

Unannounced Care Inspection Report 24 October 2017



Breffni Lodge

Type of Service: Residential Care Home
Address: 3 Wandsworth Road, Belfast, BT4 3LS
Tel No: 028 9065 3335
Inspector: Priscilla Clayton

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 which is registered with RQIA to accommodate a maximum of 22 residents to provide care for older people including those living with dementia.

3.0 Service details

Organisation/Registered Provider: Breffni Lodge Responsible Individual: Mark Uprichard	Registered Manager: Regina Brady
Person in charge at the time of inspection: Regina Brady	Date manager registered: 16 May 2013
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 22

4.0 Inspection summary

An unannounced care inspection took place on 24 October 2017 from 09.50 to 16.15.

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 the positive feedback from staff and residents who spoke with the inspector. There was also evidence of good practice in regard to maintenance of care records, provision of staff training and development, recruitment and selection of staff, induction of new staff, supervision and staff appraisal which were in accordance with minimum standards.

Areas requiring improvement included the provision of three monthly staff meetings, standard of cleanliness, storage of various items and confirmation that fire safety recommendations were addressed.

Residents who were able to respond said they were very happy in the home. No issues or concerns were raised or indicated by residents.

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	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Regina Brady, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous inspection report and QIP
- Notifications of accidents / incidents
- Correspondence

During the inspection the inspector met with all residents, eight individually and with others in small group format, three care staff and the registered manager. No relatives/representatives visited during the inspection.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No 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
- Staff meetings
- Two staff recruitment files
- Three residents' care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments
- Equipment maintenance/cleaning
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual service user satisfaction survey
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors.
- Programme of activities
- Policies and procedures manual

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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 11 September 2017.

The most recent inspection of the home was an unannounced pharmacy inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 23 March 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
Recommendation 1 Ref: Standard 21.1 Stated: First time	The registered provider should ensure that the adult safeguarding policy and procedures are reviewed and implemented within the home.	Met
	Action taken as confirmed during the inspection: The adult safeguarding policy / procedure had been reviewed / revised and implemented.	
Recommendation 2 Ref: Standard 9.1 Stated: First time	The registered provider should ensure that the care records of each resident contains the following: <ul style="list-style-type: none"> • a photograph of the resident • the contact details of the resident's dentist, optician and any other professional involved in the care of the resident 	Met
	Action taken as confirmed during the inspection: Examination of three care records confirmed that this recommendation had been actioned.	

Recommendation 3 Ref: Standard 17.10 Stated: First time	The registered provider should ensure that the system of recording the full process for the management of complaints is improved.	Met
	Action taken as confirmed during the inspection: Examination of complaints records confirmed that this recommendation had been actioned.	

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 care staffing levels during discussion with residents and staff.

A review of the duty roster confirmed that it reflected the named staff working within the home including shifts worked.

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 and the registered manager confirmed that mandatory training and supervision and appraisal of staff were provided in accordance with minimum standards. Staff supervision was being provided on a six monthly basis. Records of mandatory training, annual staff appraisals and staff supervision were maintained and reviewed during the inspection.

The registered manager advised 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 the assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found satisfactory.

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

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy and procedure in place was consistent with the current regional policy/guidance and included the registered manager as named safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager advised that the policy and procedure had been implemented within the home.

Discussion with staff confirmed that they were aware of the regional policy (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 demonstrated knowledge and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were 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 home's policy and procedure on restrictive practice/behaviours which challenge was dated April 2014. The registered manager explained that review and revision was a 'work in progress' to ensure these were in keeping with Department of Health (DoH) Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). Current best practice guidance including Deprivation of Liberties Safeguards (DoLS) should also be included. This policy will be reviewed by the inspector at the next care inspection.

The registered manager advised that the only restrictive practices employed within the home were a keypad entry systems on external doors and pressure alarm mats. Discussion with the registered manager regarding such restrictions confirmed the key pad entry system was in place for resident safety; these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. No other restrictive practices were observed during the inspection.

