

# Unannounced Care Inspection Report 10 May 2018



## Greenvale

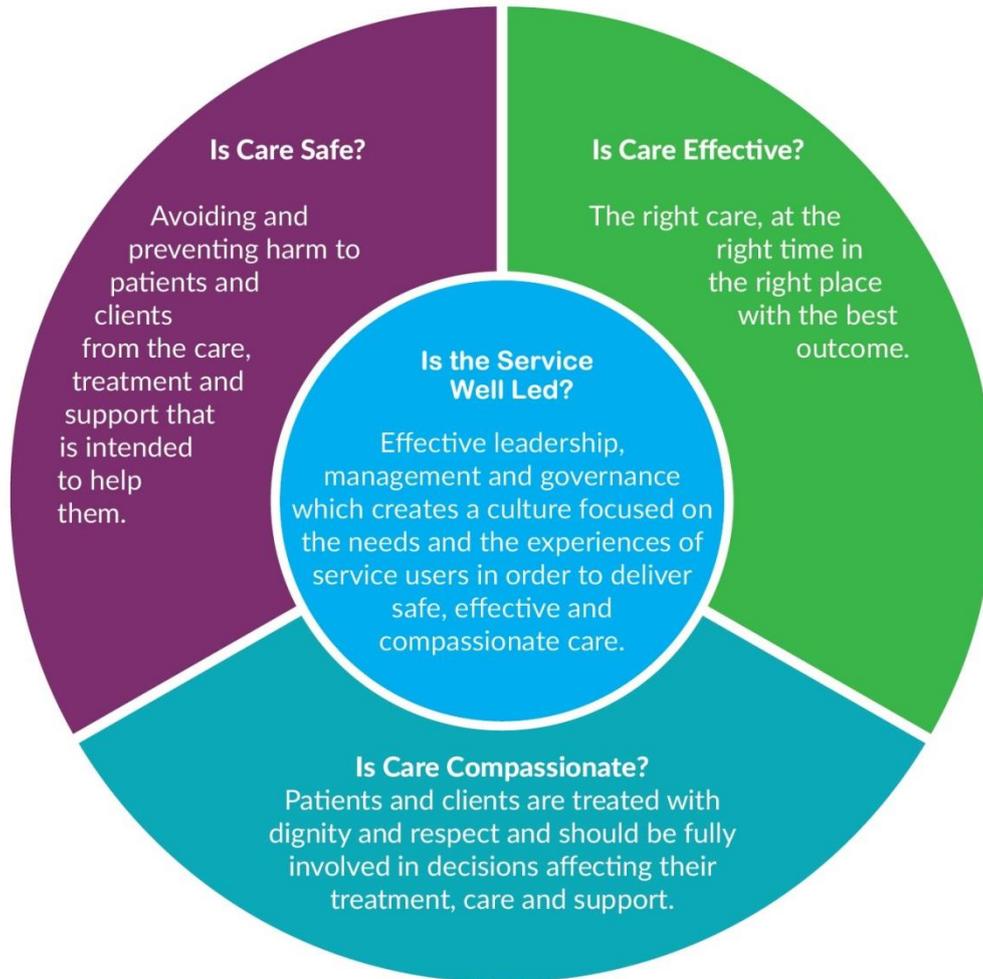
**Type of Service: Residential Care Home**  
**Address: 21 Rossmore Drive, Belfast, BT7 3LA**  
**Tel No: 028 9049 1310**  
**Inspector: Kylie Connor**

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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 eleven places that provides care and support for residents with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Inspire Disability Services  <b>Responsible Individual:</b> Peter McBride	<b>Registered Manager:</b> Lorraine Carr
<b>Person in charge at the time of inspection:</b> Lorraine Carr	<b>Date manager registered:</b> 21 December 2016
<b>Categories of care:</b> Residential Care (RC) LD – Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> Total number 11 comprising: 11 – RC – LD 11 – RC – (LD (E))

### 4.0 Inspection summary

An unannounced care inspection took place on 10 May 2018 from 10.30 to 18.50.

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

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

Evidence of good practice was found in relation to staff training, supervision, communication between residents, staff and other interested parties and maintaining good working relationships.

Areas requiring improvement were identified in regard to the completion of competency and capability assessments, updating the statement of purpose and residents guide, to improve the management of residents' weights and to review and improve the range of audits undertaken.

Residents and a representative said that they enjoyed their lifestyle in the home, communication was effective, that they had good relations with staff and that the food was good.

