



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

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| Name of Establishment: | Cranley Lodge |
| Establishment ID No: | 1592 |
| Date of Inspection | 27 January 2015 |
| Inspector's Name: | Bronagh Duggan |
| Inspection No: | 21148 |

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

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| Name of Home: | Cranley Lodge |
| Address: | 5 Cranley Avenue, Bangor, BT19 7BY |
| Telephone Number: | 028 9147 1122 |
| E mail Address: | cranleylodge@hotmail.co.uk |
| Registered Organisation/ Registered Provider: | Mr Brian Adam |
| Registered Manager: | Mrs Lisa Dawn Harrison |
| Person in Charge of the home at the time of Inspection: | Mrs Lisa Dawn Harrison |
| Categories of Care: | RC-DE |
| Number of Registered Places: | 60 |
| Number of Residents Accommodated on Day of Inspection: | 59 |
| Scale of Charges (per week): | Trust Rates |
| Date and type of previous inspection: | 25 November 2014 Primary Unannounced Inspection |
| Date and time of inspection: | 27 January 2015 10:00am – 4:00pm |
| Name of Inspector: | Bronagh Duggan Linda Thompson |

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered provider
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

5.0 Inspection Focus

This inspection was conducted in response to a whistle-blowing contact with RQIA stating that there were a number of residents within Cranley Lodge requiring nursing care, staffing levels in the home were reduced and there was a lack of equipment in the home for moving and handling purposes.

The concerns raised were referred by RQIA to the South Eastern Health and Social Care Trust under partnership working in respect of Safeguarding of Vulnerable Adults and a parallel inspection undertaken sought to confirm if there were breaches in the Residential Care Homes (Northern Ireland) 2005 Regulations.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

| Guidance - Compliance statements | | |
|---|--|--|
| Compliance statement | Definition | Resulting Action in Inspection Report |
| 0 - Not applicable | | A reason must be clearly stated in the assessment contained within the inspection report |
| 1 - Unlikely to become compliant | | A reason must be clearly stated in the assessment contained within the inspection report |
| 2 - Not compliant | Compliance could not be demonstrated by the date of the inspection. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 3 - Moving towards compliance | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 4 - Substantially Compliant | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place. | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report |
| 5 - Compliant | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report. |

6.0 Profile of service

Cranley Lodge Residential Care home is situated in the middle of a quiet residential area on the outskirts of Bangor, and it is close to a local shopping centre and other amenities.

The residential home is owned and operated by Mr Brian Adam. The current registered manager is Mrs Lisa Harrison who has been in the position for six years.

Accommodation for residents is provided over two floors.

The Nightingale Suite, located on the ground floor, provides accommodation for twenty-six residents in single occupancy rooms, three bedrooms have ensuite facilities.

The Alexandra Suite, located on the first floor, accommodates thirty-four residents in single occupancy rooms and two bedrooms have ensuite facilities.

Both floors have large communal lounges, dining areas and adequate bathing and toilet facilities. Access to the first floor is via a passenger lift and stairs. A general kitchen services both levels.

There is an enclosed courtyard in the centre of the home and a second enclosed garden to one side for use by all residents in the home.

The home is registered to provide care for a maximum of 60 persons under the following categories of care:

Residential care

DE Dementia

7.0 Summary of inspection

This unannounced care inspection of Cranley Lodge was undertaken by Bronagh Duggan and Linda Thompson on 27 January 2015 between the hours of 10:00 am – 4:00 pm in response to whistleblowing information received by RQIA regarding conditions in the home. Both registered persons were available throughout the inspection and for feedback at the conclusion of the inspection visit.

The details of the allegations raised included:

- a high number of residents in the home were requiring nursing care
- residents assessed as requiring nursing care have not been moved onwards to appropriate nursing placements
- staffing levels in the home were not sufficient to meet the needs of residents
- domestic staff were providing care to residents without appropriate training
- the home did not provide equipment for moving and handling of residents
- the caller alleged that these issues had been raised with management in the home however they had failed to act.

Each element of the allegations raised is discussed in the main body of the report. A number of the allegations have however been evidenced to be accurate and immediate actions were required to be taken by the registered persons to ensure that all risks to residents were appropriately minimised.

The requirements and recommendations made as a result of the previous inspection were not all examined on this occasion; these have been carried forward for review at a future inspection.

