

Unannounced Care Inspection Report 25 July 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.

3.0 Service details

Organisation/Registered Provider: Northern Health and Social Care Trust Responsible Individual(s): 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

4.0 Inspection summary

An unannounced care inspection took place on 25 July 2017 from 10.15 to 17.30.

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 adult safeguarding, infection prevention and control, care records, communication between residents, staff and other key stakeholders, quality improvement and to maintaining good working relationships.

Areas requiring improvement were identified. These related to the home's environment, training records, policies and procedures, complaints records and monthly monitoring visit reports.

Residents and/or their representatives said that the care provided in the home was very good and that staff treated residents and residents' families with kindness.

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	4	4

Details of the Quality Improvement Plan (QIP) were discussed with 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 12 January 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.

During the inspection the inspector met with seven residents, three staff, one resident's representative, one visiting professional, the registered manager and the trust area manager.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Eight questionnaires were returned within the requested timescale.

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 records of four residents
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care records, accidents and incidents (including falls), hand hygiene, equipment (mattresses, commodes)
- Equipment maintenance records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 June 2017

The most recent inspection of the home was an announced finance inspection. The completed QIP is to be returned by 8 August 2017 for approval by the finance inspector. This QIP will be validated by the finance inspector at the next finance inspection.

6.2 Review of areas for improvement from the last care inspection dated 12 January 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
Area for improvement 1 Ref: Regulation 27.(3) (d) Stated: First time	The registered provider must ensure fire safety checks are maintained on an up to date basis.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of fire safety records confirmed that fire safety checks were maintained on an up to date basis.	
Area for improvement 2 Ref: Regulation 27.(2) (b) Stated: Second time	The registered provider must ensure that a plan is put in place to identify and improve the home environment to ensure it is kept in a good state internally.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and the trust area manager confirmed that there was an ongoing plan in place to improve the home environment and to ensure that the home was kept in a good state internally.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 1.6 Stated: First time	The registered provider should formally gather the views of residents and representatives on an annual basis and include the findings in an associated report.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of documentation confirmed that the views of residents and representatives had been formally gathered; the findings were included in an associated report. The resident and representative survey was to be repeated on an annual basis.	
Area for improvement 2 Ref: Standard 22.3 Stated: First time	The registered provider should ensure all monthly monitoring reports are available in the home at all times.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of documentation confirmed that all monthly monitoring reports were available in the home at all times.	

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 confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. All new staff also received a corporate induction supplied by the trust.

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

reviewed during the inspection. It was noted that the records of mandatory training were not accurately maintained. Action was required to ensure compliance with the standards.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who was 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.

The registered manager confirmed that enhanced AccessNI disclosures were viewed by the trust for all staff prior to the commencement of employment and that AccessNI information was managed in line with best practice.

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

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager identified that there had been no adult safeguarding issues since the last care inspection. The registered manager confirmed that any 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 confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed that no restrictive practices were undertaken within the home and, on the day of the inspection, none were observed.

The registered manager confirmed there were risk management policy and procedures in place in relation to the safety of 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. Control of Substances Hazardous to Health (COSHH), fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. This was further confirmed through inspection of equipment and of maintenance records.

Review of the infection prevention and control (IPC) policy and procedure 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 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. The home was fresh-smelling, clean and appropriately heated. Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. It was noted, however, that the décor in many of the bedrooms was damaged, outdated and tired. Some radiators were hot to the touch which may present a risk of scalding for any resident who might fall against them. Some corridors were finished in red brick which gave the home a dark and dated feel. The carpets in the communal hallway areas remained stained, despite apparent regular cleaning; carpets in these areas were also rippled in places and may represent a trip hazard to those residents using mobility aids. Action was required to ensure compliance with the regulations in respect of the home's internal environment.

Inspection of the internal and external environment identified that the home and grounds were generally kept tidy, safe, suitable for and accessible to residents, staff and visitors. Several issues were identified, however, in relation to the premises. The home, which was part of a larger building, directly adjoined accommodation for people who had tenancy arrangements with the trust. There was an open doorway between the residential home and this accommodation. The current access arrangements potentially represented a security risk to the residents as access could not be adequately controlled between the two areas. Action was required to ensure compliance with the regulations.

