



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment: Kimberley House

Establishment ID No: 1627

Date of Inspection: 17 June 2014

Inspector's Name: Kylie Connor

Inspection ID: IN017845

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT

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1.0 General information

Name of Home:	Kimberley House
Address:	Kimberley House 45 Abbey Road Newtownards BT23 8JL
Telephone Number:	(028) 9181 0003
E mail Address:	joanneblack@praxiscare.org.uk
Registered Organisation/ Responsible Individual :	Mrs Irene Elizabeth Sloan Praxis Care Group / Challenge
Registered Manager:	Mrs Joanne Black
Person in Charge of the home at the time of Inspection:	Mrs Joanne Black
Categories of Care:	RC-LD ,RC-LD(E)
Number of Registered Places:	13
Number of Residents Accommodated on Day of Inspection:	9
Scale of Charges (per week):	£1433.41
Date and type of previous inspection:	16 and 19 January 2014 Primary Announced Care Inspection
Date and time of inspection:	17 June 2014 12:00 to 16:00
Name of Inspector:	Kylie Connor

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 secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that 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. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

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 (2011)

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 manager
- Examination of records
- Discussion with staff
- Inspection of the premises
- Evaluation of findings and feedback

Any other information received by RQIA about this registered provider and/or the service delivery has also been considered by the inspector in preparing for this inspection.

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

STANDARD 24 - STAFF SUPERVISION AND APPRAISAL

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home'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

Kimberley House is located in a residential area, close to the town centre of Newtownards. The home is owned by Trinity Housing and operated by Praxis Care Group. The current registered manager is Joanne Black. Kimberley house is situated within the South Eastern Health and Social Care Trust geographical area. The home is on a site that is shared with a small block of flats occupied by service users in a supported living scheme.

Accommodation is on two floors, providing single room accommodation for all residents. There is a lounge, a sitting room/activity room, a dining room, a kitchen, laundry and bath and shower facilities. Two offices and the manager's office are situated off the entrance hall.

The home is situated close to the roadside and has several car parking spaces to the front and rear within its own grounds. It has a small, garden with facilities for sitting, cooking and eating outdoors.

The home is registered for thirteen individuals and provides accommodation and support to individuals with behaviours which challenge.

The home is registered to provide accommodation in the following categories of care;

RC-LD	Learning Disability
RC-LD(E)	Learning Disability (Elderly)

7.0 Summary of inspection

This is a summary of a secondary unannounced care inspection of Kimberley House, Residential Home which took place on 17 June 2014 from 12:00pm to 4:00pm by Kylie Connor, Inspector. Joanne Black, Registered Manager was available for clarification and discussion during the inspection and for verbal feedback at the conclusion of the inspection.

The inspector was informed that all residents were out at day activities at the time of the inspection. The inspector spoke to four staff with different roles, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, examined a selection of records and carried out a general inspection of the residential care home environment.

The actions taken by the registered person to address the requirements and recommendations made as a result of the previous inspection were also examined. Two requirements and eight recommendations had been addressed and compliance achieved. One recommendation was assessed as substantially compliant and has been partially stated for the second time in regard to broken tiles. One requirement in relation to the statement of purpose was assessed as, moving towards compliance and has been stated for the second time.

Two recommendations were not examined. The first, in relation to fire training is being followed up by the homes estates inspector and the second in relation to pre review reports will be examined during the next inspection. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard 24 – staff supervision and appraisal. Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties. There was evidence that relevant staff are trained in delivering supervision and appraisal of staff, that training is on-going in regard to this role and that staff supervision and appraisals were planned and completed in a timely manner. There was evidence from staff that improvements have been made in the last two years in this area and staff reported that they have been receiving regular annual appraisals and supervision in line with the organisations policies and procedures.

A review of evidence demonstrated that policies and procedures pertaining to the areas of staff supervision and appraisal are in place and reflect good practice. The inspector advised the registered manager that when these are being reviewed that consideration is given to guidance published by SCIE, Effective Supervision in a Variety of Settings (May 2013). Staff spoken to confirmed that they benefited from supervision and appraisal meetings and that they were involved with their line manager in agreeing personal development plans. Comments received from staff are included in sections 9.0 and 10.0 of the main body of the report.

The home was assessed as compliant in regard to this standard. Section 9 of the report contains more detail of the inspection findings. There were processes in place to ensure the effective management of the standard inspected.