During the inspection the inspectors met with residents and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

Discussions with staff indicated that they felt the situation in the home had become very difficult in the weeks prior to the unannounced inspection due to the increased complexity of care needs of residents and staff unplanned absence.

Some comments received from staff included:

“Upstairs can be difficult, especially last week”

“Staff are at breaking point, we had nowhere to go”

“There needs to be more planning done as residents needs change, there are a number of residents in transition from residential care to nursing care”

A review of eight weeks duty rota evidenced that there had been a number of occasions between December 2014 and January 2015 when staffing levels at the home fell below the minimum numbers expected in relation to the size of the home. Observations made by inspectors within the home, discussion with the registered manager and review of residents care records suggested that up to eight residents accommodated within Cranley Lodge required an urgent re assessment of need by the referring Health and Social Care Trust.

Two requirements are carried forward for validation at the next inspection, one requirement is raised for a second time and five requirements are raised for the first time. Six recommendations are carried forward for validation at the next inspection and one is raised as a result of the unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

As a consequence of the findings of inspection a serious concerns meeting was held in RQIA offices on 2 February 2015. This meeting was attended by the registered manager, registered provider and company director. The purpose of this meeting was to seek assurances from the registered persons that the health and welfare of residents was appropriately maintained.

The registered persons were advised at the conclusion of the meeting that there would be a further inspection to ensure the home has returned to full compliance and that improvements have been sustained.

The South Eastern Health and Social Care Trust were kept fully informed of the findings of inspection.

8.0 Follow-Up on Previous Issues

| NO. | REGULATION REF. | REQUIREMENTS | ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|---------------------------|---|--|--------------------------------------|
| 1 | Regulation 27. (4) (a) | <p>The registered person shall – have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed.</p> <p>Reference to this is made to the fact that recommendations made from the fire safety risk assessment in October 2013 had not been duly actioned by the date of inspection.</p> | Not reviewed on this occasion but shall be carried forward to future inspection. | Not Reviewed |
| 2 | Regulation 14. (6) | <p>On any occasion on which a resident is subject to restraint, the registered person shall record on the residents care plan the circumstances the nature of the restraint.</p> <p>Reference to this is made to the care plan reviewed which showed a pressure mat had been put in place for an identified resident this information however was not included in the residents care plan. Also in relation to the key pad system all appropriate consultation and documentation should be in place regarding its use. This includes the need for individual risk</p> | Not reviewed on this occasion but shall be carried forward to future inspection. | Not Reviewed |

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| | | assessments to be carried out which take into consideration the individual needs and preferences of residents in relation to accessing the keypad system and the use of any other restrictive devices. The use of any types of restraint and restrictive practices should be documented in the homes statement of purpose. | | |
| 3 | Regulation 15.1 (e) | <p>The registered person shall not provide accommodation to a resident at the residential care home unless –</p> <p>(e) the home has been registered for the category of care appropriate to the resident’s needs.</p> <p>Reference to this is made to any resident in the home assessed as requiring nursing care must have the suitability of their placement reviewed by the commissioning trust.</p> | <p>The inspectors can confirm that the registered manager did <u>not</u> pro-actively manage the situation in the home in respect of the changing needs of residents.</p> <p>.</p> <p>See main body of inspection report for further details.</p> <p>This requirement is raised for a second time.</p> | Not Compliant |

| NO. | MINIMUM STANDARD REF. | RECOMMENDATIONS | ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|-----------------------|---|--|--------------------------------------|
| 1 | 16.1 | <p>The registered manager should ensure that the homes vulnerable adult policy and procedure is revised and is in accordance with legislation, DHSSPS guidance, regional protocols and local procedures issued by Health and Social Care Board and Trusts.</p> <p>Staff should then be provided with an update.</p> | <p>An updated version of the safeguarding policy and procedures was provided and evidenced to have been drafted in keeping with legislation, DHSSPS guidance, regional protocols and local procedures issued by Health and Social Care Board and Trusts.</p> | Compliant |
| 2 | 27.5 | <p>The grounds should be kept tidy, safe, suitable for and accessible to all residents. The builder's rubble and other hazardous materials outside the home should be removed to ensure the safety of staff, visitors and residents and prevent vermin.</p> | <p>Not reviewed on this occasion but shall be carried forward to future inspection.</p> | Not Reviewed |
| 3 | 10.1 | <p>The registered manager should amend the homes policy on Challenging Behaviour and Restraint to reflect the need to inform that RQIA on each occasion restraint is used.</p> | <p>Not reviewed on this occasion but shall be carried forward to future inspection.</p> | Not Reviewed |
| 4 | 13.1 | <p>The registered manager should ensure that a policy regarding the provision of activities and events is developed.</p> | <p>Not reviewed on this occasion but shall be carried forward to future inspection.</p> | Not Reviewed |

