



The Regulation and  
Quality Improvement  
Authority

# Unannounced Care Inspection Report 12 October 2018



## William Street Care Home

**Type of Service: Residential Care Home**  
**Address: 98 William Street, Londonderry, BT48 9AD**  
**Tel No: 028 7126 4213**  
**Inspector: Priscilla Clayton**

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

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home which is registered with RQIA to accommodate a maximum of 21 residents within the category of older people.

### 3.0 Service details

|   |  |
|---|--|
| <b>Organisation/Registered Provider:</b><br>Western HSC Trust<br><br><b>Responsible Individual:</b><br>Anne Kilgallen | <b>Registered Manager:</b><br>Moia Irvine          |
| <b>Person in charge at the time of inspection:</b><br>Moia Irvine   | <b>Date manager registered:</b><br>01/04/2005      |
| <b>Categories of care:</b><br>Residential Care (RC)<br>I - Old age not falling within any other category              | <b>Number of registered places:</b><br>21 – RC - I |

### 4.0 Inspection summary

An unannounced care inspection took place on 12 October 2018 from 10.00 to 16.50 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the promotion of a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. There were also examples of good practice found throughout the inspection in relation to staff recruitment, induction, supervision and appraisal, adult safeguarding, infection prevention and control, risk management, good team working and the overall standard of a high standard of decoration and furnishing.

Areas identified for improvement included; audit of care plans and up-date staff training in first aid, restrictive practices and General Data Protection Regulations.

Residents and relatives said they were very happy with the service which they felt was safe, effective, compassionate and well led.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

## 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 2         |

Details of the Quality Improvement Plan (QIP) were discussed with Moia Irvine, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 March 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, all residents, three staff, two visiting professionals and two residents' representatives.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Two questionnaires were returned from residents' representatives within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment – action plan only
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

- Individual written agreements
- Individual service user agreements
- Programme of activities
- Policies and procedures relevant to this inspection

An inspection of the internal environment of the home was undertaken.

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

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 27 March 2018.

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 27 March 2018

| Areas for improvement from the last care inspection  |   |                          |
|--|---|--------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 |   | Validation of compliance |
| <b>Area for improvement 1</b><br><b>Ref:</b> Regulation 30 (1) (d)<br><b>Stated:</b> First time          | The registered person shall ensure that RQIA are informed of any accident/incident which occurs in the home, where medical advice or attention is sought.<br><br>Ref: section 6.7 | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>Discussion with the registered manager and review of accident /incidents evidenced compliance.                         |                          |

### 6.3 Inspection findings

#### 6.4 Is care safe?

##### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff are used to provide cover for staff leave when permanent staff are unable to work extra hours. The registered manager explained that the use of agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

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

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff were regularly provided. Schedules and records of training, staff appraisals (annual) and supervision (three monthly) were reviewed during the inspection. Up- date staff training in first aid, restrictive practice and general data protection regulations (GDPR) was identified as an area for improvement.

Discussion with the registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory.

The registered manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The registered manager explained that she had oversight of recruitment documents received.

The registered manager advised that Access NI enhanced disclosures was undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that Access NI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager advised that any suspected, alleged or actual incidents of abuse arising would fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation. Discussion with the registered manager and review of current accidents/incidents and complaints records evidenced that no safeguarding issues had arisen since the previous inspection.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of three care records identified that resident care needs and risk assessments were obtained prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager advised there were no restrictive practices within the home. No restrictive practice was observed during the inspection.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary. The registered manager was aware that if individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

There was systems in place for monitoring the frequency of resident' health screening, dental, optometry, podiatry and other health and social care service appointments. If necessary, referrals are made to the appropriate service.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), for example, disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken and action plans developed to address any deficits noted. Audits included; hand hygiene and environmental cleanliness.

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 and reported to the Public Health Agency and RQIA with appropriate records retained.

The registered manager reported that they were aware of the "Falls Prevention Toolkit" and were using guidance to improve post falls management within the home. The registered manager advised that her line manager and the trust governance team monitor the reported accidents/falls which were analysed for themes and trends and where necessary measures put in place to minimise any identified risks.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated throughout.

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 visible hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly, for example, Control of Substances Hazardous to Health (COSHH), fire safety, moving and management of smoking.

The home had an up to date Legionella risk assessment which was dated 6 January 2017. The estates checklist was completed by the registered manager and forwarded to RQIA estates officer.

It was established that **three** residents smoked. A review of the care records of residents identified that risk assessment and corresponding care plans had been completed in this regard.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary. Records were retained.

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

The registered manager advised that home had an up to date fire risk assessment which was undertaken on 11 September 2018 with one recommendation made for improvement. Confirmation that this recommendation had been actioned was reflected within the RQIA estates checklist which was completed by the registered manager on the day of inspection. A copy of the document was forwarded to RQIA estates officer post inspection.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked as required and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents, staff, visiting professionals and residents' representatives spoken with during the inspection made the following comments:

- "Yes a very safe home, no issues or concerns" (resident)
- "Residents needs are met and we have the resources to meet their needs" (staff)
- "I feel this is a very good home; there are excellent modes of communication" (visiting professional)
- "Very safe home, I have no issues or concerns" (relative)

Two completed questionnaires were returned to RQIA from residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied. Comment recorded by one respondent included; "the most outstanding example of good care I have ever encountered".

## Areas of good practice

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

## Areas for improvement

Areas identified for improvement included; staff - update training in first aid, restrictive practice and GDPR.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 1         |

### 6.5 Is care effective?

#### **The right care, at the right time in the right place with the best outcome**

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

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with General Data Protection Regulation (GDPR).