Staff expressed positive views regarding the conduct of the home and of the care and support provided. Accidents and incident records were reviewed and discussed with staff and the registered manager. A number of issues were identified in relation to responding and reporting incidents and these were discussed with the registered manager. An issue was discussed in regard to staff complying with care plans and behaviour support plans. A requirement has been made. Further information is available in regard to these matters in section 10 of the report.

The home was found to be clean, tidy and fresh-smelling. A recommendation has been made in regard to the re-decoration of the living room. Further details can be found in section 10.0 of the main body of the report.

There were a total of two requirements and four recommendations made following this inspection and are outlined in the appended quality improvement plan (QIP).

The inspector wishes to acknowledge the full co-operation of the registered manager and staff throughout the duration of the inspection. The inspector would like to thank all those involved for their time, open and honest conversation and for the hospitality received

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 16 & 19 January 2014

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	3 (1) (a) (b) (c) Schedule 1	<p>The registered person shall compile in relation to the residential care home a written statement which shall consist of –</p> <p>(a) a statement of the aims and objectives of the home;</p> <p>(b) a statement as to the facilities and services which are to be provided by the registered person for residents;</p> <p>and</p> <p>(c) a statement as to the matters listed in Schedule 1.</p>	<p>A review of the homes statement of purpose dated April 2014 evidenced that improvements have been made. However, a number of issues were identified which still require to be addressed. Reference is made to ‘service users’ which is not in keeping with the residential care homes regulations (NI) 2005. The information in regard to the organisational structure of the home needs to be improved. The number of residents the home is registered for is not stated (it states that it is a thirteen bedded home) and information in regard to the specific categories of care the home is registered for ie RC-LD and RC-LD(E) are not stated. There was no/incomplete information pertaining to schedule (1) (15) (17) (18) or (19). All types of restraint which may be in use to meet the assessed needs of residents are stated and explained with reference to good practice guidelines including: the Human Rights Act (1998); DHSSPS (2005) Guidance on Restraint and Seclusion in Health and Personal Social Services and DHSSPS (2010) and Circular HSC/MHPD – MHU 1/10- revised. Deprivation of Liberty Safeguards (DOLS) – Interim Guidance. This requirement has not been addressed and has been stated for the second time.</p>	Moving towards compliance

2	27 (4) (e) (f)	<p>The registered person shall –</p> <p>(e) make arrangements for persons working at the home to receive suitable training, from a competent person, in fire prevention; and</p> <p>(f) to ensure, by means of fire drills and practices at suitable intervals, that the persons working at the home and, so far as practicable, residents, are aware of the procedure to be followed in case of fire, including the procedure for saving life. This pertains to fifteen staff who are overdue participation in a fire drill and five staff who are overdue fire safety training.</p>	<p>The area of fire training has been referred to the estates inspector to follow up and was not examined.</p> <p>A review of staff training records evidenced that fire drills had been taking place on a monthly basis. However, the records reviewed identified that a number of staff had still not participated in a fire drill. The registered manager stated that fire drills would take place in the following weeks to include all staff. Prior to the completion of the report, the registered manager confirmed by email that fire drills had taken place and that the identified staff had participated. This part of the requirement has been addressed.</p>	Compliant
3	20 (1) (a)	<p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents - ensure that at all times suitably qualified, competent and experienced persons are working at the home <u>in such numbers</u> as are appropriate for the health and welfare of residents.</p> <p>This is in regard to the number of staff needed to meet the changes in residents' needs, specifically in regard to 1:1 support.</p>	<p>Discussions with the registered manager and staff confirmed that since the previous inspection, residents residing in the home have changed and the need for 1:1 support has decreased. For a number of reasons, the home does not have a full complement of staff. Staff spoken with confirmed that they are working additional hours to cover the shortfall. The registered manager confirmed that a central bank list is being created for praxis services in the north down area to support consistency in staff working in these services. Staff confirmed during discussion that staffing levels are now adequate to meet the needs of residents. This requirement has been addressed. A recommendation has been made regarding following care plans and behaviour support plans.</p>	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	11. 4	It is recommended that staff record greater detail in pre care management review reports. For example; accident /incidents, any complaint received and handling and support provided of any residents personal monies/valuables.	The inspector was informed that here have been no care reviews since the previous inspection. Therefore, this was not examined and will be stated again on the quality improvement plan for review during the next inspection.	Not Examined
2	11.5	The registered manager should contact the Trust care managers requesting minutes of care management review meeting held.	The registered manager confirmed and the inspector reviewed email evidence demonstrating that outstanding minutes have been requested. The registered manager confirmed that the staff team continue to follow-up the remaining outstanding minutes. Staff spoken with confirmed this. This recommendation has been addressed.	Compliant
3	25.6	A record is kept of staff working over a 24-hour period and the capacity in which they worked. The registered manager must be included on the staff roster.	The duty rota was reviewed and it now includes the registered manager. This recommendation has been addressed.	Compliant
4	5 6	Assessment and care plans should be updated to reflect sensory information and advice, provided by the identified professional in meeting residents' care and support needs.	The registered manager confirmed that records were completed and copies shared with designated Trust staff. The registered manager also confirmed that there are currently no residents with sensory needs. A review of one care record evidenced that no sensory needs were identified. This	Compliant