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
<b>Total number of areas for improvement</b>	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Lorraine Carr, registered manager and Lynsey Murray, deputy 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 24 January 2018.

## 5.0 How we inspect

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

During the inspection the inspector met with the registered manager, six residents, two care staff, one ancillary staff and one resident's visitor/representative.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule and training records
- Two residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks)
- Monthly manager's report
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- A sample of questionnaires completed for the annual quality assurance survey
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

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 24 January 2018

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

### 6.2 Review of areas for improvement from the last care inspection dated 24 January 2018

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
<b>Area for improvement 1</b> <b>Ref:</b> Standard 29.6 <b>Stated:</b> Second time	The registered person shall ensure that unannounced fire drills are carried out to support and enhance training: records should be retained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following inspection of fire drill records.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 24.2 <b>Stated:</b> First time	The registered person shall ensure that agency staff have recorded, individual formal supervision according to the homes procedures no less than once every six months for staff who are performing satisfactorily.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed discussion with the registered manager, staff and review of records.	

## 6.3 Inspection findings

### 6.4 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff were used in the home. The registered manager stated that the use of agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, a resident's representative and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the registered manager confirmed that competency and capability assessments for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager had not been completed for the team leader and night staff. An area for improvement was identified to comply with the regulations.

The registered manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The registered manager confirmed that an email is received from the organisation's personnel department confirming that all pre-employment checks had been completed. The inspector advised that it is good practice to retain a copy of this email in the staff file; the registered manager gave assurances that this would be carried out.

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

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The registered manager was advised that it is good practice to conduct checks via the NISCC website on a monthly basis and retain a record of these. This is included in an area of improvement detailed in section 6.5 of the report. Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the Adult Safeguarding Champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. 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. Discussion with the registered manager confirmed that action plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns. The registered manager was advised that the notification must be made to RQIA without delay and that further information may be provided as an investigation progresses. The registered manager gave assurances to comply and the notification was made immediately.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The registered manager advised there were restrictive practices within the home, notably the use of lap belts and the management of smoking materials. The registered manager reported that pressure alarm mats were not used. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were not described in the statement of purpose and residents' guide and an area of improvement was identified to comply with the standards.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home however PPE was not stored in line with best practice, for example, boxes of gloves were observed sitting on toilet cisterns or window ledges. Following the inspection, the registered manager reported that appropriate storage solutions were being sourced. Observation of staff practice identified that staff adhered to IPC procedures.

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

IPC compliance audits were not undertaken and the inspector directed the registered manager to information from a number of websites to obtain best practice guidance. This issue was included in an area of improvement detailed on section 6.5 of the report.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The registered manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. The kitchen and dining room floors appeared dirty in places and the registered manager reported that whilst the floors were cleaned, the discoloration was 'ground in dirt'. The registered manager stated that this had been reported but that there was no timeframe had been confirmed. Following the inspection, the registered manager verified that this cleaning had been undertaken on 26 May 2018.

Inspection of the internal and external environment identified that the home and grounds were safe, suitable for and accessible to residents, staff and visitors. The registered manager reported that there were plans to tidy up and improve the garden and patio. Residents stated that they needed a sun umbrella for the garden. The registered manager gave assurances that this would be purchased and following the inspection reported that this had been done. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety and smoking.

The registered manager reported that the home had an up to date Legionella risk assessment in place dated 20 April 2018 and no recommendations had been made.

It was established that one resident smoked. A review of the care record of this resident identified that risk assessment and corresponding care plan had been completed in relation to smoking.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The registered manager reported that a Lifting Operations and Lifting Equipment Regulations (LOLER) assessment was scheduled to take place on 11 May 2018.

The home had an up to date fire risk assessment in place dated 18 January 2018 and plans were being made to address the recommendation.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire

safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Staff spoken with during the inspection made the following comments:

- “I’ve to get supervision today.”
- “We use the same agency.”
- “Staffing has improved, it’s good.”
- “We had to update our online training recently.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training, supervision and risk management.

**Areas for improvement**

Two areas for improvement were identified in regard to the completion of competency and capability assessments and updating the statement of purpose and residents guide.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with General Data Protection Regulation (GDPR). A review of two 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 assessment and risk assessments (choking, smoking and mobility where appropriate) were reviewed and updated on a regular basis or as changes occurred. The registered manager was advised to consult with the Information Commissioners Office (ICO) regarding the need to register with them in respect of the records the home retains on residents and staff.

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 their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, the residents' preference was that they did not want an activity programme or a menu to be on display in the home and this was respected.