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| 5 | 11.1 | The registered manager should ensure the identified resident has a review of their current placement carried out and RQIA should be informed of the outcome. | Not reviewed on this occasion but shall be carried forward to future inspection. | Not Reviewed |
| 6 | 27.8 | The registered manager should ensure the removal and replacement of the identified chair from a ground floor bathroom. | The identified chair was removed and an alternative provided. | Compliant |
| 7 | 27.1 | The registered manager should ensure the flooring in one resident's bedroom and in the hallway to an adjoining bathroom is replaced. | Not reviewed on this occasion but shall be carried forward to future inspection. | Not Reviewed |
| 8 | N39 | The registered manager should ensure the bin for clinical waste in the identified bathroom should have a pedal control and lid for infection control purposes. | An appropriate bin for clinical waste was in place in the identified bathroom. | Compliant |
| 9 | 27.8 | The registered manager should ensure the bed base in the identified bedroom is replaced; the mattress should also have a thorough clean. | Not reviewed on this occasion but shall be carried forward to future inspection. | Not Reviewed |

9.0 Inspection Findings

9.1 Assessment of Residents / Care Reviews

The inspectors examined the general environment of the home, observed care delivery and made a number of observations in relation to the care needs of residents. A number of resident's care records were examined and there was evidence that up to eight residents had complex care needs requiring urgent review by the multi - professional team of the referring HSC Trust. A number of residents' records also evidenced that HSC Trust care reviews were out of date.

The registered manager confirmed that four residents had recently been admitted to hospital due to deterioration in their conditions and that she felt they were unlikely to return to Cranley Lodge upon their discharge. The registered manager also informed inspectors that she had contacted the referring HSC Trusts to request care reviews for a number of residents in the home which had not happened by the date of the inspection. Records were available in the home to confirm this.

In relation to the information received by RQIA regarding the presence of residents in the home requiring nursing care this part of the allegation has been substantiated.

One identified resident was referred, at the direction of the inspectors, to the local HSC Trust for urgent district nursing support.

A requirement is made that the manager should proactively seek care reviews for residents when their needs are observed as changing. This should be done in a timely manner to avoid the situation where residents needs have gone beyond what can be appropriately met within the residential care home environment.

9.2 Staffing Levels

The inspectors examined staff duty rosters for an eight week period. A number of periods were identified when there was unplanned absence of staff without additional staff cover being provided. This staff shortage at a time of increased resident complexity increased risk to residents and had a direct impact on staff ability to deliver an acceptable standard of care.

Discussions with staff and a review of six completed questionnaires confirmed that staff felt the workload in the home was significantly affected by the high level of needs of some residents in the home.

Comments received from staff included:

“Upstairs can be difficult, especially last week”

“Staff are at breaking point, we had nowhere to go”

“There needs to be more preparation done, there are a number of residents in transition from residential care to nursing care”

This part of the allegation has been substantiated. A requirement is made that the registered manager must ensure that at all times there are staff working at the home in such numbers that are appropriate for the health and welfare of residents.

During the serious concerns meeting held at RQIA offices the registered manager informed inspectors that the home had registered with a care staff agency to ensure availability of staff in emergency situations and to ensure staff numbers are maintained within the home at all times.

In relation to the allegation that domestic staff were helping support residents at meal times, and with hygiene needs discussion with staff members on duty confirmed that on occasions domestic staff may support resident care. A review of staff training records showed that all staff employed in the home had completed relevant training in first aid and manual handling. This part of the allegation has not been substantiated.

A review of the night duty schedule showed that a high level of domestic tasks were being completed by care staff. The inspectors raised concerns that this focus on domestic duties at night detracted from staff availability to deliver care. This issue was discussed with the registered manager and registered provider. During the serious concerns meeting held at RQIA offices the registered manager presented a revised night duty work schedule with reduced domestic tasks ensuring more time to support residents.