			recommendation has been addressed.	
5	17	The registered manager should ensure that copies of all complaint records held at head office are retained in the home. The registered manager should ensure that all expressions of dissatisfaction are recorded.	The registered manager undertook to liaise with her line-manager and provide confirmation that this has been actioned. Confirmation was received by the inspector prior to the report being completed. This recommendation has been addressed	Compliant
6	17.10	Records are kept of all complaints and these include details of all communications with complainants, the result of any investigations and the action taken. The registered manager should ensure that the identified incomplete complaint record is made good and that all records state whether or not the complainant is satisfied with the response/outcome.	The inspector reviewed the complaint records and improvements were observed. However, records are not consistently stating whether the complainant was satisfied, although a form is completed indicating local resolution was achieved. The registered manager assured the inspector that she would amend the template in use to ensure it clearly states whether the complainant was satisfied. This recommendation has been addressed.	Compliant
7	16.5	It is recommended that the home takes a written record of all meetings attended and conversations conducted.	The inspector was given an example where a record was made of a meeting attended to support a resident. The registered manager is aware of the need to ensure that records are maintained of involvement during the process of an investigation. This recommendation has been addressed.	Compliant

8	16.6	It is recommend that the registered manager contacts the relevant trusts to request confirmation of closure of referrals made under the protection of vulnerable adults procedure and a record is made of the outcome of referrals.	Discussions with the registered manager, staff and a review of evidence confirmed that this is being actioned. This recommendation has been addressed.	Compliant
9	19.6	Discussions should take place with residents to obtain their opinions and ideas in regard to recruiting staff.	A review of the minutes of a residents' meeting, dated 8 May 2014 and discussions with the registered manager evidenced that this has been actioned. This recommendation has been addressed.	Compliant
10	29	The responsible person should review fire safety training and ensure that one of the two training sessions delivered per annum must be by a competent person.	Just prior to this inspection, information in regard to this recommendation was received by RQIA and will be followed up by the estates inspector. This recommendation has been addressed.	Not examined
11	27	The responsible person should that the seal in the shower is repaired, review the suitability of tiles in the upstairs lounge and repair/replace.	<p>The registered manager confirmed that discussions have taken place with Trinity Housing who have examined the tiles and are to propose a solution.</p> <p>The bathroom has been refurbished and there are no issues regarding the seal.</p> <p>This recommendation has been partially addressed and the relevant section has been stated for the second time.</p>	Substantially compliant

9.0 Inspection findings

STANDARD 24 - STAFF SUPERVISION AND APPRAISAL	
Staff are supervised and their performance appraised to promote the delivery of quality care and services.	
Criterion Assessed: 24.1 Managers and supervisory staff are trained in supervision and performance appraisal.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager and staff spoken with confirmed that the registered manager carries out supervision and performance appraisal for team leaders and auxiliary staff and team leaders supervise care staff. Discussions with the registered manager and staff evidenced that staff carrying out supervision and performance appraisal received training in supervising staff. Staff confirmed that a new appraisal format is due to be implemented and that the registered manager will provide relevant staff with update training prior to the implementation. The registered manager confirmed that team leaders will receive training in managing absence and having difficult conversations as part of their supervisory role. Staff spoken with confirmed that they are capable and competent in carrying out supervision and appraisal.	Compliant
Criterion Assessed: 24.2 Staff have recorded individual, formal supervision according to the home's procedures and no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision is held for new staff and staff who are not performing satisfactorily.	COMPLIANCE LEVEL
Inspection Findings:	
A policy and procedure (December 2013) for staff supervision was available in the home and reflected good practice. The inspector draws the organisations attention to the following document for consideration when a review is due to take place; SCIE, Effective supervision in a variety of settings (May 2013). Discussion with the registered manager and staff confirmed that it is policy for staff to have recorded individual, formal supervision ten times per annum for staff who are performing satisfactorily, although staff confirmed that this is not always achieved. Discussion with the registered manager confirmed that frequent recorded supervision is carried out for new staff and staff who are not performing satisfactorily. Discussion with staff confirmed that they had received regular formal supervision in excess of this standard. There was comment from staff that consistency in this area had greatly improved in approximately the last two years. Staff confirmed that they found the supervision process supportive, one commented: "It's essential, It's definitely useful."	Compliant

