development Department reviewing Policy to reflect 6 monthly supervision. Management have received Supervision training from People and Development Department 1/08/14</p>	31 October 2014
2	8.2	<p>It is recommended that the recording of accident records be improved upon to include a detailed account of the accident and any action taken following the accident.</p> <p>Ref: Section 10.8 (Additional Areas Examined)</p>	One	<p>Accident recording has been discussed with all senior staff</p>	From the date of this inspection
3	25.4	<p>It is recommended that a review is undertaken of the laundry staffing levels to ensure that these are adequate to provide the laundry arrangements in the home.</p> <p>Ref: Section 10.9 (Additional Areas Examined)</p>	One	<p>Interviews have taken place and appointments made for laundry staff, awaiting references access NI clearance.</p>	31 August 2014

**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

No	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
4	19.6	<p><b>Carried forward for review at a future inspection.</b></p> <p>The registered organisation / registered manager should review how residents or their representatives, where appropriate, could be involved in the recruitment process.</p>	One	Same discussed with People and Development and Chief Executive Age NI. Policy currently being reviewed.	31 August 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Bernie Conway-McDaniel
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Linda Robinson

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	x	Joanne Mills	9/12/14
Further information requested from provider			