

Unannounced Care Inspection Report 2 May 2018



Malone

Type of Service: Residential Care Home
Address: 188 Upper Malone Road, Belfast, BT17 9JZ
Tel No: 028 9061 1745
Inspector: Kylie Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for twenty eight persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Malone Residential Home Responsible Individual: Kevin McKinney	Registered Manager: Julie-Ann Russell
Person in charge at the time of inspection: Julie-Ann Russell	Date manager registered: 17 November 2015
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment	Number of registered places: Total number 28 comprising: 28 – RC – I 10 – RC – DE 03 – RC – PH

4.0 Inspection summary

An unannounced care inspection took place on 2 May 2018 from 10.50 to 17.20.

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

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

Evidence of good practice was found in relation to staff recruitment, induction, supervision and appraisal, care records, audits and reviews, communication between residents, staff and other key stakeholders, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in regard to the provision of activities, the completion of unannounced fire drills and the completion of a legionella risk assessment.

The inspector advised that a variation application should be submitted without delay and that the registered manager should attend adult safeguarding champion training. The registered manager was further advised to contact: the Information Commissioners Office (ICO) regarding the need to register with them in respect of records; the Equality Commission for Northern Ireland in regard to best practice on collecting equality data.

Residents and their representatives said that the standard of care and food they received in the home was good and that they enjoyed the activities but that they would like activities more frequently and more opportunity to go out for walks.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

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

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 October 2017.

5.0 How we inspect

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

During the inspection the inspector met with eight residents, two care staff and the visitors/representatives of a resident.

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

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision schedules
- Staff training schedule/records
- Two staff recruitment files
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care reviews; accidents and incidents (including falls, outbreaks), environment, catering and resident dependency
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register

- Annual Quality Review Report 2017
- Minutes of recent residents' meetings
- Monthly monitoring reports
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Records of activities
- Policies and procedures manual

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 October 2017

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

6.2 Review of areas for improvement from the last care inspection dated 24 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: Second time	The registered provider should ensure that the dining room is redecorated; the wooden trim/panelling effect in the upstairs corridor is re-painted.	Met
	Action taken as confirmed during the inspection: The dining room had been deep cleaned and the skirting had been painted; new dining room chairs and tables had been ordered and delivery was expected by the end of May 2018. New window dressings and a new floor are planned to complete the upgrade. The wooden trim had been painted and there was evidence of on-going maintenance in the home.	

<p>Area for improvement 2</p> <p>Ref: Standard 23.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that an induction record is completed for ancillary staff relevant to their role and responsibilities.</p> <hr/> <p>Action taken as confirmed during the inspection: Compliance was confirmed following</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a diabetes management care plan is in place for all residents diagnosed with the condition.</p> <hr/> <p>Action taken as confirmed during the inspection: Compliance was confirmed following inspection of one care record.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff meetings take place regularly and at least on a quarterly basis.</p> <hr/> <p>Action taken as confirmed during the inspection: Compliance was confirmed following inspection of staff meeting minutes and discussion with staff.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 13.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the activity programme is improved to ensure that it provides positive outcomes for residents and is based on the identified needs and interests of residents.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of records confirmed that the frequency of contracted in activities had been increased. Yoga was taking place twice per month and music entertainers had been increased to three times per month. The registered manager reported that repeated attempts to recruit a temporary activity therapist had been unsuccessful. A six week arts and craft programme had been contracted in and a second 6 week programme was due to commence at the end of May. The registered manager reported a commitment to utilise additional external activity personnel until the permanent activity therapist returned to work in October 2018.</p>	<p>Partially met</p>

	<p>Care staff described a range of activities that they engaged in with residents including singing, colouring in, nail care and chatting. In discussion with staff and the registered manager it was identified that the activity resource store is not located in a convenient place for staff to access in an efficient and effective manner. The registered manager gave assurances that efforts would be made to re-locate some activity resources near to the living room to support ease of access for care staff facilitating regular activities. Discussion with residents and residents' representatives identified that further improvements are needed in regard to the frequency and range of activities in the home, for example, to go out for walks. This is stated for a second time.</p>	
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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 discussed the staffing levels for the home and reported that these were subject to regular review to ensure the assessed needs of the residents were met. The responsible individual and registered manager stated that the home did not use agency staff and instead the staff team provided cover. The registered manager stated that a full-time chef had recently commenced employment; one full-time care assistant was due to commence employment next week and a part-time senior care assistant was due to commence employment the week after. The registered manager reported that interviews for a part-time house-keeper had taken place yesterday and that recruitment was ongoing for one full-time care-assistant.

It was acknowledged during discussion with some residents and staff that there had been occasions when staffing levels were lower than the norm. Staff acknowledged that they were aware that new care staff were due to start work in the home and that this would resolve the issue. Two residents stated that after meals they had to wait too long for staff to assist them back to their seats. This was shared with the registered manager who agreed to ensure that this issue was addressed. A review of the duty roster confirmed that it accurately reflected the staff working within the home. Staff spoken with stated that the staff 'help out' by working extra shifts as and when needed.

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 appraisal of staff was regularly provided. A schedule for mandatory training and staff supervision was maintained and was reviewed during the inspection.

The registered manager reported 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.

Discussion with the registered manager and inspection of two staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The registered manager reported that she was registered with the Nursing and Midwifery Council (NMC). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the Adult Safeguarding Champion (ASC), associated training and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed with the registered manager.

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.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

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 registered manager confirmed there were restrictive practices employed within the home, notably keypad entry systems, lap belts and pressure alarm mats. 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. The registered manager reported that the restrictions were described in the statement of purpose.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required.

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

The registered manager reported that equipment and medical devices in use in the home were well maintained and regularly serviced.