<p>Criterion Assessed: 24.3 Supervision sessions are planned in advance and dedicated time set aside.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: Discussion with the registered manager and care staff confirmed that supervision sessions were planned one month in advance and a dedicated time was set aside. Staff confirmed that scheduled supervision dates are written up on a white board located in the staff office, one week in advance. Staff confirmed that this arrangement is satisfactory.</p>	<p>Compliant</p>
<p>Criterion Assessed: 24.4 Supervisory staff report any serious and/or recurring issues arising in supervision to the manager.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: Discussion with registered manager and team leader confirmed that any serious and/or recurring issues arising in supervision were reported to the registered manager immediately. It was confirmed that any issues are brought to the registered manager's attention when they arise.</p>	<p>Compliant</p>
<p>Criterion Assessed: 24.5 Staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: A policy and procedure on staff appraisal was in place. Discussion with the registered manager, team leader and care staff evidenced that appraisal meetings take place annually. There was comment from staff that consistency in this area had greatly improved in approximately the last two years. Discussion with two care staff confirmed that they benefited from the appraisal meetings and that they were involved with their line manager in agreeing personal development plans. Staff stated: "I benefit. There are questions. It makes you think more about what you have contributed." The registered manager confirmed that the outcome of supervision and appraisal sessions informs the development of the annual training programme and training needs analysis.</p>	<p>Compliant</p>

Criterion Assessed: 24.6 Staff who are contracted to undertake specific services receive guidance and support that corresponds to their role and responsibilities.	COMPLIANCE LEVEL
Inspection Findings: Discussion with the registered manager confirmed that there have been no staff contracted into the home to undertake specific services on a regular basis in the last year. Therefore, this is not applicable at this time. The registered manager confirmed that if an agency staff member was undertaking shifts on a regular basis then they would receive supervision, attend meetings and training along with permanent staff.	Not applicable

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

10.0 ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

There were no residents in the home during the inspection. It was confirmed that all residents were out at day activities.

10.2 Relatives/representative consultation

No relatives/representatives visited the home during the inspection.

10.3 Staff consultation

In addition to the registered manager, the inspector spoke with two staff at length and to two staff more briefly, which included different roles and grades of staff. Staff confirmed that the home is well managed and run, that residents receive a high quality of care and support and that the staff team work well together.

Staff were knowledgeable in regard to responding, recording and reporting an incident of safeguarding of vulnerable adults. Staff stated that the consistency of a permanent registered manager is making a positive difference in the conduct of the home. Staff commented on improvements in their practice and in residents' skills and quality of life. No complaints or concerns were raised.

Comments included:

- "We are becoming more proactive in seeking a response or VA2 and staff have emailed all relevant trusts for decisions."
- "There is more structure in place, more person-centred. Residents are moving towards more independence....can see the progress residents are making in small ways."
- "We have an open kitchen (residents supported to make their own breakfast/lunch/cup of tea) and one resident said (to me), that's what normal people do."

10.4 Visiting professionals' consultation

No professional visited the home during the inspection.

10.5 Environment

The inspector viewed the accommodation on the ground floor and found it to be clean, fresh-smelling and adequately heated. Most décor and furnishings were fit for purpose, however the living room is showing signs of wear and tear, with marks observed on the walls. The registered manager confirmed that there is no re-decoration plan/schedule in place. A recommendation has been made.

Staff confirmed that some residents received new mattresses and some residents have had their bedrooms re-decorated. Kitchen staff spoken with confirmed that all equipment is in working order. The exterior of the home was also well presented, clean and well maintained.

10.6 Accidents and Incidents

The inspector reviewed a sample of records from January 2014 to the date of the inspection and spoke with staff. Staff reported that incidents of a behavioural nature have decreased in frequency and type from April 2014.