A review of three care records confirmed that these were maintained in line with the legislation and minimum care standards. Care records included an up to date assessment of needs which were complemented with risk assessments, life history, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

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. An individual agreement setting out the terms of residency was in place and signed by both parties.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, full involvement in the development of their person centred care plan.

A varied and nutritious diet was provided to meet the recorded dietary needs and preferences of the residents. Menus reviewed were considered to be varied and nutritious. The daily menu was displayed within the dining room. Special diets were being provided as required. Dining room tables of four residents to each table were nicely set with table cloths, range of condiments, choice of drink and central flower arrangement. Residents were supervised and assisted, where required, by staff in a respectful unhurried manner. Adequate sized portions of food were served. Residents who spoke with the inspector said they really enjoyed the meals served and that choice was always afforded. They also advised that they could choose where and with whom they sat beside at meal times.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within individual resident's risk assessments and reflected within care plans reviewed.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Improvement in the recently developed audit template for care plans was discussed as the data collated did not fully reflect minimum care standards. Audits of accidents and incidents, complaints, medications, resident call systems, environment, catering and IPC were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report. One area identified for improvement related to further development of the audit template of care plans.

Accidents and incidents were being notified as required to RQIA. The registered manager advised that monitoring by the trust governance team and head of accommodation and care, who receive notifications, monitor for trends and patterns.

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

Observation of practice evidenced that staff communicated effectively with residents. Discussion with the registered manager and staff confirmed that management operated an "open door policy" in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, registered provider monthly reports, RQIA inspection reports, Annual Quality Report were available on request for residents, their representatives any other interested parties to read.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Residents, staff and relatives spoken with during the inspection made the following comments:

- "We have the best of care here, would not want to leave" (resident)
- "We have excellent modes of communication here, individualised needs of residents are met" (staff)
- "Always kept fully informed; staff provide really good care" (relative)

Two questionnaires returned to RQIA from relatives indicated they were very satisfied that care provided was effective.

### **Areas of good practice**

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

### **Areas for improvement**

One area identified for improvement related to further development of the care plan audit template.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 1         |

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

A range of policies and procedures were in place which supported the delivery of compassionate care.

The registered manager advised that staff promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. These core values were reflected within the homes Statement of Purpose and Resident Guide.

The registered manager, staff and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights; independence, dignity and confidentiality were protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, infection, nutrition, where appropriate.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, visits by the registered provider and the provision of a wide variety of health and social care leaflets displayed, including flu vaccination.

Residents were consulted with, at least annually, by way the distribution of satisfaction questionnaires about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read. Improvements made as direct result of the resident consultation were included.

Discussion with staff, residents and observation of practice and review of records confirmed that residents were enabled and supported to engage and participate in a wide range of meaningful activities and social events. Residents who spoke with the inspector commended staff on their efforts to discuss with them and arrange activities of their choice.

The registered manager and staff are to be commended on the development and adaption of one room into a therapeutic memory recall area for residents. The official opening of this new

development is to be held later in the month with invitations forwarded to relatives and other stakeholders.

Residents and staff spoken with during the inspection made the following comments:

- “Staff treat us very well and always seek our consent” (resident)
- “We always treat everyone with respect” (staff)
- “Absolutely no issues or concerns” (relative)

Two questionnaires returned to RQIA from relatives indicated they were very satisfied that care provided was compassionate.

### Areas of good practice

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

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

### 6.7 Is the service well led?

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

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered with RQIA.

The registered manager was supported in her role by a mixed skill team of care and ancillary staff.

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. Discussion with the registered provider/s identified that they had understanding of their role and responsibilities under the legislation. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

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. The registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred. Policies reviewed during the inspection were observed to be current.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident’s

Guide and information on display in the home. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. The use of the trust template for recording complaints, as contained within the policy was discussed with the registered manager who currently all details within a book.

The home retains compliments received; thank you letters and cards and there were systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure which included reporting arrangements to RQIA. A review of accidents/incidents 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 was reviewed as part of the inspection process. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice. Monitoring of accidents / incidence was being undertaken by the registered manager, head of care and accommodation and the trust governance team who all receive notifications of any accidents and incidents occurring in the home.

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

The registered manager advised that shared learning in regard to complaints, incidents, training was provided; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff, for example by way of Northern Ireland Social Care Council (NISCC), DoH and National Institute and Health and Care Excellence (NICE). Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, diabetes and incontinence.

A monthly visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider/s responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the current RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

Residents, staff, visiting professionals and residents' representatives spoken with during the inspection made the following comments:

- “A really good manager who keeps a good eye to things” (resident)
- “We work very well as a team and feel very well supported by the manager” (Staff)
- “Staff follow the care plan and keep me very well informed” (professional)

Two questionnaires returned to RQIA from relatives indicated they were very satisfied that care provided was well led.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Moia Irvine, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

|   |   |
|---|---|
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 20.10<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>30 November 2018. | The registered manager shall ensure that the audit template of care plans includes indicators as set within minimum care standards.<br><br>Ref: 6.4   |
|   | <b>Response by registered person detailing the actions taken:</b><br>An audit template of care plans is now in place to meet this standard.   |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 23.3<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>30 November 2018   | The registered manager shall ensure that up- date staff training is provided in First Aid, GDPR and restrictive practice.<br><br>Ref: 6.4   |
|   | <b>Response by registered person detailing the actions taken:</b><br>The Registered Manager, in conjunction with the Head of Service, has arranged training in the following areas:<br>First aid.<br>GDPR.<br>Restrictive practice. |

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



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