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), e.g. 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.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's 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. A new front door had been installed. The home was fresh-smelling, clean and appropriately heated. Discussion with the registered manager and responsible individual confirmed that there was an on-going re-decoration plan in place for the living room and entrance hall after the dining room refurbishment had been fully completed.

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 home had an up to date fire risk assessment undertaken on 18 April 2018. The report had not been received by the home. The registered manager reported that recommendations would be addressed. An estates checklist was completed by the registered manager and returned to the inspector. This identified that the Legionella risk assessment had been completed in June 2015. The registered manager was advised that it is best practice to complete this assessment every two years. An area for improvement was made to comply with the standards.

Review of staff training records confirmed that staff completed fire safety training twice annually which included fire evacuation. However, fire drills had not been completed regularly and an area for improvement was identified. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked daily, weekly or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff and residents spoken with during the inspection made the following comments:

- “They (staff handovers) are good, descriptive.” (staff)
- “It (induction) was very comprehensive.” (staff)
- “They are very nice but they are very rushed. But other times you get the help you need.” (resident)
- “I think that there is enough staff but at times there could be more.” (resident)
- “Yes, they are very good. If you need help they are there.” (resident)
- “I’ve got a buzzer and if I need anything they come. Everything is alright.” (resident)

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, supervision and appraisal, infection prevention and control and risk management.

Areas for improvement

Two areas for improvement were identified in regard to fire drills and completion of a legionella risk assessment.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

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

The registered manager was advised to contact the ICO for advice regarding the need to register with them in respect of the management of records.

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 a person centred approach underpinned practice. Staff, for example, described how they accommodated residents' changes to their usual routines. A resident described how she had once asked for tinned grapefruit and had been getting it ever since.

The registered manager reported that an individual agreement setting out the terms of residency was in place and appropriately signed and updated annually. Records were stored safely and securely in line with data protection.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, care review, accidents and incidents (including falls, outbreaks), infection control and catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

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

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident and/or their representative meetings were reviewed during the inspection.

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.

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

A resident's representative commented:

- "We are well pleased with the care in Malone – rooms are clean and bright, food is good and the staff friendly and caring. My (relatives) needs are met."

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 key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff, residents and their representatives 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.

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 the registered manager, residents confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with 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 and dignity. Staff were able to describe how residents' confidentiality was protected.

The registered manager and staff reported that residents were listened to, valued and communicated with in an appropriate manner. Discussion with residents confirmed that their views and opinions were taken into account in all matters affecting them.

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. One issue, raised by two residents regarding the need for staff to assist them promptly to leave the table after meals was discussed with the registered manager to address.

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. For example, residents' meetings, annual reviews and monthly monitoring visits.

Residents are consulted with, at least annually, about the quality of care and environment. The registered manager reported that questionnaires for 2018 would be given out by the end of the month and a report and action plan will be made available for residents and other interested parties to read.

Discussion with staff, residents, and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. However, some expressed the view that the frequency of activities should be improved and an area for improvement has been stated for the second time. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, arrangements were in place for local schools to visit the home, especially at Christmas.

Staff, residents, a resident’s representatives spoken with during the inspection made the following comments:

- “I enjoy having food cooked for me. It’s reasonably healthy.” (resident)
- “On the odd occasion, I don’t fancy what is on the menu and they ask what do you want and they oblige.” (resident)
- “I like to sit and read and do crosswords and my sister visits a lot.” (resident)
- “They could do with some more activities.” (resident’s representative)
- “I was here one time when they had a music man in. He got them up dancing.” (resident’s representative)

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

Areas of good practice

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

Areas for improvement

One area for improvement was stated for the second time in regard to activities.

	Regulations	Standards
Total number of areas for improvement	0	1

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. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Residents and their representatives were made aware of how to make a complaint by way of the Residents Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

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.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous 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.

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

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

The inspector advised the registered manager to attend training on the role of the adult safeguarding champion. The registered manager gave assurances to source and attend this training as soon as possible. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality 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. Discussion with the registered provider identified that they had understanding of their role and responsibilities under the legislation. The registered manager advised that the registered provider was kept informed regarding the day to day running of the home. This included visits and telephone calls.

The registered manager reported 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 and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responds 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 advised 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 advised that staff could also access line management to raise concerns and that 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 reported 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.

The home had equality data on residents and the registered manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

Discussion with the responsible individual identified that plans for an extension to the home were being progressed. The inspector advised that no work can begin without a variation application being submitted and approved by RQIA. Following the inspection, the required information and documentation was forwarded to the registered manager for completion and submission to RQIA.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to 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
Total number of areas for improvement	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 Julie-Ann Russell, 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	
Area for improvement 1 Ref: Standard 13.1 Stated: Second time To be completed by: 10 June 2018	<p>The registered person shall ensure that the activity programme is improved to ensure that it provides positive outcomes for residents and is based on the identified needs and interests of residents.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Additional activities have been sourced from external providers and additional hours have been implemented for staff to provide a range of activities based on residents wishes.</p>
Area for improvement 2 Ref: Standard Stated: First time To be completed by: 1 June 2018	<p>The registered person shall ensure that unannounced practice fire drills are carried out regularly to ensure that all staff participates in a fire drill at least annually.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All staff participate in a minimum of two practice fire drills annually.</p>
Area for improvement 3 Ref: Standard 28.1 Stated: First time To be completed by: 1 July 2018	<p>The registered person shall ensure that the legionella risk assessment is completed and systems are put into place to ensure that it is completed every two years in line with best practice guidance.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Tank cleaning and works carried out on 18/06/18 - awaiting receipt of risk assessment.</p>

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



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