

Unannounced Care Inspection Report 23 October 2018



Lisgarel

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

Inspectors: Alice McTavish and Marie-Claire Quinn

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.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Anthony Stevens	Registered Manager: Andrew Jamison
Person in charge at the time of inspection: 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 The home is approved to provide care on a day basis only to 4 persons.

4.0 Inspection summary

An unannounced care inspection took place on 23 October 2018 from 09.35 to 17.20.

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

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

Evidence of good practice was found in relation to staff induction, supervision and appraisal, adult safeguarding arrangements, infection prevention and control, care records, audits and reviews, listening to and valuing residents and to governance arrangements.

Three areas requiring improvement were identified. One related to staff training records and was stated for the second time. The other two areas related to notifications to RQIA and to written individual agreements.

Residents said that they enjoyed living in the home and that the staff treated them very well. Residents' representatives said that they were very happy with the care provided.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Andrew Jamison, registered manager and Liz McKnight, senior 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 7 December 2017.

5.0 How we inspect

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

During the inspection the inspectors met with the registered manager, nine residents, five staff, two visiting professionals and two residents' representatives.

A total of 10 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. Four questionnaires were returned by residents or residents' representatives. No questionnaires were returned from staff within the agreed timescale.

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
- Four residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls), mattresses and cushions, commodes, Infection Prevention and Control (IPC) and Northern Ireland Social Care Council (NISCC) registrations
- Infection control records
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Evaluation report from annual quality assurance survey for 2017
- Reports of visits by the registered provider
- Fire safety risk assessment

- Fire drill records
- Maintenance of fire alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures
- RQIA certificate of registration

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 7 December 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 7 December 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20.11 Stated: Second time	The registered person shall ensure that monthly monitoring visit reports record the following: <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) 	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of monthly monitoring visit reports confirmed that this has been satisfactorily addressed.	

Area for improvement 2 Ref: Standard 23.3 Stated: First time	The registered person shall ensure that mandatory staff training is kept up to date.	Not met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of staff training records established that some aspects of mandatory training were out of date. This area for improvement is stated for a second time.	
Area for improvement 3 Ref: Standard 20.6, 20.9 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the home's Statement of Purpose and Residents Guide confirmed these were reviewed to describe any restrictions used in the home.	
Area for improvement 4 Ref: Standard 23.6 Stated: First time	The registered person shall ensure the accurate recording of staff attendance at fire drills.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of documentation confirmed staff attendance at fire drills was accurately recorded.	
Area for improvement 5 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that Personal Emergency Evacuation Plans for residents are regularly reviewed.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of Personal Emergency Evacuation Plans for residents confirmed that these were regularly reviewed.	

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. Some trust bank staff were used in the home and a very small number of agency staff was occasionally used in the home. Staff advised that the same bank and agency staff members were used to ensure continuity of care for residents. 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 was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection. One issue was identified in relation to mandatory training (see section 6.2 above.)

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. The registered manager advised that he reviewed the competency and capability assessments for senior staff on an annual basis. This represented good practice.

The registered manager advised 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. The registered manager advised that all pre-employment documents, including AccessNI enhanced disclosures, were undertaken for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the NISCC.

The adult safeguarding policy in place was reviewed during a previous care inspection and was found to be 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.

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 adult safeguarding issues had arisen since the last care inspection; all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be 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).

There was a small number of restrictions used within the home, notably the use of stair gates at stair wells and pressure alarm mats for some residents. The front door to the home was locked at night for security. Restrictive practices were described in the statement of purpose and residents' guide.

A review of the Infection Prevention and Control (IPC) policy and procedure during a previous care inspection confirmed this 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 by the Trust infection control nursing team and action plans developed to address any deficits noted. In addition, the registered manager completed regular hand hygiene audits.

The registered manager reported that there had been no 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 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 on monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance. The registered manager advised that staff had completed falls prevention training and this had resulted in fewer falls.

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 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. No malodours were detected in the home. The registered manager described how there were plans for an extensive internal and external refurbishment of the home. It was also evident that improvements had been made in the catering kitchen and in the dining room.

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 e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc.

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 risk assessment in place dated 15 February 2018. No recommendations had been made. It was established that one resident smoked. A review of the care records of this resident identified that a corresponding care plan had been completed in relation to smoking.

A review of staff training records confirmed that staff completed fire safety training twice annually. 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 the fire alarm system was tested weekly, emergency lighting was checked monthly and means of escape were checked daily. All systems and equipment were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

A review of fire safety records identified, however, that several unplanned activations of the fire alarm were not notified to RQIA in line with current guidance. Action was required to ensure compliance with the standards in this regard.

Residents spoken with during the inspection made the following comments:

- “I feel safe here. There is plenty of staff around.”
- “I feel safer here than I did in my own home.”
- “I sleep well here, I feel safe.”

- “I’m very happy with the care here. All of the staff are very good to me and they take care of me well. They keep the place spotless.”

