

# Unannounced Care Inspection Report 17 July 2018



## Victoria House

**Type of Service: Residential Care Home**  
**Address: 22 Moneysleck Road, Rasharkin, BT44 8QB**  
**Tel no: 028 2957 1423**  
**Inspector: Bronagh Duggan**

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

<b>Registered organisation/registered person:</b> Samuel Derek Robinson Wallace	<b>Registered manager:</b> Rhonda Henry
<b>Person in charge at the time of inspection:</b> Ann Marie McGuigan, Senior Carer upon arrival. Derek Wallace Registered Person arrived at approximately 11.30.	<b>Date manager registered:</b> Rhonda Henry- application received - "registration pending".
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category DE – Dementia LD – Learning Disability	<b>Number of registered places:</b> 11

### 4.0 Inspection summary

An unannounced care inspection took place on 18 July 2018 from 11.00 to 17.00.

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 infection prevention and control, ongoing improvements to the home's environment, communication between residents, staff and other interested parties, ethos of the home and maintaining good working relationships.

Areas requiring improvement were identified in relation to availability of records, recruitment records, handling of AccessNI information, review and updating of the legionella risk assessment ensuring, fire safety recommendations are addressed, care plan update, completion of risk assessments, frequency of staff meetings, and updating the homes procedure on complaints. Three areas for improvement have been stated for a second time these related to the environment and reporting of notifiable events.

Residents and/or their representatives said they had no complaints, the staff were very good, the home was always clean, and it was a very warm and welcoming place.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	6	6

Details of the Quality Improvement Plan (QIP) were discussed with Derek Wallace, Registered Person, as part of the inspection process and Rhonda Henry, Manager, via telephone following the inspection. 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 17 October 2018.

## 5.0 How we inspect

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

During the inspection the inspector met with the responsible individual/ person in charge, nine residents, three staff and two residents' visitors/representatives.

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 and residents' representatives within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff competency and capability assessment
- Staff training records
- Three staff files
- Three residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Evaluation report from annual quality assurance survey
- Legionella risk assessment
- 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

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 19 April 2018

The most recent inspection of the home was an unannounced medicines management inspection.

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

### 6.2 Review of areas for improvement from the last care inspection dated 17 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 30.(1) <b>Stated:</b> First time <b>To be completed by:</b> 31 October 2017	The registered person shall ensure notifiable events are reported to RQIA in accordance with current guidance.  <b>Ref:</b> 6.7	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records maintained in the home showed notifiable events had not been reported to RQIA in accordance with legislation. This area for improvement has been stated for a second time in the QIP appended to this report.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time	The registered person shall ensure the following: <ul style="list-style-type: none"> <li>• the radiator in the laundry room is either repaired and painted or replaced</li> <li>• the paintwork in the hall area is renewed</li> </ul> Ref: 6.4	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the environment showed the radiator had been improved. The registered person confirmed the paintwork in the hall was due to be completed. Painters were observed painting the outside of the home on the day of inspection. This area for improvement has been stated for a second time in the QIP appended to this report.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28.5  <b>Stated:</b> First time	The registered person shall ensure that a risk assessment regarding the use of the identified shower is undertaken; any significant findings as a result of the risk assessment should be actioned accordingly.  Ref: 6.4	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered person confirmed a risk assessment was completed and a plan was in place to replace the identified shower and refurbish the shower room. This area for improvement has been stated for a second time in the QIP appended to this report.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 1.2  <b>Stated:</b> First time	The registered person shall ensure that residents' meetings are held frequently. Ref: 6.5	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of resident meeting minutes showed they had been held on a more frequent basis. This practice should continue.	

### 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 person 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/were not used in 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 two completed induction records and discussion with 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 was regularly provided. Schedules and records of staff appraisals and supervision were not available during the inspection. The benefit of putting a schedule in place to reflect supervision and appraisal completions was discussed with the manager following the inspection. In addition not all staff training records were available for inspection. The availability and access to records during inspection in the manager's absence was discussed. This was identified as an area for improvement to comply with regulations.

Discussion with 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. One staff competency and capability assessment was 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. Review of staff files showed recruitment records were not maintained in line with legislation this was identified as an area for improvement to comply with the regulations. In addition the benefit of introducing an employment checklist to ensure all relevant information is made available in a structured and systematic way was discussed with the manager following the inspection.

