

Unannounced Care Inspection Report 9 May 2017



Malone

Type of service: Residential care home
Address: 188 Upper Malone Road, Belfast, BT17 9JZ
Tel no: 028 9061 1745
Inspector: Kylie Connor

1.0 Summary

An unannounced inspection of Malone took place on 9 May 2017 from 10.00 to 17.00.

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

Is care safe?

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

One requirement was made in regard to completion of a risk assessment pertaining to the hot surface of radiators. Three recommendations were made in regard to: the checks of wheelchairs, walking aids and hoists; decoration and cleaning of the dining room, lift and painting of panelling in the upstairs corridor; fitting appropriate safety catches to pull cords on blinds and replacing the rack in the sluice.

Is care effective?

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.

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

Is care compassionate?

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

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

Is the service well led?

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

One recommendation was made in regard to the monthly monitoring reports.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4

Details of the Quality Improvement Plan (QIP) within this report 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 13 December 2016.

2.0 Service details

Registered organisation/registered person: Malone Residential Home/Mr Kevin McKinney	Registered manager: Mrs Julie-Ann Russell
Person in charge of the home at the time of inspection: Mrs Julie-Ann Russell	Date manager registered: 17 November 2015
Categories of care: I - Old age not falling within any other category DE – Dementia (for 10 persons) PH - Physical disability other than sensory impairment (for three persons)	Number of registered places: 28

3.0 Methods/processes

The following records were analysed prior to the inspection: the previous care inspection report and notifications of accidents and incidents.

During the inspection the inspector met with the registered manager, seven residents, three care staff, two ancillary staff, one activity co-ordinator and two resident's visitors/representatives.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff

- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- 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), complaints and catering
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities
- Policies and procedures manual

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Eleven questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13 December 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 13 December 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 24.3 Stated: First time To be completed by: 13 March 2017	The registered provider should devise a schedule for staff supervision and appraisal to ensure and audit the frequency of staff supervision and appraisal. Action taken as confirmed during the inspection: Compliance was confirmed following inspection of the requested schedule.	Met

<p>Recommendation 2</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: 14 December 2016</p>	<p>The registered provider should ensure the managers hours are recorded on the duty rota.</p> <hr/> <p>Action taken as confirmed during the inspection: Compliance was confirmed following inspection of the duty roster.</p>	Met
<p>Recommendation 3</p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p> <p>To be completed by: 13 January 2017</p>	<p>The registered provider should ensure care plans are signed by residents and or their representative, where appropriate, the person drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this should be recorded.</p> <hr/> <p>Action taken as confirmed during the inspection: Compliance was confirmed following inspection of three care records.</p>	Met
<p>Recommendation 4</p> <p>Ref: Standard 12.2</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2017</p>	<p>The registered provider should ensure an audit is undertaken around meals and mealtimes to involve residents in menu planning.</p> <hr/> <p>Action taken as confirmed during the inspection: Compliance was confirmed following inspection of these audits.</p>	Met
<p>Recommendation 5</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 13 February 2017</p>	<p>The registered provider should contact the referring trust to request a care review for the identified resident.</p> <hr/> <p>Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the registered manager and inspection of three care records.</p>	Met
<p>Recommendation 6</p> <p>Ref: Standard 1.6</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2017</p>	<p>The registered provider should ensure the views of residents and representatives are gathered formally about the running of the home, this information should then be included within a report.</p> <hr/> <p>Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the registered manager and inspection of the report.</p>	Met

Recommendation 7 Ref: Standard 21.5 Stated: First time To be completed by: 13 May 2017	The registered provider should ensure policies and procedures are subject to a systematic three yearly review, or more frequently if needed.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that six policies and procedures were scheduled for review during 2017.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. Two returned questionnaires indicated that additional staff would be helpful. This was discussed following the inspection with the registered manager, who agreed to raise it at the next residents' meeting. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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 and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained.

Discussion with the registered manager and review of two staff personnel 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. Staff spoken to confirmed that they were registered with Northern Ireland Social Care Council (NISCC).