A number of issues were discussed where there was a delay in reporting incidents to the Trust and/or RQIA and/or where relevant policies, procedures and regional protocols were not adhered to. The registered manager was unable to confirm at the time of the inspection if a specified part of a procedure, namely referral to the Northern Ireland Social Care Council (NISCC) had been followed. An analysis of incidents evidenced that one which took place on 21 May 2014 had not been notified to RQIA. A requirement has been made.

An incident was discussed with the registered manager in regard to the interface of policies and procedures in regard to: protection of vulnerable adults; complaints and staff discipline. The inspector stated that the protection of vulnerable adults' policy, procedure and protocols must be followed in the first instance and consultation should be with the trust regarding the timeliness of implementing any other policy, which may have relevance. This forms part of the requirement made.

Discussion took place with the registered manager in regard to the system in place for informing the commissioning Trust/out of hours of any issue pertaining to the protection of vulnerable adults, completing notifications and forwarding these to RQIA and the commissioning Trust. The inspector advised that inside normal working hours, the identified trusts designated officer or the trust duty officer should be contacted by telephone. If outside normal working hours, the regional out of hours' service should be contacted immediately by telephone. Written notification should be made to RQIA and the trust within three days. This forms part of the requirement made.

One incident evidenced that support and supervision arrangements detailed in a residents care plan had not been followed and a recommendation has been made.

Staff spoken with were knowledgeable of who to contact in the commissioning Trust and of the regional out of hours service.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Joanne Black, 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:

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



Quality Improvement Plan

Secondary Unannounced Care Inspection

Kimberley House

17 June 2014

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 Joanne Black, Registered Manager 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
1	3 (1) (a) (b) (c) Schedule 1	<p>The registered person shall compile in relation to the residential care home a written statement which shall consist of –</p> <p>(a) a statement of the aims and objectives of the home; (b) a statement as to the facilities and services which are to be provided by the registered person for residents; and (c) a statement as to the matters listed in Schedule 1.</p> <p>(Section 8 refers)</p>	Two	<p>5.8.14 - A written statement in the form of Statement of Purpose has been updated in line with RQIA requirement and in line with Residential Care Home Standards 2005.</p> <p>This has been forwarded to RQIA with requested documentation.</p> <p>Any material changes will be notified to relevant persons within 28 days.</p>	1 September 2014
2	30 (1) (d) (g) (2)	<p>Death, illness and other events</p> <p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of -</p> <p>(d) any event in the home which adversely affects the care, health, welfare or safety of any resident; (g) any allegation of misconduct by the registered person or any person who works at the home.</p> <p>Any notification made in accordance with this regulation which is given orally shall be</p>	One	<p>5.8.14 - The Registered Manager is responsible for the timely notification to RQIA and any other relevant persons within the timescales mentioned of any incident, accident or allegation or any event adversely affecting the care, health, welfare or safety of any resident. In the absence of the manager this will be completed by the AD. KH Team Leaders and Acting</p>	By return of QIP