The registered manager explained that equipment in use within the home was well maintained in accordance with manufacturer's guidance. The use of mechanical hoists was discussed with the registered manager who advised that hoists were not required as all residents currently accommodated were mobile.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required.

The high number of notifications of events submitted to RQIA was discussed with the registered manager who explained that all events, including all slips, trips and falls were notified to RQIA and that the Belfast Trust request that all accidents/incidents occurring is forwarded to them using RQIA notification templates. The RQIA template should not be used to notify the commissioning trust of accidents/incidents/events which do not require to be notified to RQIA.

The registered manager confirmed there were risk management policy and procedures in relation to safety within 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, for example, manual handling, COSHH and fire safety.

Review of the infection prevention and control policy and procedure (IPC) was not undertaken during this inspection. The registered manager explained that she was currently undertaking review and revision of all policies/procedures. Staff training records confirmed that all staff had received training in IPC. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap and disposable towels wherever care was delivered. However, flowers within a vase of very unclean water were observed on the first floor window sill. Unclean water can present as a risk in regard to infection prevention.

Good standards of hand hygiene were observed to be promoted within the home among residents and staff. Notices promoting the seven steps good hand hygiene were displayed throughout the home in both written and pictorial formats.

An inspection of the home was undertaken. The general lack of cleanliness within areas was discussed with the registered manager who explained that one domestic was off on leave and the second part time domestic had covered the weekend. The registered manager advised that care staff do not undertake domestic duties within their contracted care hours and that an additional domestic staff member was due to commence work week beginning 6 November 2017. The registered manager explained that in the meantime domestic duties were undertaken by staff who worked additional time to their designated care hours when uniforms were changed and no care tasks undertaken. The manager explained this practice would cease when the new domestic staff member commences employment. A daily domestic cleaning schedule was in place.

Areas requiring attention within the environment related to the following;

- Designated outside smoking area viewed from the hallway very poorly maintained and walls badly marked
- Inappropriate storage of items within the boiler room
- Two unlocked domestic/storage cleaning rooms – one with items stored on the floor
- One kitchen cupboard door in poor state of repair
- Small equipment storage cupboard untidy with equipment stored inappropriately
- Stair carpet stained in several areas
- The presence of flowers within a vase of very unclean water on a first floor window sill and dead flowers within a flower pot in the hallway

Action is necessary to ensure that the above areas are addressed and that home is always maintained to a safe standard of cleanliness, items appropriately stored and domestic rooms kept locked. Increased audit of the standard of cleanliness is also recommended.

The home's Food Hygiene certificate displayed showed a rating of 4 out of 5. The kitchen was observed to be clean, tidy and organised.

The home's current fire risk assessment contained six recommendations which were not signed as being actioned. The registered manager advised that she thought four of the six had been

addressed by the responsible person. Action is necessary to ensure all recommendations are addressed and that the risk assessment recommendations are dated and signed in this regard.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed six monthly. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly/monthly. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Care staff spoken with during the inspection advised they were very satisfied that the care provided was safe with sufficient resources available. No issues or concerns were expressed or indicated.

Residents who spoke with the inspector made the following comments:

- “There is always staff around to help us”
- “I would just tell staff if I was not happy about something and they would fix it”
- “I feel safe here as staff are kind and take good care of us”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal and adult safeguarding. Positive feedback was given from residents and staff. No issues or concerns were expressed or indicated.

Areas for improvement

Areas identified for improvement related to environmental issues and addressing recommendations within the Fire Risk Assessment.

	Regulations	Standards
Total number of areas for improvement	1	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 seventeen residents currently accommodated.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessments and risk assessments, for example, manual handling and falls, 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. The registered manager advised that several care management reviews by the commissioning Belfast Trust were now overdue. The registered manager explained that she had contacted the trust in this regard.

Discussion with staff confirmed that a person centred approach underpinned practice. For example resident/representatives, where necessary were always involved in planning care with their views and preferences acknowledged.

