

Unannounced Care Inspection Report 7 December 2017



Lisgarel

Type of Service: Residential Care Home
Address: Gloucester Park, Larne, BT40 1PD
Tel No: 028 2827 4833
Inspector: Alice McTavish

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 with 40 beds that provides care for older people and care on a day basis to a maximum of four people.

3.0 Service details

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| Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Dr Tony Stevens | Registered Manager: Mr Andrew Jamison |
| Person in charge at the time of inspection: Mr Andrew Jamison | Date manager registered: 17 August 2015 |
| Categories of care: Residential Care (RC) I - Old age not falling within any other category | Number of registered places: 40 |

4.0 Inspection summary

An unannounced care inspection took place on 7 December 2017 from 10:05 to 15:40.

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

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

Evidence of good practice was found in relation to staff induction, supervision and appraisal, adult safeguarding, infection prevention and control, care records, audits and reviews, communication between residents, staff and other key stakeholders, the culture and ethos of the home and governance arrangements.

Areas requiring improvement were identified. These related to mandatory training, the home's Statement of Purpose and Residents Guide, accurate recording of staff attendance at fire drills and regular review of Personal Emergency Evacuation Plans for each resident.

Residents said that they were provided with good care and they enjoyed living in the home. Residents' representatives said that they felt the care was very good and that the staff went to great lengths to ensure that residents were happy.

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

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 5 |

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

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 July 2017.

5.0 How we inspect

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

During the inspection the inspector met with two senior care assistants, two care assistants, two members of domestic staff, a social work student on placement in the home and the registered manager. The lay assessor met with 15 residents and two residents' representatives.

Questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. The registered manager was provided with details of how staff could complete and return the questionnaires electronically. One questionnaire was returned within the requested timescale.

A lay assessor, Mrs Frances McCluskey, was present during the inspection and their comments are included within this report.

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
- Care files of four residents
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, accidents and incidents (including falls, outbreaks)
- Equipment maintenance records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of 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.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 25 July 2017

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

6.2 Review of areas for improvement from the last care inspection dated 25 July 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 |
| <p>Area for improvement 1</p> <p>Ref: Regulation 27. -(2) (d)</p> <p>Stated: First time</p> | <p>The registered person shall develop an action plan to address the following issues within a suitable timeframe -</p> <ul style="list-style-type: none"> • redecoration of bedrooms • provision of suitable radiator covers • painting or otherwise redecoration of those corridors currently finished in red brick • replacement of carpets in the communal hallway areas <p>Ref: 6.4</p> | <p>Met</p> |

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| | <p>Action taken as confirmed during the inspection: Discussion with the registered manager established that the trust had developed a business plan to address these issues. Monies had been set aside for refurbishment of the premises and architects had been in the home on 6 December 2017 to cost and plan the associated works.</p> | |
| <p>Area for improvement 2</p> <p>Ref: Regulation 14. –(2) (a)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that suitable access control measures are put in place at the doorway between the residential home and the adjoining trust accommodation.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager established that this issue formed part of the business plan to refurbish the home.</p> | Met |
| <p>Area for improvement 3</p> <p>Ref: Regulation 13. –(1) (a)</p> <p>Stated: First time</p> | <p>The registered person shall develop an action plan for the replacement of the call assistance system in the home within a suitable timeframe.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager established that this issue formed part of the business plan to refurbish the home.</p> | Met |
| <p>Area for improvement 4</p> <p>Ref: Regulation 27. –(2) (o)</p> <p>Stated: First time</p> | <p>The registered person shall develop an action plan for the provision of suitable access to the internal courtyard within a suitable timeframe; the area must also be made attractive for use by residents.</p> <p>Ref: 6.4</p> | Met |

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| | <p>Action taken as confirmed during the inspection: Inspection of the premises established that the area had been made more attractive for the use of residents; the registered manager advised that this issue formed part of the business plan to refurbish the home.</p> | |
| <p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p> | | |
| <p>Area for improvement 1 Ref: Standard 23.6 Stated: First time</p> | <p>The registered person shall ensure that records of mandatory training are accurately maintained. Ref: 6.4</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of records of mandatory training confirmed that these were accurately maintained.</p> | Met |
| | <p>The registered person shall ensure that the date of the home's fire safety policy is recorded, also that any review of this document is recorded. Ref: 6.4</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of documentation confirmed that the date of the home's fire safety policy was recorded, also that the review of this document was recorded.</p> | |
| <p>Area for improvement 2 Ref: Standard 21.4 Stated: First time</p> | <p>The registered person shall ensure that the recording of complaints is reviewed to reflect the full process of complaints management. Ref: 6.7</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the recording of complaints confirmed that this was reviewed to reflect the full process of complaints management.</p> | Met |
| | <p>The registered person shall ensure that the date of the home's fire safety policy is recorded, also that any review of this document is recorded. Ref: 6.4</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of documentation confirmed that the date of the home's fire safety policy was recorded, also that the review of this document was recorded.</p> | |