It was noted that AccessNI enhanced disclosure information was not recorded and managed in line with best practice. This was identified as an area for improvement to comply with the standards.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The need to regularly review and update the information available including new starts was discussed with the responsible person and the manager via telephone following the inspection.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. 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 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 submitted following the inspection confirmed that mandatory adult safeguarding training was provided for all staff.

The registered person 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 registered person advised there were restrictive practices within the home, notably the use of the keypad entry system and pressure alarm mats. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

There was an Infection Prevention and Control (IPC) policy and procedure in place. The registered person was advised to ensure this outlines organisations to contact in the event of an outbreak. Staff training records submitted following the inspection evidenced that 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 person 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 Falls Prevention Toolkit" was discussed with the manager following the inspection and advice was given on the benefits of using this or a similar toolkit.

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.

Inspection of the internal and external environment identified that the home was 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.

Records available in the home showed a Legionella risk assessment in place dated February 2016. The need to ensure this was reviewed and up dated was discussed with the registered person. This was identified as an area for improvement to comply with the regulations.

It was established that no residents smoked.

The registered person advised that there was a system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated 10 April 2018 it was noted recommendations made had not been addressed. This was identified as an area for improvement to comply with the regulations.

Review of staff training records available showed that staff completed fire safety training in April 2018. The most recent fire drill was completed in July 2018. The need to ensure all staff participate in at least one fire drill per annum was discussed with the registered person. 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.

Five completed questionnaires were returned to RQIA from residents and residents' visitors/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 infection prevention and control and ongoing improvements to the home's environment.

**Areas for improvement**

Five areas for improvement were identified during the inspection in relation to recruitment records, the handling of AccessNI information, availability of records, review and updating of the legionella risk assessment and ensuring the homes fire safety recommendations are addressed.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	4	1

**6.5 Is care effective?**

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

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

Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR). Four care records were reviewed they included up to date assessment information and there was evidence of regular reviews of care plans. However, it was noted from one of the records inspected that a care plan was not in place regarding the management

of an identified condition. This was identified as an area for improvement to comply with the regulations. In addition the benefit of completing falls risk assessments for all residents was discussed with the manager following the inspection. This was identified as an area for improvement to comply with the standards.

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 were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example residents are supported with their preferred rising and retiring times.

A varied and nutritious diet was provided to meet the individual and dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately.

Discussion with the registered person and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage. Referrals were made to the multi-professional team to ensure any areas identified would be addressed in a timely manner.

The registered person 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, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection. The need to ensure staff meetings were held at least quarterly was discussed. This was identified as an area for improvement to comply with the standards.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the responsible individual and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the latest RQIA inspection reports and annual satisfaction survey report were on display or available on request for residents, their representatives and any other interested parties to read.

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

Five completed questionnaires were returned to RQIA from residents and residents' visitors/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 communication between residents, staff and other interested parties.

## Areas for improvement

Three areas for improvement were identified during the inspection in relation to completion of a care plan for an identified resident, falls risk assessments and frequency of staff meetings.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

### 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 person 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 person, 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 explained how confidentiality were protected.

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.

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. Menus and the activity programme, for example, were displayed in central parts of the home.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings and a suggestion box.

Residents and representatives were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read. The report was displayed on a notice board in a central part of the home.

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. For example, knitting, quizzes, arts and crafts, daily newspapers were available in the home. Arrangements were in place for residents to maintain links with their friends, families and wider community.

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

- “No complaints from me.” (resident)
- “The girls are all very good, they go out of their way to help.” (resident)
- “It’s good, I like it. You don’t have to do anything you don’t want, you have the choice. At dinner time I have a choice and if I want something different that’s ok.” (resident)
- “Things are good in the home. The food couldn’t be better, no complaints. (Relative) is well looked after. The home is always clean, it’s a good wee place. We are here every day and always find it a safe and clean environment. No issues, the residents are happy, they are well looked after.” (representative)
- “I have no concerns, staff are absolutely superb. They relay information. It is very much a home from home. We as a family couldn’t be happier at how things have worked out. It is a very warm and welcoming place.” (representative)

Five completed questionnaires were returned to RQIA from residents and residents’ visitors/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

No areas for improvement were identified during the inspection.