A varied and nutritious diet is provided which meets the individual and recorded dietary needs and preferences of the residents. Residents were observed enjoying their lunch and commented positively afterwards about the quality and variety. A review of records evidenced that residents' weights were not recorded regularly. An area of improvement was identified to comply with the standards. There were arrangements in place to refer residents to a dietician and speech and language therapists (SALT) as required.

Discussion with the registered manager confirmed that wound care is managed by community nursing services. Referrals were made to the multi-professional team regarding pressure areas and any concerns were identified in a timely manner. Resident's wound pain was found to be managed appropriately.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, the environment and accidents and incidents (including falls, outbreaks) were available for inspection. Discussion with the registered manager identified that there was a need to review and improve the range of audits in place, for example in regard to IPC and the management of residents' weights and NISCC registration. An area of improvement was identified to comply with the standards.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

A review of care records, 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 reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other interested parties.

### **Areas for improvement**

Two areas for improvement were identified in regard to the management of residents' weights and the need to review and improve the range of audits in the home.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 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.

The registered manager and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner.

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. Discussions with staff and residents confirmed that there was effective and timely communication with residents on all matters.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings and visits by the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. The registered manager reported that residents had completed questionnaires in January 2018 and a sample were reviewed; the annual quality review report for 2017/2018 was being completed.

Discussion with staff, residents and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents described a range of activities that they enjoyed including attending concerts, playing skittles, talking with staff, boccia, bingo and going out to local shops. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, a number of residents attend local day centres, local places of worship and residents reported that their visitors can call anytime.

Residents and staff spoken with during the inspection made the following comments:

- “The staff are very good.” (resident)
- “(staff member) is a scream, she dances around the floor, she keeps you going.” (resident)
- “We are going to a concert next Friday night. We have our tickets and we are going by taxi.” (resident)
- “I came about eight weeks ago. I like it.” (resident)
- “He made a lovely dinner yesterday, chicken and white sauce, potatoes and cabbage. It was beautiful.” (resident)
- “I love going down the road to look in charity shops.” (resident)
- “I enjoyed that (an activity) the other day.” (resident)
- “We really care for the residents in here. We have jokes and they enjoy that.” (staff)
- “They get a good variety (of meals) and we make what they want, especially for tea.” (staff)
- “They are going to ‘silver screen’ today to watch an old movie.” (staff)
- “We are considerate of residents’ routines and what they like.” (staff)

**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
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The registered manager outlined the management arrangements and governance systems in place within the home and stated 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 stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident’s Guide and information on display in the home. Discussion with staff confirmed that they were

knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. However, whilst complaints made by residents about other residents were being documented in accident/incident records, they were not being recorded in complaint records. The registered manager gave assurances that this would commence immediately. The records indicated that one complaint was on-going; the registered manager advised that this was closed. Following the inspection, the registered manager reported that the complaint record had been updated. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff. The inspector advised that it is good practice to record verbal compliments received and the registered manager stated that this would be actioned.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Staff had completed respect training in regard to positive behaviour management.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the

premises confirmed that the RQIA certificate of registration and employer’s liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

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

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. The inspector advised that best practice guidance should be sought from the Equality Commission in regard to the management of equality data collected.

Staff spoken with during the inspection made the following comments:

- “Lorraine and Lynsey are very approachable.”

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lorraine Carr, registered manager and Lynsey Murray, deputy 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><b>Area for improvement 1</b></p> <p>Ref: Regulation 20 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 July 2018</p>	<p>The registered person shall carry out a competency and a capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Competency and capability assessments have been carried out for all staff that have responsibility of being in charge of the home.</p>

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 20</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 August 2018</p>	<p>The registered person shall ensure that the statement of purpose and residents guide are updated to reflect the range of restrictive practices that may be used in the home and management thereof to meet the needs of residents.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Statement of purpose and residents guide has been updated to reflect the range of restrictive practises in the home to ensure we meet residents individual needs.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 9.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 July 2018</p>	<p>The registered person shall ensure that residents' weight is monitored and evaluated on a regular basis.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> A monthly weight schedule has been revised and dates have been entered in the diary to ensure weights are recorded in a timely manner in relation to standard 9.3</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 August 2018</p>	<p>The registered person shall review and improve the range of audits in place, including working practices in regard to IPC and the management of residents' weights and monthly checks of the NISCC register.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Range of audits have been reviewed and improved to ensure working practices in relation to IPC, residents weights and checks of the NISCC register and are available in the home.</p>

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



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