Staff spoken with during the inspection made the following comments:

- “I feel there is plenty of staff to meet the needs of the residents. We can use bank staff when there are times when we need to, for instance, over the summer when lots of our own staff wanted to use their annual leave. We also have a small number of agency staff who know our residents well.”
- “We get plenty of training and we are all involved in helping new staff during their induction period. I feel there is a good level of staffing in this home.”

Visiting professionals spoken with during the inspection made the following comments:

- “I think the care in Lisgarel is absolutely excellent! Sometimes people come here straight from hospital and it becomes obvious that some information which comes with the resident is missing or is not accurate. The staff here take a very thorough approach and they are very quick to identify when this happens. They let our service know straight away and they work with us to rectify the problem. I have only the highest regard for the staff.”
- “I am closely involved in the recovery of residents who come here for rehabilitation and I believe the staff here do a really good job, so much so that when it comes time for residents to return home, they want to stay here!”

Four completed questionnaires were returned to RQIA from residents or residents’ representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection. This related to notifications to RQIA of unplanned activations of the fire alarm.

	Regulations	Standards
Total number of areas for improvement	0	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 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 General Data Protection Regulation (GDPR) and all staff had received training in 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. SALT, 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. It was noted, however, that some individual written agreements were out of date. Action was required to ensure compliance with the standards in this regard.

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 how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded 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. There were arrangements in place to refer residents to dieticians 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. Referrals were made to the multi-professional team to address any concerns identified in a timely manner. Residents' wound pain was found to be managed appropriately.

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

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, staff meetings and staff shift handovers. 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.

A review of care records and discussion with visiting professionals confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

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

Residents spoken with during the inspection made the following comments:

- “The food is great and it helped me to regain my strength. The staff are great and they wash all my clothes for me. I’m content here and I would come back if I had to.”
- “I had a chance to move to another home, but I chose to stay here....I have my own wardrobe and I choose what I want to wear each day. The staff help me to get dressed if I need it.”
- “The food is all right, not as nice as home, but you can always get a cup of tea and some toast when you want it....yes, I’m fine living here.”

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

- “I’m very happy with the quality of care here. The staff are attentive to my (relative) and she has built her own relationships with a few of the more mature staff members who she likes. My (relative) has benefitted from having a routine and getting regular sleep. At the beginning she wanted to move to another home in the town where she lived so she could be closer to family. When she was eventually offered a place there, she decided that she wanted to stay here as she had a good relationship with staff. Being here has been good for her in a number of ways – her reading has improved and she now enjoys plenty of books and magazines.”

Four completed questionnaires were returned to RQIA from residents or residents’ 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 care records, audits and reviews and communication between residents, staff and other interested parties.

Areas for improvement

One area for improvement was identified during the inspection. This related to the written individual agreement.

	Regulations	Standards
Total number of areas for improvement	0	1

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, staff and residents advised that consent was sought in relation to care and treatment. In discussion with the registered manager it was apparent that there were no written consent forms in place for photography, for night time checks for residents and for access to records. A suitable form was immediately devised and the registered manager provided assurances that written consents would be implemented. This area will be examined during future care inspection.

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 and dignity and how confidentiality was 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. 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, where appropriate.

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 provided in a pictorial format.

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; there were residents' meetings and comment cards were used to promote feedback from residents and their representatives. In addition, a social work student on placement in the home was involved was working to engage with residents and obtain feedback.

Residents 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 which was made available for residents and other interested parties to read. The registered manager advised that the annual consultation was due to be completed for 2018.

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

Residents spoken with during the inspection made the following comments:

- “There isn’t much on during the day, but I prefer having my own space, so that suits me.”
- “We are able to joke among ourselves and with the staff.”
- “I have come here for a short break and I would certainly come back.”
- “The staff are very good and the food is one hundred percent!”

Four completed questionnaires were returned to RQIA from residents or residents’ representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

A comments received from a resident was as follows:

- “The staff go the extra mile. One (member of staff) stayed on after a night shift to shower me.”

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 and advised 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 advised 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 had received training on complaints management and were knowledgeable about how to respond to complaints.

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

The home retained compliments received, for example, thank you letters and cards and there were 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. A review of these 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. 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.

Discussion with the registered manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, falls prevention and post falls management.

A visit by the registered provider 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, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

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 through the line management structure of the trust and that communication with senior managers was through 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 responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was 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.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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 23.3 Stated: Second time To be completed by: 25 January 2019	<p>The registered person shall ensure that mandatory staff training is kept up to date.</p> <p>Ref: 6.2</p> <hr/> <p>Response by registered person detailing the actions taken: The mandatory staff training record was being changed and an omission occurred during the transfer, this has been rectified and is now up to date.</p>
Area for improvement 2 Ref: Standard 20.15 Stated: First time To be completed by: 25 January 2019	<p>The registered person shall ensure that any unplanned activations of the fire alarm are notified to RQIA in line with current guidance.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Any unplanned activations of the fire alarm will be notified to RQIA.</p>
Area for improvement 3 Ref: Standard 4.6 Stated: First time To be completed by: 25 January 2019	<p>The registered person shall ensure that a system is put in place for individual written agreements to be kept up to date.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: A system has been put in place to ensure written agreements are reviewed and updated in a timely fashion.</p>

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



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