

# Unannounced Care Inspection Report 9 August 2016



## Hollygate Lodge

Type of service: Residential care home  
Address: 21 Hollygate Park, Carryduff, Belfast, BT8 8DZ  
Tel No: 028 9081 3243  
Inspector: Alice McTavish

## 1.0 Summary

An unannounced inspection of Hollygate Lodge took place on 9 August 2016 from 09.55 to 17.15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment. No requirements or recommendations were made in relation to this domain.

### Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders. No requirements or recommendations were made in relation to this domain.

### Is care compassionate?

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. No requirements or recommendations were made in relation to this domain.

### Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships. No requirements or recommendations were made in relation to this domain.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>0</b>	<b>0</b>

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Sharon Boyd, registered manager and Ian Emerson, responsible person (acting) as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

### 1.2 Actions/enforcement taken following the most recent estates inspection

Other than those actions detailed in the Quality Improvement Plan (QIP) there were no further actions required to be taken following the most recent inspection on 2 June 2016.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Hollygate Care Services Ltd/Ian George Emerson (acting)	<b>Registered manager:</b> Sharon Boyd
<b>Person in charge of the home at the time of inspection:</b> Sharon Boyd	<b>Date manager registered:</b> 14 October 2015
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 38

### 3.0 Methods/processes

Prior to inspection the following records were analysed: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with seven residents, the registered manager, the deputy manager, one senior care assistant, two care assistants, one domestic, the cook, one visiting professional and two residents' visitors/representatives.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment files
- Care files of three residents
- The home's Statement of Purpose and Resident's Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities
- Policies and procedures manual

A total of 35 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. 24 questionnaires were returned within the requested timescale.

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection dated 2 June 2016**

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next estates inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 15 October 2016

Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 January 2016</p>	<p>The registered manager should ensure that the policy documents relating to consent, to communication with carers and relatives and to seeking residents' and relatives' views of care are further developed in order to provide comprehensive guidance to staff in each of these areas.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of the policy documents confirmed that the policies relating to consent, to communication with carers and relatives and to seeking residents' and relatives' views of care were further developed in order to provide comprehensive guidance to staff in each of these areas.</p>	<p><b>Met</b></p>

#### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty:

- 1 x registered manager
- 1 x deputy manager
- 1 x senior care assistant
- 5 x care assistants
- 1 x cook
- 2 x catering assistants
- 1 x domestic assistant
- 1 x laundry assistant
- 1 x handyman

One senior care assistant and four care assistants were due to be on duty later in the day. One senior care assistant and two care assistants were scheduled to be on overnight duty.

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

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of staff competency and capability assessments were reviewed and found to 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 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. The registered manager confirmed that Enhanced AccessNI disclosures were viewed by the registered manager 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 advised that the home's adult safeguarding policies and procedures were being updated to reflect the current regional guidance. The existing policy document included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager confirmed that there are plans in place to implement the new adult safeguarding procedures.

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

Discussion with the registered manager and review of care records and complaints records confirmed that where suspected, alleged or actual incidents of abuse occurred, these 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. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls) were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed there were restrictive practices employed within the home for some residents, notably wheelchair lap belts, bed rails and pressure alarm mats. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced. Observation of equipment and inspection of maintenance and cleaning records confirmed this.

The registered manager advised that the home's infection prevention and control (IPC) policy and procedure was in the process of being updated to reflect regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

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

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 5 January 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every six months for all care and ancillary staff. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems were checked weekly and that emergency lighting and means of escape were checked monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

24 completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. 21 respondents described safe care as excellent and two respondents described it as good.

Comments received from staff were as follows:

- “I feel the training offered is sufficient to assure we can care for the service users to our full potential. Management will also be open to our suggestions for training.”
- “I feel the care is of a high quality and very safe.”

Comments received from residents and residents’ representatives included:

- “Very safe in here.”
- “Visiting residents in this facility – staff are excellent regarding the above aspects (of safe care).”
- “Communication with staff is very good and risks are understood and well managed.”
- “My (relative’s) laundry and room are always fresh and clean. The environment is always clean.”

**Areas for improvement**

There were no areas identified for improvement.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.4 Is care effective?**

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of 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 statement of health and well-being of the resident. 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 resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail how individual care was delivered to residents.

The registered manager confirmed that an individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls), complaints, environment, kitchen hygiene and catering were available for inspection. There was evidence that improvements were made as a result of audits, for example, when falls occurred in one area, it was identified that a contributory factor was the flooring; this was replaced and no further falls occurred. When a resident had a succession of falls out of bed, a referral was made to community services and a bed lever was provided. No further falls out of bed occurred for this resident. Further evidence of audit was contained within the monthly monitoring visits reports.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident and/or their representative meetings were available for inspection.

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 who required specialist supports (sign language, talking mats, Alzheimer's Society etc).

A visiting professional spoken with during the inspection made the following comment:

- "I think this place is just great. The care given to my patient has been excellent."

24 completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described effective care as excellent or good.

Comments received from staff, residents and residents' representatives were as follows:

- “Not aware of a forum (for the representatives of service users to meet and share their views), perhaps there is one. Would be interested in knowing more about this.”
- “Excellent communication utilised by Hollygate care staff to (community services).”
- “The staff are good and kind to me.”
- “My care has been very effective.”
- “All residents are asked for their choices and all staff members know the likes and dislikes of residents and their backgrounds in terms of health.”
- “This is home from home, excellent.”
- “Feel the care is fully effective and meets all the residents' needs.”
- “From my observations the majority of staff will prioritise service users' care appropriately.”
- “I am always invited to user care reviews and the manager always lets me know about changes in my (relative's) needs. Management have shown exceptional care to my aunt by organising the necessary support to meet my (relative's) changing needs; they gave my (relative) a more appropriate room, suitable bed and chair and have liaised with the GP, social worker, OT, physiotherapist and myself to vastly improve my (relative's) provision.”