		<p>confirmed in writing within 3 working days of the oral report.</p> <ul style="list-style-type: none"> • Review their notification system to ensure compliance is achieved with this timescale and prevent any delay in notification to the commissioning Trust and RQIA. • Review the systems and processes in place to ensure that any action which is taken in response to incidents of protection of vulnerable adults are undertaken following consultation with the designated officer of the commissioning trust. • There should be discussion and agreement with the commissioning trust in regard to the timeliness of implementation of any other relevant policy and procedure. (Section 10.6 refers) • Retrospectively notify RQIA in relation to the incident which occurred on 21 May 2014 and also via the notification system provide an update in regard to the identified incident regarding referral to NISCC.(Section 10.4 refers) • Ensure that staff inform the commissioning trust or out of hours service by telephone immediately an incident of protection of vulnerable adult occurs. Written notification should follow. (Section 10.6 refers) 		<p>Team Leaders have been advised in relation to the appropriate procedure for the protection of vulnerable adults, through formal and informal supervision and team leader meetings, that, following an incident or report of VA concerns they must seek advise directly from the relevant trust designated officer or out of hours service asap. Action will be agreed in consultation with the commissioning trust. This will be done by telephone and followed up in writing to the commissioning trust and RQIA within 3 working days. The Registered Manager is clear in regard to VA policy, procedure and protocols taking precedence over the implementation of other complaint or disciplinary procedures which will be on hold until any VA investigation is complete. A delay in the completion of a 2 VA referrals in May / June 2014 was due to a time lapse during which time the registered manager communicated with</p>	
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				<p>the Trust regarding the appropriate action required as the identified concerns were directly related to the residents historic risk indicators. The dates these incidents occurred were 28.5.14 and 2.6.14 (not 21.5.14) The registered manager contacted the commissioning trust VA designated safeguarding officer on 6.6.14 and VA referrals were sent on 10.6.14 following discussion with the trust VA designated safeguarding officer</p> <p>A delay in completion to 1 further VA referral was due to the registered managers error in following complaints procedure. The Registered manager accepts error in being outside the required timescales and the manager and team leaders are fully aware that VA procedures take precedence and an immediate communication should be made by telephone to seek advice thus avoiding delay on required actions to protect VA's. This incident occurred on the 5.6.14 and the VA referral</p>	
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			<p>was made to the commissioning trust on the 11.6.14 All UTE Forms were subsequently sent to RQIA and the commissioning trust on 16.6.14 - receipt of these was confirmed by Lynn Long RQIA Inspector on 24.6.14. These have been posted with required documentation to RQIA. RA and Care Plans for the resident involved were updated re agreed actions and forwarded to the commissioning trust. NISCC were informed regarding the staff member involved in the VA investigation ON 16.6.14. Update provided to RQIA via notification system. In review - VA training update has been arranged for the full KH staff team over two days to incorporate information on the roles of Designated Officer and Investigating Officer (Sept '14)</p>	
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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
1	6.2	<p>An individual comprehensive care plan is drawn up as the assessment of the resident's needs is carried out.</p> <p>The registered person should ensure that agreed care plans and behaviour management plans are followed, as directed, at all times and that the commissioning trust is informed on all occasions when this does not happen and action is taken to prevent a re-occurrence. (Section 8 and section 10.4 refers).</p>	One	<p>5.8.14- All residents have, in consultation, a care plan and or behavioural support plan detailing the assessment of need. All staff are to read and be fully aware of residents care plans, behavioural plans and risk management plans. The staff team were advised to remain up to date with care plans at the staff team meeting in July '14. Team Leaders are to notify staff when updates have been made through the scheme communication systems - team meetings, handovers, communication book. Staff to read updates and amendments. Following the VA referrals to which the QIP refers all updates and risk management actions as agreed with the commissioning trust were shared with staff and available to view on a daily basis. Should any deviance from care/ behaviour plans</p>	From the date of the inspection and on-going

				occur this will be communicated directly with the commissioning trust. Care / behavioural plans containing needs assessed restrictive practice will be clearly stated and explained in line with legislative requirements and good practice guidelines and authorised by a qualified person in the commissioning trust.	
2	11.4	<p>The registered person should ensure staff record greater detail in pre-care management review reports.</p> <p>The reports should outline details in relation to accident / incidents, any complaints received and handling and support provided of any residents' personal monies / valuables. (Section 8 refers).</p>	One	<p>Team Leaders in consultation with the resident prepare a detailed pre care review report presented at all resident reviews. Team Leaders have been advised to ensure detail in relation to accidents / incidents / complaints / handling of residents monies and safekeeping of valuables. This Will be evident in pre review reports. Documentation pertaining to the dissemination of this information has been forwarded by post to RQIA..</p>	From the date of the inspection and on-going
3	27	The registered person should review the suitability of tiles in the upstairs lounge and replace. (Section 8 refers).	Two	Trinity Housing Association have been contacted on 4 separate occasions requesting urgent action to deal with the current unsuitability of tiles in	1 September 2014

				the upstairs lounge. - 7/3/14, 3/6/14, 23/7/14, 4/8/14 A THA officer visited KH in June advising he would assess the required action This has been reported as urgent and an RQIA requirement.	
4	27	The registered person should ensure that the living room should be repainted and a re-decoration/improvement schedule drawn up with timescales. (Section 10.5 refers)	One	As per Praxis Care Policy, 3 quotes have been collated for the re-painting of the downstairs communal lounge, dining room, 2 shower room ceilings and 1 residents ceiling. This decoration plan will be implemented as soon as approval given regarding best price costing. 3 residents rooms are to be re-painted in Sept '14.	1 September 2014

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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Joanne Black
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Willie McAllister on behalf of Irene Sloan

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	K.Connor	20/8/14
Further information requested from provider			