

Unannounced Care Inspection Report 26 June 2018



Knockan Lodge

Type of Service: Residential Care Home
Address: 153 Finvoy Road, Ballymoney, BT53 7JN
Tel No: 028 2957 1540
Inspectors: Ruth Greer and John McAuley

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 five 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: Knockan Lodge Responsible Individual: P J Doherty	Registered Manager: Anna Elder
Person in charge at the time of inspection: Anna Elder	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia MP (E) – Mental disorder excluding learning disability or dementia – over 65 years PH (E) – Physical disability other than sensory impairment – over 65 years	Number of registered places: Total number 25 comprising: RC – I named person No more than 6 persons in RC – MP (E) No more than 8 persons in RC – PH (E)

4.0 Inspection summary

An unannounced care inspection took place on 26 June 2018 from 10.10 to 15.45.

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 an improvement in pre-employment checks, evaluation of staff training, staff supervision and the general observations of care practices.

Areas requiring improvement were identified in relation to governance systems, the environment and reporting notifiable events to RQIA and other relevant bodies.

Residents said they were well cared for and mentioned the attentiveness of staff and the good quality of the food. All residents in the home were spoken with by inspectors and no concerns were raised.

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	7	1

Details of the Quality Improvement Plan (QIP) were discussed with Anna Elder, 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 28 February 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 inspectors met with the registered manager, twenty residents, five staff, and two residents' visitors/representatives.

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. No questionnaires were returned in time for inclusion to this report.

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 staff files
- Four residents' care files
- Residents' progress records
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, and NISCC registration
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider

- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Policies and procedures
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance 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 28 February 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 28 February 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
Area for improvement 1 Ref: Regulation 21 Schedule 2 Stated: First time	The registered person shall ensure that no staff commence employment until all pre-recruitment information and checks are in place.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that new staff are not employed in the home until all re recruitment checks are in place.	

Area for improvement 2 Ref: Regulation 20 (1) (c) (ii) Stated: First time	The registered person shall implement a system to monitor staff members' registration with NISCC.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that a system has been implemented to monitor staff registration with NISCC.	
Area for improvement 3 Ref: Regulation 14 (2) (c) Stated: First time	The registered person shall undertake an audit of the home in line with infection prevention and control good practice guidance and develop an action plan to address any issues identified.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that an IPC audit had taken place and actions identified to address any deficits highlighted. For example with the replacement of hand sanitising dispensers.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure that the roster of the registered manager's hours is maintained and available for staff reference.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that the duty roster accurately reflected the manager's hours.	

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. Temporary/agency staff were not used in the home. The registered manager stated that the use of temporary/agency staff was very infrequent and 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.

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 and supervision were reviewed during the inspection. Records of supervision included individual observed practice audits. For example at staff handovers, hand washing and assisting with residents' dietary needs.

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.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of files for staff recruited since the last inspection confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI 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 (where applicable). A file of this information is maintained and checked monthly by the registered manager. 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) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

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 referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

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 care records identified that residents' care needs and risk assessments were obtained from the trust 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 restrictive practices within the home, notably the use of bed rails for two residents. Examination of these restrictions in the care records found these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the statement of purpose and residents' guide.

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.

IPC compliance audits were undertaken and action plans developed to address any deficits noted e.g. hand hygiene, PPE, environment and uniforms.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The registered manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken as they occur and did not provide an overarching view of all accidents in the home. Therefore themes and trends could not easily be identified. Two accidents were found not to have been recorded in the accident book. These accidents had been recorded in the daily progress notes. The management and audit of accidents has been identified as an area of improvement.

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. Several lounge chairs were stained and require deep cleaning or replacement. This has been identified as an area of improvement.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, suitable for and accessible to residents, staff and visitors. It was noted that several wardrobes were freestanding and posed a risk if a resident were to pull on same in the event of a fall. This is identified as an area of improvement. There were no other obvious 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.

The home had an up to date Legionella risk assessment but the report of this assessment was unavailable despite further attempts by the registered manager after this inspection in obtaining one. The registered manager reported on 11 July 2018 that she was revising this assessment by a different assessor/company and would notify RQIA of the outcome of this.

It was established that no residents in the home smoked.

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.

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

The home had an up to date fire safety risk assessment in place dated January 2018 and all recommendations were recorded as actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually most recently on 29 May 2018. 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 weekly and were regularly maintained.

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

- "I couldn't even describe what it's like in this home it's so good and the girls are so kind." (resident)
- "I have no worries about my (relative) because they are well cared for and safe." (relative)
- "It's just lovely and the food is great." (resident)
- "Everyone is really well cared for and I have absolutely no concerns about how everyone is treated." (staff)

Areas of good practice

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

Areas for improvement

Five areas of improvement were identified in relation to the recording and audits of accidents, the replacement of some chairs and risk assessment of free standing wardrobes and the legionella risk assessment.

	Regulations	Standards
Total number of areas for improvement	5	0

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 data protection/General Data Protection Regulation (GDPR).

A review of 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 and nutrition were reviewed and updated on a regular basis or as changes occurred.

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 signed by the resident, where possible. An individual agreement setting out the terms of residency was in place and appropriately signed.

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. Staff were able to describe when each resident liked to get up go to bed, how they liked to spend their day and their family circumstances, for example if they had children/grandchildren.

A varied and nutritious diet is provided which meets the individual and recorded dietary needs and preferences of the residents. Systems are in place to regularly record residents' weights and any significant changes in weight are responded appropriately. There are arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT are reflected within the individual resident's care plans and associated risk assessments.