Individual resident agreements setting out the terms of residency were in place and appropriately signed. Care records were stored safely and securely in line with data protection.

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 care records including care plans, accidents and incidents complaints, activities were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

An annual quality report dated August 2017 reflected resident, staff and representatives satisfaction survey responses (total of 32 respondents) in regard to areas including staffing, environment, mealtimes, activities and complaints. Analysis of responses showed overall positive feedback; 54% of respondents rated the areas as excellent, 43% very good and 3% as good. The report also reflected accidents/incidents, complaints, annual admissions, employment and recruitment and RQIA inspection outcomes. An action plan in respect of ongoing quality improvements including environmental redecoration, increased outings for residents and continued monitoring and reviewing of the service was included. The registered manager explained that identified areas for improvement had been addressed and continues to be monitored and reviewed.

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. The registered manager and staff advised that there was an "open door" policy in regard to communication within the home. Review of staff meeting minutes showed that these were provided on a six monthly basis. In accordance with minimum standards, meetings should take place on a regular basis and at least quarterly.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents. The registered manager explained that resident meetings are not held in large group format as many of the residents are unable to articulate their views. Instead small group or daily one to one discussions are held each day. Residents' views on various matters discussed were reflected within care record evaluations.

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.

Staff spoken with during the inspection gave positive feedback in regard to the provision of compassionate care.

Residents who were able to articulate their views commented;

- “The staff always see to us and I feel we have all we need here”
- “Staff always ask us each day how we are feeling and listen to what we say”
- “I have absolutely no issues about my care and the food and activities is great”
- “We have a good range of things to do which I really enjoy”

Areas of good practice

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

Areas for improvement

Action is necessary to ensure staff meetings are held on at least a quarterly base.

	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.

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. The registered manager advised that she was currently reviewing and revising all policies which will reflect the review dates. Policies discussed supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents’ spiritual and cultural needs were met within the home and that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The registered manager and residents, who were able to articulate their views, advised that consent was sought in relation to care and treatment. Discussion with residents 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 confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff and residents 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; during pre- admission assessments, care planning, review meetings and annual satisfaction surveys.

The registered manager explained that 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. Further detail on the survey is cited within section 6.5 of this report.

Discussion with staff, residents and observation of practice alongside review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The programme of activities provided included for example, musical evenings, bingo, cinema nights, arts and crafts. Arrangements were in place for residents to maintain links with their friends, families and wider community through open visiting, telephone contact and days out with relatives. Positive feedback on the provision of activities was received from respondents who participated in the home's annual satisfaction survey.

Staff spoken with during the inspection gave positive feedback in regard to the compassionate care provided. For example;

- "Residents are always consulted about what they wished to wear each day, what time they wanted to get up and go to bed and where they like to sit"
- "Residents have a choice of menu each day"
- "Permission is always sought before any treatment is provided"

Residents who were able to articulate their views commented:

- "Staff are very kind and are always available"
- "My needs are definitely met in this home"
- "Staff do listen to me and always ask if I am ok"
- "I feel I have everything I need"
- "We don't have to join in the activities if we do not want to, the choice is ours"

Areas of good practice

There were examples of good practice found 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 advised that she is supported in her role by care shift leaders, care assistants and small ancillary team of staff. At higher management level, support is provided by the responsible person, Mark Uprichard, who visits the home on a very regular basis. The registered manager explained that the home was one domestic staff member short and that a new domestic assistant was due to commence on 1 November 2017.

The RQIA certificate of registration and current employers' liability insurance certificate were displayed in a prominent position.

The registered manager explained that she had recently completed a training course in the Belfast Regional College on dementia care and was the dementia champion for both Breffni Lodge and Breffni House. As a result of training, plans for the development of a dementia friendly approach to care has been implemented with greater staff awareness and understanding alongside improved environmental surroundings.

The registered manager explained 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. The registered manager advised that these were currently being reviewed and revised as necessary. Policies in place were centrally indexed and retained in a manner which was easily accessible by staff.