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|---|--|-----------------------|
| <p>Area for improvement 4</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> | <p>The registered person shall ensure that monthly monitoring visit reports record the following:</p> <ul style="list-style-type: none"> the time which the visits begin and end comments from residents use the resident’s unique identifier (in order to protect the identity of the resident) <p>Ref: 6.7</p> | <p>Not met</p> |
| | <p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and inspection of the monthly monitoring visit reports identified that these areas had not been addressed.</p> <p>This is stated for the second time.</p> | |

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. No concerns were raised regarding staffing levels during discussion with residents, residents’ representatives and staff. A review of the duty roster 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.

In discussion with staff they advised 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. Inspection of staff training records identified, however, that one member of staff did not have mandatory medication training up to date and another was not up to date with Control of Substances Hazardous to Health (COSHH) training. Action was required to ensure compliance with the standards in relation to mandatory training.

Inspection of staff training records identified that mandatory training in restrictive practices/behaviours which challenge was not included on the training matrix. The registered manager advised that this was included within Respect training and evidence was provided that staff had been provided with this training. Advice was provided regarding the inclusion of Respect training on the records of mandatory training.

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; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. Enhanced AccessNI disclosures were viewed by the trust for all staff prior to the commencement of employment and AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure was reviewed during a previous care inspection and was found to be consistent with the current regional guidance. It 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.

Discussion with staff established that they were aware of the 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.

The registered manager advised that no issues of adult safeguarding had arisen since the last care inspection. The registered manager remained aware of the need to fully and promptly refer all suspected, alleged or actual incidents of abuse to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were to be 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 advised that there were no restrictive practices employed within the home. It was noted during inspection of the premises, however, that stair gates were present at the top of stairwells. Inspection of care records identified that pressure alarm mats were used for a small number of residents and that smoking materials were managed for some residents who chose to smoke. 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. A review of the home's Statement of Purpose and Residents Guide identified that any restrictions used in the home were not described. Action was required to ensure compliance with the standards in relation to a review of the home's Statement of Purpose and Residents Guide.

The registered manager confirmed there were risk management policy and procedures in place in relation to safety in the home. 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.

A review of the infection prevention and control (IPC) policy and procedure during a previous care inspection confirmed that this was in line with regional guidelines. Staff training records confirmed 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. 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 confirmed outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. The registered manager advised that the curtains in most bedrooms had been replaced and that only a very small number of bedrooms remained to be fitted with new flooring.

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.

The home had an up to date fire risk assessment in place dated 16 February 2017. No recommendations were made.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 16 February 2017 and 29 November 2017. Records were retained of staff who participated and any learning outcomes. A review of fire drill records identified that there was a system in place to record the attendance of staff members at fire drills; the information, however, had not been kept up to date. Action was required to ensure compliance with the standards in relation to accurate recording of staff attendance at fire drills.

A review of fire safety records identified that fire-fighting equipment, emergency lighting and fire exit signage were checked monthly. Fire alarm systems were tested weekly and means of escape were checked daily. All systems and equipment were regularly maintained. Inspection of the Personal Emergency Evacuation Plans (PEEPs) for individual residents identified that some of these had not been reviewed within the past year. Action was required to ensure compliance with the standards in relation to a review of Personal Emergency Evacuation Plans.

One completed questionnaire was returned to RQIA from a resident’s representative. The respondent described their level of satisfaction with this aspect of care as satisfied.

Areas of good practice

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

Areas for improvement

Four areas for improvement were identified during the inspection. These related to mandatory training, a review of the home’s Statement of Purpose and Residents Guide, accurate recording of staff attendance at fire drills and regular review of Personal Emergency Evacuation Plans for each resident.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 4 |

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.

Records were stored safely and securely in line with data protection. A review of the care records of four residents 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 statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The 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. An individual agreement setting out the terms of residency was in place and appropriately signed.

The registered manager advised that residents’ care reviews were arranged by the trust’s permanent review team and that most care reviews were up to date. Advice was provided to

the registered manager regarding the need to maintain managerial oversight of care reviews to ensure that these were completed in a timely manner.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail the care needs of individual residents and how these were met within the home.

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 records, accidents and incidents (including falls, outbreaks), hand hygiene, commodes and mattresses were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

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.