9.3 Routines of care

A review of information available in the home evidenced routines in place around personal hygiene and wakening times which failed to ensure a person centred approach. Records available evidenced that care was task orientated. A review of records evidenced that on the day of the inspection 56% of residents on the first floor were found to have been assisted to wash and dress prior to 8am. Staff also informed the inspector that at times residents, if tired, could be placed back in bed (dressed in day clothes) to go back to sleep.

These issues were discussed with the registered manager who informed the inspectors that these routines including a specific toileting and bathing programme were in place to ensure residents personal hygiene needs were met on a regular basis. Inspectors were concerned following a review of this information that a person centred, individualised approach to care was being overlooked and replaced by a task driven approach.

A requirement has been made that all care delivered in the home should be done in such a way to enable residents to make decisions with respect to the care they receive and their health and welfare.

There must be clear evidence of resident's involvement in the decision of what time to rise in the morning and what time to retire each evening. This morning routine must be kept under continual review by the registered manager. Residents rising and receiving personal care prior to seven am should only be available by exception rather than as a normal routine.

9.4 Equipment

Discussion with the registered manager and observations made during the inspection confirmed that there were no hoists available in the home to support residents with higher mobility needs. This lack of hoists for moving and handling purposes is appropriate for a residential care setting. However the needs of residents must always be kept under review and as residents mobility deteriorates and care needs become more complex referral should be made with urgency to the residents care manager for a full and comprehensive assessment of need. This situation should remain under review.

9.5 Duty Rota

A review of the duty rota illustrated that the hours worked by the registered manager were not included. This matter was raised with the registered manager who informed inspectors verbally of the hours she would usually work.

A requirement is made that the duty rota reflects the hours worked by all staff in the home this should include the hours worked by the registered manager.

9.6 Training

A review of resident's records evidenced that one resident in the home had a need for specialised care interventions. The inspectors discussed the training needs of staff to meet the resident's individual needs and were advised that no such specialised training had been provided.

A requirement is made that staff involved in the residents care should complete training in relation to the management of same.

9.7 Cleaning Schedule

It was noted during the inspection that the floor was being mopped midmorning. Inspectors were concerned that this was a busy time when residents were walking around the corridors therefore increasing the risk of falls.

A recommendation is made that the cleaning schedule for the home should be reviewed in such a way as to reduce risks and disruption to residents.

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Lisa Harrison, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

Bronagh Duggan
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

Cranley Lodge

27 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Lisa Harrison either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

| No. | Regulation Reference | Requirements | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|------------------------|--|------------------------|---|-------------------------|
| C/F | Regulation 27. (4) (a) | <p>The registered person shall – have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed.</p> <p>Reference to this is made to the fact that recommendations made from the fire safety risk assessment in October 2013 had not been duly actioned by the date of inspection.</p> | One | <p>A Fire Risk Assessment was carried out on 24.11.14. All recommendations have either been actioned or are in the process of ongoing work.</p> | Immediate from 25/11/14 |
| C/F | Regulation 14. (6) | <p>On any occasion on which a resident is subject to restraint, the registered person shall record on the residents care plan the circumstances the nature of the restraint.</p> <p>Reference to this is made to the care plan reviewed which showed a pressure mat had been put in place for an identified resident this information however was not included in the residents care plan. Also in relation to the key pad system all appropriate consultation and documentation should be in place regarding its use. This includes the need for individual risk assessments to be carried out which take into consideration the individual needs and preferences of residents in relation to accessing the keypad system</p> | One | <p>This is stated in the policy and would be done.</p> <p>The oversight where a Resident had a pressure mat and it was not stated in the care plan has now been rectified.</p> <p>A risk assessment is now in place for every Resident ref. use of keypad system and the outcome recorded in their care plan.</p> <p>The Homes Statement of</p> | By 25/2/15 |