The registered manager confirmed that the adult safeguarding policy and procedure in place was consistent with the current regional guidance and 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. A safeguarding champion has been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. 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 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 confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment supported this assurance. However, the home's record of weekly checks to be undertaken for wheelchairs, walking aids and hoists had not been completed and a recommendation was made.

Staff training records confirmed that all staff had received training in Infection Prevention and Control (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. 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 homes policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained. to the Public Health Agency, trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. The floor and skirting in the dining room was in need of a deep clean and the dining room was in need of redecoration; the lift was in need of a deep clean and the wooden trim/panelling effect in the lift and upstairs corridor was in need of re-painting; the rack in the sluice was cracked and needed to be replaced. A recommendation was made. The registered manager stated that new furniture had been ordered for the living room, conservatory and dining room. The inspector advised that one bathroom was beginning to show signs of wear and tear. The registered manager gave assurances that this bathroom would be scheduled for re-decoration.

A number of radiators were excessively hot to touch and were within range of residents therefore posing a risk should a resident fall or lie against it; weekly hot surface checks of radiators were being carried out but the record did not detail action taken when radiators were noted to be hot or very warm; a requirement was made. Pull cords for window blinds in the conservatory were not secured to the wall and a recommendation was made.

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 in place dated 3 April 2017. The registered manager confirmed that there were plans for all recommendations to be addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly / monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff spoken with during the inspection made the following comments:

- "There is good communication between the staff."
- "Staff handovers are brilliant."

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

Comments received were as follows:

- "Yes I feel that I am looked after very well." (Resident)
- "I have worked here for a good number of years and feel that the safety of the residents is excellent." (Staff)
- "Care provided is consistently to a very high standard." (Resident's Representative)

Areas for improvement

Four areas for improvement were identified in relation to risk assessing the hot surface of radiators, completion of checks for identified equipment; deep cleaning of the dining room and

lift; redecoration of the dining room and repaint the wooden trim/panelling effect in the lift and upstairs corridor.

Number of requirements	1	Number of recommendations	3
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4.4 Is care effective?

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

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and 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. A number of care files did not contain a photograph of the resident. The registered manager stated that the home had taken photos of the residents and that these were being developed at the chemist.

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. Records were stored safely and securely in line with data protection.

Discussion with staff confirmed that a person centred approach underpinned practice, for example arrangements had been made to administer a resident's medication at a specific time each day which fell outside normal dispensing times in the home; arrangements had been made in the home to involve residents in activities such as folding bed-linen, setting the tables and dusting upon request.

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

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

Residents and 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 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.

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

Staff spoken with during the inspection made the following comments:

- “If ever I need anything, towels, bed-linen, I only have to say to the manager and she gets it.”
- “Person centred care (how it is implemented) is down to the individual resident.”

Eleven completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Ten respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied. One resident described their level of satisfaction as dissatisfied. The comment made referred to staffing levels. This was shared with the registered manager who agreed to raise this at the next residents’ meeting.

Comments received from residents, staff and residents’ representatives were as follows:

- “Yes, anything I ask for I get.” (Resident)
- “Sometimes I have additional needs that require a bit more time than staff have.”(Resident)
- “Care provided is excellent.” (Resident’s Representative)
- “All the above (areas for consideration on the questionnaire) are to a very high standard.”(Staff)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

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

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and/or 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, for example an activity programme was displayed and the activity co-ordinator stated that it was planned to produce a quarterly newsletter for residents and their representatives.

The registered manager, staff, residents and their representatives 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 confirmed their awareness of promoting residents’

rights, residents' independence and dignity; they were able to demonstrate how residents' confidentiality was protected.

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

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 and annual reviews.

The registered manager confirmed that residents are consulted with, at least annually, about the quality of care and environment; the report for the year 2016/17 was scheduled to be completed in the next few months.

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. The activities co-ordinator described how she had initially been engaging with residents to get to know them and had plans to develop an activity programme based upon their interests.

Arrangements were in place for residents to maintain links with their friends, families and wider community. Resident's representatives confirmed that they are made welcome, offered refreshments and can visit at any-time. The conservatory is made available for residents and their visitors when possible. Residents are supported to attend local clubs.