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 information displayed in the front hallway. Discussion with staff demonstrated they were knowledgeable about how to receive and deal with complaints.

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, 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. An audit of complaints was used to identify trends and to enhance service provision through team discussions and, where necessary, the provision of training.

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. The registered manager advised that monthly monitoring of accidents and incidents was undertaken and recorded by the responsible person and discussed at weekly governance meetings. The manager explained that 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 part of 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. Reference to systems is reflected within section 6.5 of this report.

The registered manager explained that monthly monitoring visits were undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. However, review of reports retained evidenced that the last available report was dated May 2017. The registered manager explained that the reports May to date, were retained at the responsible provider’s office which was not within the premises. This is a clear breach of Regulation 29 (5) as reports should be retained within the home and made available on request to RQIA; registered manager; the resident or their representative; and an officer of the HSC Trust. Action was required to ensure compliance with the regulations in respect of the availability of monthly monitoring visits reports in the home.

There was an organisational structure and all staff was aware of their roles, responsibility and accountability. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home as he visited most days and weekly governance meetings were held.

Review of records and discussion with the registered manager and staff demonstrated knowledge and understanding of adult safeguarding and the procedure to follow. The registered manager, who is the identified champion for adult safeguarding, demonstrated awareness of her role and responsibilities in this regard.

The registered manager advised 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 advised 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 advised that there were arrangements in place for managing identified lack of competency and poor performance for all staff.

Staff spoken with during the inspection made the following comments:

- “I feel this is a very good home and the manager is very supportive”
- “We are provided with ongoing training and equipment to ensure the care provided is of a good standard”
- “All our residents are mobile and we do not require mechanical hoists”
- “Staffing levels are satisfactory, able to meet residents’ needs”
- “We have supervision and appraisals.”

Comments made by residents included:

- “There is always staff available to help us when we need them”
- “I have no complaints about the home, everything is good here”

Areas of good practice

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

Areas for improvement

Action is necessary to ensure compliance with Regulation 29 (5) which requires monitoring report visits to be available within the home.

	Regulations	Standards
Total number of areas for improvement	1	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 Regina Brady, Acting Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 4 (a)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017</p>	<p>The registered person shall ensure that all recommendations reflected within the current Fire Risk Assessment are addressed and the action plan dated and signed.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All works have been completed and verified by estates inspection 11 December 2017</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 29 (5)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017 and ongoing.</p>	<p>The registered person shall ensure that monthly reports on visits undertaken are retained within the home and made available on request to RQIA; registered manager; the resident or their representative; and an officer of the HSCTrust.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: R29 unannounced visit 4 December 2017 completed and available in the home.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017</p>	<p>The registered person shall ensure that action is taken to address environmental issues identified for improvement and that the home is always maintained to a good, safe standard of cleanliness; items appropriately stored and domestic rooms kept locked. Regular audits / spot checks are recommended.</p> <p>Matters to be addressed include:</p> <ul style="list-style-type: none"> • Designated outside adjacent smoking area viewed from the hallway very un-kept / ground and walls badly marked • Inappropriate storage of items within the boiler room • Two unlocked domestic / storage cleaning rooms – one with items stored on the floor • One kitchen cupboard door in poor state of repair • Small equipment storage cupboard un- kept with equipment stored inappropriately • Stair carpet badly stained in several areas • The presence of flowers within a vase of very unclean water on a first floor window sill and dead flowers within a flower pot in the hallway <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Smoking area to be relocated with combined registration variation submitted 16/11/17. General tidiness to be addressed with staff. Inappropriately stored items removed. Staff advised to keep doors locked at all times. Kitchen cupboard to be replaced. Second floor second floor equipment store cleared. Stair carpet to be replaced in 2018. Vase removed.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis and at least quarterly.</p> <p>Ref 6.5</p>
	<p>Response by registered person detailing the actions taken: Last formal staff meeting 1 June 2017 next scheduled 21 December 2017, will be held quarterly in future</p>

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



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