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

#### 6.7 Is the service well led?

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

The registered person 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.

There was a complaints procedure in place, this should be reviewed and updated to ensure it reflects the legislation and Department of Health (DoH) guidance on complaints handling. This was identified as an area for improvement to comply with the standards. 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. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these had not been effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Omissions were also noted in relation to recording specific details. The need to ensure adequate attention to detail regarding dates, times, signatures, and who was informed was discussed with the manager following the inspection. The manager confirmed these issues would be addressed with staff. The reporting of notifiable events was identified as an area for improvement during the previous inspection and has been stated for a second time on the QIP appended to this report.

There was evidence of managerial staff being provided with training in governance and leadership the manager was in the process of completing a QCF level five qualification in leadership and management.

Staff were provided with mandatory training relevant to any specific needs of the residents.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered person confirmed he was kept informed regarding the day to day running of the home through regular visits and telephone calls.

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 person advised that staff could also access line management to raise concerns and that staff would be offered support.

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

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. The registered person was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting equality data.

Five completed questionnaires were returned to RQIA from residents and residents' visitors/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 maintaining good working relationships.

### Areas for improvement

One area for improvement was identified during the inspection this related to review and updating the homes complaints procedure.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 Derek Wallace, Registered Person as part of the inspection process and Rhonda Henry, Manager, via telephone following the inspection. 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 30.(1)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 18 July 2018</p>	<p>The registered person shall ensure notifiable events are reported to RQIA in accordance with current guidance.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> This is being done, discussed with staff in our staff meeting the importance of notification to RQIA.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 19.(3) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 July 2018</p>	<p>The registered person shall ensure records are available for inspection in the home at all times. Reference is made to the availability of staff training records and confirmation of supervision and appraisal documentation.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> This to be done have recently appointed a staff member to di this when I am not there.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Regulation 21.(4) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 August 2018</p>	<p>The registered person shall ensure all relevant information and documentation relating to the recruitment process is obtained prior to working in the home.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> This has currently been done, some sleep-ins who couldn't get relevant forms done, now this is protocol and will be done before they start employment.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Regulation 13.(7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 August 2018</p>	<p>The registered person shall ensure the homes legionella risk assessment is reviewed and updated. Any recommendations should be actioned accordingly.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> This is currently being done, Gemma has currently sent me information which has been really helpful and I have more understanding of this now also spoke to the risk assessor and done some training on this.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 27. (4) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 July 2018</p>	<p>The registered person shall ensure fire safety risk assessment recommendations are actioned accordingly.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> This has been done.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 16. (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 July 2018</p>	<p>The registered person shall ensure a care plan is completed regarding how the identified residents' needs in respect of managing the identified condition should be best met.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> This information had been given to me at the clients pre-assessment though this was not in her Care Plan from HSC, or other care records it did not apply there either this is adjusted accordingly in care records we have here and all staff are aware of this as well.</p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27.(1)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 18 October 2018</p>	<p>The registered person shall ensure the :</p> <ul style="list-style-type: none"> <li>• the paintwork in the hall area is renewed</li> </ul> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> This has been done.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 28.5</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 18 October 2018</p>	<p>The registered person shall ensure that a risk assessment regarding the use of the identified shower is undertaken; any significant findings as a result of the risk assessment should be actioned accordingly.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> New wet room is being done at present.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 19.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2018</p>	<p>The registered person shall ensure AccessNI information is kept in compliance with the principles of the Data Protection Act 1998 and with AccessNI's code of practice.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> These have been destroyed as applicable.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 9.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 August 2018</p>	<p>The registered person shall ensure falls risk assessments are completed for all residents in the home as part of the continual monitoring of residents general health and welfare.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This has been done.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 25.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 September 2018</p>	<p>The registered person shall ensure staff meetings take place on a regular basis and at least quarterly.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Staff meetings had been held previously but not recorded in minutes, and are held on a regular basis.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 17.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 September 2018</p>	<p>The registered person shall ensure that the homes complaints procedure is reviewed and updated so that it meets the requirements of the HSC complaints procedure and is in accordance with relevant legislation and DHSSPS guidance.</p> <p>Ref: 6.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This is being done.</p>

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



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