The assistance call system in the home had only one call point and this was located on the upper floor of the home. This meant that if a resident on the lower floor used the call bell, staff had to go upstairs to identify the room number where attention was needed, then return downstairs to assist the resident. This inevitably caused delays in attending residents. The outdated system also provided limitations to any assistive technology which could be used in the home. Action was required to ensure compliance with the regulations.

Residents must have access to a secure outside space. The residents of Lisgarel had access an area outside the home, however, the space was not enclosed or secure. An internal courtyard was available but access to this area was not suitable for residents with mobility difficulties and the space was not attractively presented. This was discussed with the management of the home during the inspection and advice was given on the development of this courtyard. Action was required to ensure compliance with the regulations.

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

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed during fire training. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment and fire exit signs were checked monthly; fire alarm systems and means of escape were checked weekly. All equipment and systems were regularly maintained. Inspection of the home’s fire safety policy identified that this was not dated; it could not therefore be determined if this had been reviewed and updated when necessary. Action was required to ensure compliance with the standards in relation to policies and procedures.

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

Comments received from residents were as follows:

- “I feel very safe here.”
- “It’s very good.”

A comment received from a resident’s representative was as follows:

- “Even in the relaxed atmosphere it is evident that each patient is being observed.”

Comments received from staff were as follows:

- “Staff have supervision where all aspects of care can be discussed and recorded. This can identify that all the needs of the residents are being met, as well as their health and safety.”

Areas of good practice

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

Areas for improvement

Six areas for improvement were identified. Four related to the home’s environment, one related to training records and one related to policies and procedures.

	Regulations	Standards
Total number of areas for improvement	4	2

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.

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.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. A visiting professional spoken with during the inspection confirmed the high level of individual care in the home and made the following comments:

- "I feel the residents in Lisgarel get very good care. I find that the staff are very familiar with the care needs of the residents and how the residents' needs should be met. They are able to identify changes in residents' behaviours at an early stage. They clearly give thought to triggers for such behaviours and how best to manage any changes. Staff are very committed to achieving improvements for individual residents and are very supportive of residents. I also know that staff follow any of the recommendations that I make for the management of residents."

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

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, equipment (mattresses, 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 monthly monitoring visits reports and the annual quality report.

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, 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.

The registered manager advised that the home often encountered difficulty in arranging annual multi-professional team reviews for residents. This was due to staffing issues within the trust

which were outside the control of the home. Advice was provided on how the home could demonstrate that every effort was made to maintain close liaison with the trust to communicate any changes in residents' needs and care.

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. Inspection of care records confirmed that resident meetings were held in the home.

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.

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

A comment received from a resident's representative was as follows:

- "On a day to day basis I can call into the office to enquire about my (relative's) health. The staff always make time to answer any questions."

A comment received from a member of staff was as follows:

- "Care staff are given the opportunity to engage in their clients' reviews with the social worker which promotes continuity of care for all residents."

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

A range of policies and procedures 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. This was further evidenced by the review of care records which identified that care plans were in place for the management of pain.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. 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 they were able to describe 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 to participate in annual reviews of their care.

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 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. 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:

- “I feel very safe here. The staff are absolutely lovely. I have no complaints whatsoever.”
- “They (staff) are very good here. I love it. There is always plenty of staff around who are very attentive and very good to me. I love living here.”
- “I get lots of choices about what I wear every day, what I have to eat, what activities I do and about my routine. There is good staff here who are very kind and helpful. The food is good, there is a good variety and plenty of choices. The home is kept clean, warm and tidy. I am glad to have people to do my laundry for me. I have no complaints and I am not afraid to ask questions or to raise any concerns, if I had any.”
- “The staff help me with everything I need and they help me to paint my nails. I haven’t been here very long but I have had a good experience in Lisgarel and have no complaints.”

A resident’s representative spoken with during the inspection made the following comments:

- “I have found that the staff communicate well with us as a family and they are always vigilant, keeping watch for the safety and happiness of residents. There is always plenty of staff in the home and they go above and beyond at all times. I have absolutely no complaints about the home. I feel the care is absolutely excellent, not only for my mum but for all the residents. I believe the home enjoys a very good reputation within the local community.”