Discussion with the registered manager and staff confirmed that wound care is managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage.

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 risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), catering were available for inspection. Further evidence of a degree of audit was seen in the monthly monitoring visits by the registered provider. The content of the reports need to be developed to include all aspects of the service provision in line with regulation 29. This has been identified as an area of improvement. The registered manager was advised to download the template for monthly monitoring visits from the RQIA website. She agreed to do so.

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, multi-professional team reviews, residents' meetings, most recently on 8 March 2018 and 8 May 2018 staff meetings most recently on 29 May 2018 and staff shift handovers. Staff reported that they had received training in communication/customer care. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate 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.

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

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

- "The GP was here yesterday and gave me new cream for my skin. They (staff) have it already and I'm just waiting for one of the girls to come and put it on for me." (resident)
- "We have always plenty of time to care for the residents, and we get training and work well together as a team." (staff)
- "I'm telling you, this place is magnificent." (resident)

Areas of good practice

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

Areas for improvement

One area was identified for improvement in relation to the monthly monitoring visits by the registered provider.

	Regulations	Standards
Total number of areas for improvement	1	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.

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

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.

The registered manager, residents and their representatives 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. Staff were seen to knock on bedroom doors before entering and undertaking conversations about personal care in private.

Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs. A religious service takes place fortnightly.

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.

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. One resident who had been admitted on the day before the inspection showed inspectors that he had a copy of the residents guide.

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.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. An activity therapist had been appointed and was due to take up post when pre-employment checks had all been completed. The registered manager confirmed that there was no restriction on visiting times and that families were welcome in the home.

Residents, staff, and residents’ visitors/representatives spoken with during the inspection made the following comments:

- “I only came here yesterday and I’ve already eaten more than I did in the whole of the last three weeks.” (resident)
- “I am very happy here.I couldn’t complain about a thing.” (resident)
- “It’s a great wee place.” (relative)

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

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

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.

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 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. No complaints were recorded since the last inspection.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. There were three notifiable accidents recorded. One of which had not been notified to the RQIA or the trust. This has been identified as an area of improvement. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

There was evidence of managerial staff being provided with additional training in governance and leadership. The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; 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. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Mandatory training had been provided on 31 May 2017. The registered manager advised that she is currently sourcing an outside organisation to deliver mandatory training for 2018. The date of this should be confirmed to RQIA.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; most recently on 9 June 2018. A report had been produced and was previously identified in the report as an area of 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. 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.

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 RQIA certificate of registration and employer's liability insurance certificate were 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 registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

The equality data collected in respect of residents’ gender, marital status and religion was managed in line with best practice.

Residents, staff and residents’ visitors/representatives spoken with during the inspection made the following comments:

- “We are happy and have no complaints” (resident and relative)
- “There is good morale in the staff team.” (staff)
- “I think maybe I’m a wee bit fat but the food is so good you just can’t say no.” (resident)
- “I spoke with you (inspector) a couple of weeks ago and yes I’m still contented and well cared for. I haven’t changed my opinion.” (resident)
- “No matter who is on duty you just push the bell and they’re there in a jiffy.”(resident)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality improvement and maintaining good working relationships.

Areas for improvement

Two areas for improvement were identified in relation to reporting of accidents/incidents and mandatory training dates.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anna Elder, 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation Schedule 4 12 (a)</p> <p>Stated: First time</p> <p>To be completed by: 26 June 2018</p>	<p>The registered person shall ensure that all accidents/incidents are recorded in the home's accident record.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All accidents/incidents recorded in home's accident record.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 26 June 2018</p>	<p>The registered person shall ensure that a robust managerial audit of accidents/incidents is undertaken on a monthly basis. The audit should identify any trends/themes and include any action taken as a result.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Monthly audit undertaken. Ongoing.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 26 June 2018</p>	<p>The registered person shall ensure that lounge chairs which were stained should be cleaned/replaced.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: New chairs requested and to be supplied.</p>
<p>Area for improvement 4</p> <p>Ref Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 26 June 2018</p>	<p>The registered person shall ensure that wardrobes are individually risk assessed in accordance with current safety guidelines with subsequent appropriate action.</p> <p>Ref 6.4</p>
	<p>Response by registered person detailing the actions taken: All wardrobes risk assessed and attached to wall as required. In process.</p>

<p>Area for improvement 5</p> <p>Ref Regulation 29</p> <p>Stated: First time</p> <p>To be completed by 30 June 2018</p>	<p>The registered person shall ensure that the monthly monitoring visit reports are developed to meet the requirements of regulation 29.</p> <p>Ref 6.5</p> <p>Response by registered person detailing the actions taken: Monthly monitoring reports visits developed to meet requirements of reg 29.</p>
<p>Area for improvement 6</p> <p>Ref Regulation 30 (1) (c)</p> <p>Stated: First time</p> <p>To be completed by 26 June 2018</p>	<p>The registered person shall ensure that all accidents/incidents affecting the welfare of a resident are reported to the RQIA and the Trust.</p> <p>Ref 6.7</p> <p>Response by registered person detailing the actions taken: All accidents/incidents regarding a resident are reported to Trust and RQIA.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: First time</p> <p>To be completed by: 11 August 2108</p>	<p>The registered person shall revise and update the home's legionell risk assessment. Details of the date of the assessment and actions taken as a response to any recommendations need to be submitted to the home's aligned estates inspector.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Homes legionella risk assessment - new company engaged to complete new assessment.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2018</p>	<p>The registered person shall confirm the date of mandatory training for staff.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Staff mandatory training booked for 8th August 2018 @ 6.30pm.</p>

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



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