One completed questionnaire was returned to RQIA from a resident's representative. The respondent described their level of satisfaction with this aspect of care as satisfied but commented on training for agency staff and catering arrangements. The comments were shared with the registered manager.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 0 | 0 |

6.6 Is care compassionate?

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

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

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

The registered manager, residents and/or 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, independence and dignity and 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/or 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, there were residents' meetings, a suggestion box and residents were encouraged and supported to actively participate in the annual reviews of their care in the home.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

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. There were arrangements in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- “This is a great place. The grub is good, I am very happy with the care and I have no complaints.”
- “I am very happy here. Sure the staff are great. I have only to ask and the staff sort it out. Andrew (the manager) and the girls are great, nothing is too much trouble.”
- “I’ll tell you how much I love it here – when I was offered another place in my home town, I chose to stay here. It’s a wonderful place to live and the staff are always here to help me.”
- “I am very pleased with my care here.”
- “I find the staff are excellent. I would like to stay here permanently.”
- “The staff here just couldn’t do enough for me. There’s lots for me to do. I can watch TV, listen to music and sometimes just chat to my friends. I am so grateful to the Occupational Therapist and to the staff for their care and for trying to help me feel more able to get around again.”
- “The staff are wonderful. I only have to use my call bell and they come immediately to help me.”
- “I love Lisgarel. The staff are so good and it is a home away from home. I can join in with the activities, like the sing-songs and bowls. I am very content with my life here.”
- “The staff are so caring and they are so attentive, they watch over me when I get up to walk. They also spend time with me as I sometimes become a little depressed with my lack of mobility but they understand my feelings. They are always there for me to lean on and seem to understand my feelings better than I do. I like it here as we are all in the same boat, we all have a disability or illness... so I feel happy that we all understand each other and it puts my problems into perspective.”
- “I love it here as the staff have supported me to keep as much of my independence as possible and the ladies in my group watch out for me.”
- “The food is great and there’s plenty of it.”
- “I have counted the days until I was able to come back here for more respite!”

Residents’ representatives spoken with during the inspection made the following comments:

- “The staff are wonderful. I have only to mention any issue and they deal with it immediately. I don’t have to worry anymore (about my relative) and I visit every other day. My (relative) is happy to be well cared for ...so everyone is happy.”
- “I can’t thank the staff enough for the care they give to (my relative). They care is second to none. I am more than satisfied.”

A member of staff spoken with during the inspection made the following comment:

- “I can honestly say that coming into Lisgarel to work on Christmas Day is like coming into a second home....It’s such a bonus having a great staff team who all pull together.”

One completed questionnaire was returned to RQIA from a resident’s representative. The respondent described their level of satisfaction with this aspect of care as 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 |
|--|-------------|-----------|
| 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. 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 and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

The registered manager advised that no formal complaints had been received since the last care inspection. A review of the system to manage complaints confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. The registered manager advised that should complaints be regularly received, an audit would be used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. 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 continuous quality improvement which included regular audits and satisfaction surveys. There was also a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

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

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 confirmed that the registered provider was kept informed regarding the day to day running of the home through the trust's line management structures.

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 was displayed.

A review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

A 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. 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 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 and that management would offer support to staff.

One completed questionnaire was returned to RQIA from a resident's representative. The respondent described their level of satisfaction with this aspect of care as satisfied.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

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

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

| Quality Improvement Plan | |
|--|--|
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011 | |
| Area for improvement 1 Ref: Standard 20.11 Stated: Second time To be completed by: 31 January 2018 | <p>The registered person shall ensure that monthly monitoring visit reports record the following:</p> <ul style="list-style-type: none"> • the time which the visits begin and end • comments from residents use the resident's unique identifier (in order to protect the identity of the resident) <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: This will be included in the report</p> |
| Area for improvement 2 Ref: Standard 23.3 Stated: First time To be completed by: 31 January 2018 | <p>The registered person shall ensure that mandatory staff training is kept up to date.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: There were 2 staff who were due mandatory training. The mandatory training and record matrix will be kept up to date,</p> |
| Area for improvement 3 Ref: Standard 20.6, 20.9 Stated: First time To be completed by: 30 March 2018 | <p>The registered person shall ensure that the home's Statement of Purpose and Residents Guide is reviewed to describe any restrictions used in the home.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Any restrictions used in the home will be reflected in the statement of purpose and residents guide.</p> |
| Area for improvement 4 Ref: Standard 23.6 Stated: First time To be completed by: 31 January 2018 | <p>The registered person shall ensure the accurate recording of staff attendance at fire drills.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Attendance at Fire drills will be recorded accurately.</p> |

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| <p>Area for improvement 5</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2018</p> | <p>The registered person shall ensure that Personal Emergency Evacuation Plans for residents are regularly reviewed.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Personal Emergency Evacuation Plans are reviewed when the needs of the clients change. All other PEP`s will be reviewed 6 monthly.</p> |
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Please ensure this document is completed in full and returned via Web Portal



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