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

- "A lot enjoy gardening and walks. A few enjoy arts and crafts, touchy, feely stuff."(Staff)
- "We always make sure we spend time with everyone."(Staff)
- "It's warm and welcoming and the standard of care is great, everything is really well organised."(Staff)
- "We see an awful improvement in (our relatives) eating, sleeping (since admission to the home). She has loads of friends, very happy and content. The homemade food is a big thing and she gets cold water in her room (to drink). The staff are amazing. It's the best (home) I've ever seen." (Resident's Representatives)
- "The staff are good. They come back and forward. I enjoy singing and painting."(Resident)
- "They look after us well."(Resident)
- "We don't want them (activities) all the time. I like to sit in peace. If there's any singing, I join in."(Resident)

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

Residents and a staff member commented:

- “All the above (areas to consider in the questionnaire) are so important and are implemented every day.”(Staff)
- “Yes, I am happy as some nights I don’t feel like the meal I ordered and staff are more than happy to change it for me.”(Resident)
- “Staff treat me as if I was their mummy or granny.”(Resident)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. 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.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, Poster / leaflet etc. Staff 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. An audit of complaints was used to identify trends and to enhance service provision.

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.

The registered manager confirmed that they were aware of the “Falls Prevention Toolkit” and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

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

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; whilst a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read, it was not completed in line with current RQIA guidance; the current template (January 2014) was not being used; the reports did not record in a confidential manner which residents or staff were spoken to. The reports completed for April and February 2017 did not record any staff views or indicate if any staff had been spoken to; the report for March 2017 did not record the views of staff spoken to; a recommendation was made. It was good to note that alternating monthly monitoring visits were taking place in the evening.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

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

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (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 confirmed that there were effective working relationships with internal and external stakeholders.

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

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

Staff and a resident spoken with during the inspection made the following comments:

- “The manager is approachable and takes action.”(Staff)
- “Yes, I feel service is well led and staff are always available if I need anything.”(Resident)

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

A resident, a resident’s representative and staff commented:

- “Yes, I feel the service is well led and staff are always available if I need anything.”(Resident)
- “Service is very well led.”(Resident’s Representative.)
- “I think this service is very well led.”(Staff)

Areas for improvement

One area for improvement was identified in relation to the content and template used for the monthly monitoring report.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

5.1 Statutory requirements

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

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current

good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 27(2)(t) Stated: First time To be completed by: 20 June 2017	<p>The registered provider must ensure that all radiators are individually risk assessed in accordance with current safety guidelines with subsequent appropriate action taken.</p> <p>Response by registered provider detailing the actions taken: Risk assessment completed and suitable radiator covers have been ordered for identified radiators.</p>
Recommendations	
Recommendation 1 Ref: Standard 9.6 Stated: First time To be completed by: 20 June 2017	<p>The registered provider should ensure that the home's checks of wheelchairs, walking aids and hoists are carried out and records retained.</p> <p>Response by registered provider detailing the actions taken: Schedule in place for the weekly check of wheelchairs, walking aids and hoist and is completed on a weekly basis.</p>
Recommendation 2 Ref: Standard 27.1 Stated: First time To be completed by: 30 July 2017	<p>The registered provider should ensure that the floor and skirting in the dining room is deep cleaned; the dining room is redecorated; the lift is deep cleaned; the wooden trim/panelling effect in the lift and upstairs corridor is re-painted.</p> <p>Response by registered provider detailing the actions taken: Deep clean carried out. Programme for redecoration has been commenced.</p>
Recommendation 3 Ref: Standard 28 Stated: First time To be completed by: 20 June 2017	<p>The registered provider should ensure that pull cords for blinds are safely secured to the wall to prevent choking.</p> <p>Response by registered provider detailing the actions taken: Full service carried out to blinds and safety clips ordered for identified pull cords.</p>
Recommendation 4 Ref: Standard 20.11 Stated: First time To be completed by: 30 June 2017	<p>The registered provider should ensure that: monthly monitoring reports record in a confidential manner the views of residents, staff and residents' representatives, regarding the quality of care and the service provided; the report template is updated to Version 2, January 2014.</p> <p>Response by registered provider detailing the actions taken: Updated template will be used for the completion of the June monitoring report and will include the views of residents, staff and representatives in a confidential manner.</p>



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