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

- “I feel the care here is excellent. The care staff take very good care of residents and make sure that they meet with all new residents to make sure that they find out their needs and preferences for care. The staff go to great lengths to help residents settle into the home. There is a great atmosphere and everyone gets along. I have no concerns about the care here, and if I was to see or hear anything that gave me concern, I would take it straight to the manager.”

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

Comments received from a resident’s representative were as follows:

- “The staff treat the patients with dignity and respect. Even those with dementia are not patronised but treated as valued people.”

A comment received from a member of staff was as follows:

- “Staff are aware of their role and responsibility and need to give and show empathy to all residents, promoting good teamwork.”

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 on display in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to manage complaints from residents, their representatives or any other interested party. One complaint had been received since the last care inspection and this had been satisfactorily resolved.

Review of records of complaints identified that they included general details of complaints, actions taken, the outcome and response to the complainant. The record template used did not allow for detailed notes on the full process of complaints management; it did not include the investigation undertaken, all communication with complainants, the complainant's level of satisfaction and signposting to other agencies if local resolution was not achieved. Action was required to ensure compliance with the standards. The registered manager confirmed that there were arrangements in place to share information about complaints and compliments with staff. Should complaints be received more frequently, an audit of complaints 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. The registered manager advised that a new initiative had been introduced; a post falls review meeting was now held after each fall by a resident to ensure that the correct process was followed by staff. This practice was to be commended.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, Heart Start and defibrillator training.

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. It was noted, however, that the report did not note the times which the monitoring visits began and ended, also that comments provided to the monitoring officer did not identify residents and could not therefore be accurately verified. In discussion with the registered manager and the trust area manager, sufficient assurance was provided that monitoring visits were both lengthy and thorough but the detail within the monitoring reports did not do this credit. Action was required to ensure compliance with the standards.

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, through the trust's line management structures, was kept informed regarding the day to day running of the home.

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

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.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The 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.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff.

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

A comment received from a resident’s representative was as follows:

- “All members of staff are approachable and knowledgeable of each patient’s care.”

A comment received from a member of staff was as follows:

- “Staff are aware of the need to share information and to promote an open environment for all staff.”

Areas of good practice

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

Areas for improvement

Two areas of improvement were identified. One was in relation to complaints records and one was in relation to the monthly monitoring visit reports.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27. -(2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</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>Response by registered person detailing the actions taken:</p> <p>The work required will be costed by estates services. A business plan will be drawn up for funding and work will be prioritised within a suitable timeframe. An action plan will be compiled and shared with RQIA.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14. -(2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017</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>Response by registered person detailing the actions taken:</p> <p>A costing will be carried out by estates and these will feed into the business plan and timeframes identified in improvement 1.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13. -(1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</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>Response by registered person detailing the actions taken:</p> <p>A costing will be carried out by estates and these will feed into the business plan and timeframes identified in improvement 1.</p>
<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>
	<p>Response by registered person detailing the actions taken:</p>

To be completed by: 30 November 2017	A costing will be carried out by estates and these will feed into the business plan and timeframes identified in improvement 1.
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Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 23.6 Stated: First time To be completed by: 29 September 2017	The registered person shall ensure that records of mandatory training are accurately maintained. Ref: 6.4
	Response by registered person detailing the actions taken: Some dates were missing of the record. This has been amended.
Area for improvement 2 Ref: Standard 21.4 Stated: First time To be completed by: 29 September 2017	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
	Response by registered person detailing the actions taken: The date of the fire safety policy compilation and review will be recorded on the document.
Area for improvement 3 Ref: Standard 17.10 Stated: First time To be completed by: 30 November 2017	The registered person shall ensure that the recording of complaints is reviewed to reflect the full process of complaints management. Ref: 6.7
	Response by registered person detailing the actions taken: The format of the complaints book will be changed as per the standard.
Area for improvement 4 Ref: Standard 20.11 Stated: First time To be completed by: 29 September 2017	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) Ref: 6.7
	Response by registered person detailing the actions taken: This extra detail will be recorded on the monthly monitoring form.

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



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