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| | | and the use of any other restrictive devices. The use of any types of restraint and restrictive practices should be documented in the homes statement of purpose. | | Purpose has been updated. | |
| 1. | Regulation 15.1 (e) | <p>The registered person shall not provide accommodation to a resident at the residential care home unless –</p> <p>(e) the home has been registered for the category of care appropriate to the resident's needs.</p> <p>Reference to this is made to any resident in the home assessed as requiring nursing care must have the suitability of their placement reviewed by the commissioning trust.</p> <p>Ref 8.0</p> | Two | <p>The Resident referred to here was moved onto Nursing care within 28 days following the Inspection.</p> <p>All other Residents in this position have now been reviewed by the placing Trust.</p> <p>All Residents identified have now been moved on to Nursing Care except one, due to move on 27.2.15 and one where the daughter is querying the nursing assessment and care management are actively working on this.</p> | Immediate from 27/1/15 and on going |
| 2. | 15.(2) | <p>The registered manager should ensure that the assessment of residents needs is kept under regular review and ensure residents changing needs are addressed in a timely manner.</p> <p>Ref: 8.1</p> | One | <p>This is ongoing. The Registered Manager is making a point of speaking with staff regularly about any concerns and has also created a space on the daily handover to management to highlight any concerns in this area.</p> | Immediate from 27/1/15 and ongoing. |
| 3. | 20.(1) (a) | <p>The registered manager should ensure that staffing levels within the home are maintained in such numbers as are</p> | One | <p>This is ongoing. Since the inspection staffing levels have been maintained. This is being</p> | Immediate from 27/1/15 and ongoing. |

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| | | appropriate for the health and welfare of residents. Ref:8.2 | | reviewed on an ongoing basis and again the Registered Manager is keeping in touch with staff findings in this area on a daily basis. | |
| 4. | 13.(2) | The registered manager should ensure that residents are involved in the decisions to rise early in the morning or retire at specific times each night. Ref: 8.3 | One | Care plans are being reviewed at present to ensure they reflect Residents wishes. A small number of Residents continue to rise early and this has been discussed with family and recorded in their care plan. Night staff have been reminded of the need to promote sleep and are actively working to encourage Residents to sleep longer. | Immediate from 27/1/15 and ongoing. |
| 5. | 14.(4) | The registered manager must ensure that all staff supporting the care needs of the identified resident are appropriately trained. Ref:8.6 | One | Training has been organised in this area. | By 24 February 2015 |
| 6. | 19(2) | The registered manager must ensure that the staff duty roster includes a record of the hours worked by the registered manager. Ref: 8.2 | One | This is now recorded on the rota. The Registered Manager continues to submit timesheets to the Proprietor reflecting all hours worked also. | Immediate from 27/1/15 and ongoing. |

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

| No. | Minimum Standard Reference | Recommendations | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------------|---|------------------------|--|---------------------|
| C/F | 27.5 | The grounds should be kept tidy, safe, suitable for and accessible to all residents. The builder's rubble and other hazardous materials outside the home should be removed to ensure the safety of staff, visitors and residents and prevent vermin. Ref 8.0 | Two | Work in this area ia ongoing. | By 20 February 2015 |
| C/F | 10.1 | The registered manager should amend the homes policy on Challenging Behaviour and Restraint to reflect the need to inform that RQIA on each occasion restraint is used. Ref 8.0 | One | This has been done. | By 20 February 2015 |
| C/F | 13.1 | The registered manager should ensure that a policy regarding the provision of activities and events is developed. Ref 8.0 | One | This Policy has been developed and is in the Policies and Procedures folder. | By 27 February 2015 |

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| C/F | 11.1 | The registered manager should ensure the identified resident has a review of their current placement carried out and RQIA should be informed of the outcome. Ref 8.0 | One | This is ongoing, Care Manager has spoken to Bronagh Duggan with regard to the difficulties with this case and the Care Manager continues to work with Psychiatry of Old Age to get an answer on this. | Immediate from 25/11/14 and ongoing |
| C/F | 27.1 | The registered manager should ensure the flooring in one resident's bedroom and in the hallway to an adjoining bathroom is replaced. Ref 8.0 | One | Th bedroom flooring has been replaced and the hall/bathroom flooring has been repaired. | By 20 February 2015 |
| C/F | 27.8 | The registered manager should ensure the bed base in the identified bedroom is replaced; the mattress should also have a thorough clean. Ref 8.0 | One | This has been temporarily replace but an action plan is in place to replace majority of beds. | Immediate from 25/11/14 |
| 1. | 27.8 | It is recommended that the registered manager review the cleaning schedule to ensure that floors are being washed when residents are less likely to walk in these areas. Ref:8.7 | One | This is being reviewed on an ongoing basis. | Immediate and ongoing. |

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

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| NAME OF REGISTERED MANAGER COMPLETING QIP | Lisa Harrison |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | Brian Adam |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|------------|------------------|-------------|
| Response assessed by inspector as acceptable | Yes | Bronagh Duggan | 6.5.15 |
| Further information requested from provider | | | |