### Areas for improvement

There were no areas identified for improvement.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

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

There was a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to describe how residents' confidentiality was protected, for example, in conducting conversations of a private nature discreetly and ensuring that written records were stored securely.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. 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. A notice was placed on display in the home advising residents and other interested parties that the report was available to read. Where necessary, an action plan was developed and implemented to address any issues identified.

Residents spoken with during the inspection made the following comments:

- “This is a good place. The staff are lovely and they treat me kindly. The food is good and they (staff) make sure that I have finished my meal before they take the plate away. I was in another home where they did that! The staff also ask me if it is all right to come into my room or if they are going to help me with anything. I like it here.”
- “I’m very happy here. They are very good.”
- “I like it well enough.”
- “It’s good.”
- “I feel very happy here. The staff are wonderful. They have got to know me very well, what I need and when, and how I like things to be done. I couldn’t speak highly enough of them. I get plenty of choices about what I eat, what I wear, when I get up and go to bed and the staff are always on hand to help me. I now feel safe as I know there are people around to help. I have lots of company, my health has improved as I am getting the care that I need and the staff have taken over giving me my medication so I am getting the right tablets at the right time. I am so glad I came here!”
- “I have no complaints about Hollygate. The girls are really lovely and the food is absolutely excellent. I have a lovely room and I don’t have to worry about cooking, cleaning or washing my clothes. I couldn’t be in a better place.”

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

- "I couldn't praise Hollygate highly enough. The staff are great and they treat everyone here very well. The staff keep us family informed of any changes in our (relative) and they call the GP immediately if they have any concerns. We visit frequently and at all different times of the day so I see how the other residents are treated. I can see that staff are very careful to preserve the dignity and confidentiality of residents. There is plenty of activity here too, always something going on. The place is kept spotlessly clean. We are very pleased that our (relative) has settled well here and now considers this her home. We are always made so welcome by staff."
- "I couldn't say enough about Hollygate. The staff have gone the extra mile for my (relative). They have got her all the equipment she needs and they moved her to a larger room to accommodate the equipment. They made referrals to community teams on her behalf and that has been of benefit. They are kind to her, I am kept informed of every detail of the care and am fully involved in the care. I am so pleased with her care here and believe it to be second to none."

24 completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described compassionate care as excellent or good.

Comments received from staff, residents and residents' representatives were as follows:

- "Hollygate promotes service user opinion as far as possible and I feel care plans are implemented appropriately."
- "All residents are treated with respect and dignity from their arrival in Hollygate."
- "This is a great home, everyone is treated wonderfully."
- "The training that is provided at Hollygate ensures that all staff respect our clients and have high standards of confidentiality and respect."
- "I have been very well respected."
- "I feel very happy at Hollygate and well looked after. Staff give me respect and ensure my privacy at all times."
- "My impression is that staff are compassionate and caring consistently."
- "I and my family are kept informed about the service and the services provided and available for our relative."
- "I am very happy with the dedicated care my (relative) receives. Every time I visit, staff are always interacting well with residents. They are pleasant and cheerful, creating a nice homely atmosphere. My (relative) is always well dressed and staff often pick out little pieces of jewellery for her to wear. The manager, senior carers and care assistants are all very kind and professional in giving care to my (relative). My (relative) is always treated with dignity and respect. When speaking to my (relative), they always use her name and know (her) personality and specific needs. Each carer organises a Christmas gift for a specific resident and at other times of the year which is a nice thing to do. All the management, carers and cook have a genuine interest in making sure my (relative) is well looked after."

### Areas for improvement

There were no areas identified for improvement.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The registered manager also confirmed that the health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that they had received training on complaints management during induction and 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, 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 had received very few complaints. The registered manager advised that, should more complaints be received, an audit of complaints would be used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice. The Falls Prevention Toolkit was discussed with the registered manager and advice given on how to implement this.

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

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff, for example, the latest guidance relating to adult safeguarding. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, oral health, sensory awareness, continence management and promotion, dealing with dying and death, equality.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

The registered manager advised that five care assistants were shortly to commence NVQ level 3 qualification in health in social care. This represented significant investment in the care team which would directly enhance the quality of care provided to residents.

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. Discussion with the registered provider identified that he had understanding of his 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 was present in the home on an almost daily basis and was always contactable by telephone or via email.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

24 completed questionnaires were returned to RQIA from service users, staff and relatives. Respondents described the well led service as excellent or good.

Comments received from staff, residents and residents’ representatives were as follows:

- “We have no problem raising any concerns with management. They have been very open to any concerns we would have and they have been proactive in many aspects of care and services.”
- “Leadership is good, visible and respectful.”
- “The managers are very good. They sort out any areas of concern for me very promptly.”
- “The service is very good and well managed.”
- “Both the manager and deputy manager are really professional and approachable about any issues of concern. They are passionate about providing the highest standard of care at Hollygate.”
- “Manager and deputy manager are very approachable, will go that extra mile for all the staff. All paperwork is in place and lots of information is available.”
- “I feel confident is approaching senior staff and management with any concerns, questions or input I have to the care in the home.”
- “The manager and senior carers are very approachable and friendly and always have time to speak to me about my (relative). They are very caring and professional. “

**Areas for improvement**

There were no areas identified for improvement.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**5.0 Quality improvement plan**

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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