

Unannounced Care Inspection Report 14 June 2017



The Pines

Type of Service: Residential Care Home
Address: 23 Upper Lisburn Road, Belfast, BT10 0GW
Tel No: 028 9060 2343
Inspector: Kylie Connor

www.rgia.org.uk

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 31 beds that provides care for residents living with old age, dementia and physical disability.

3.0 Service details

Registered organisation/ registered person: The Pines / Kevin McKinney	Registered manager: See below
Person in charge of the home at the time of inspection: Rhonda Spence (registration pending)	Date manager registered: Rhonda Spence - application received - "registration pending"
Categories of care: I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment	Number of registered places: Total number 31, comprising: 31 – Old age 10 – Dementia 03 – Physical disability

4.0 Inspection summary

An unannounced care inspection took place on 14 June 2017 from 10:45 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 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 recruitment, management of incidents, listening to and valuing residents and taking account of the views of residents.

Areas requiring improvement were identified in relation to the duty roster, supervision, the environment, care plans, hot surfaces and monthly monitoring reports.

Residents said that staff were kind and caring and that they enjoyed activities in the home; representatives said that there was good communication with staff and the home.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	7

Details of the Quality Improvement Plan (QIP) were discussed with Rhonda Spence, 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 required to be taken following the most recent inspection on 21 February 2017.

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 care inspection report and returned QIP; notifications of accidents and incidents since the previous inspection and written communication regarding the Qualification and Credit Framework (QCF) course, Level 5 Diploma in Leadership for Health and Social Care Services (Adults' Residential Management) Wales and Northern Ireland, which the manager is completing.

During the inspection the inspector met with six residents, the manager, three care staff, one ancillary staff, one activity co-ordinator and four residents' visitors/representatives.

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Three questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for one new staff
- Four staff supervision records and annual appraisal schedule
- Staff training schedule/records
- Two staff recruitment files
- Three residents' care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls, outbreaks), environment and catering
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities

An area for improvement identified at the last care inspection was not reviewed as part of this inspection as the completion date had not yet passed. Some work had been completed. This was carried forward to the next care inspection.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 February 2017

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 21 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27.-(2) (b) Stated: Second time To be Completed by: 28 June 2017	The registered person must ensure the assisted toilet is made fit for purpose, the identified lounge carpet is replaced and the identified furniture is deep cleaned.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

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 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. Staff confirmed that staffing levels varied according to resident numbers and dependency levels. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. Two returned questionnaires stated that staff were 'not always' available. This was shared with the manager.

A review of the duty roster confirmed that it accurately reflected the staff working within the home. The manager's hours were not recorded on the roster and an improvement was identified; action is required to comply with the standards.

Review of one completed induction record, discussion with the 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, and appraisal of staff was regularly provided. Discussion with staff and inspection of four supervision records evidenced that supervision with staff had not been completed every six months and an improvement was identified; action is required to comply with the standards. A schedule for mandatory training was maintained and was reviewed during the inspection.

Discussion with the manager and review of two staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

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

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken with confirmed that they were registered with the Northern Ireland Social Care Council (NISCC).

Discussion with staff confirmed that they were aware of the 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. The manager was identified as the safeguarding champion and confirmed her intention to complete relevant training. The inspector advised that level 3 training is available in July 2017.

Discussion with the manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The manager confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems, lap belts, bed rails, pressure alarm mats and arrangements for the management of smoking materials. Discussion with the manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

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

The manager confirmed there were risk management policy and procedures in place in relation to the safety of residents. Discussion with the 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. Control of Substances Hazardous to Health (COSHH) and fire safety.

The manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Staff training records confirmed that all staff had received training in infection prevention and control (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.

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.

The manager reported that there had been no outbreaks of infection since the last care inspection. Any outbreak would be managed in accordance with the home 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 with a number of exceptions, the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and

visitors. There were a number of obvious hazards to the health and safety of residents, visitors or staff. A number of areas within the internal and external environment of the home required attention: the varnish on the outdoor garden furniture was wearing off; ceiling lights located in the hallway between the two lounges had a number of bulbs not working; a number of communal/shared toilets did not have covered toilet roll holders; a radiator in a downstairs toilet was rusted and very hot to touch; the dining room ceiling had a water damage stain; the varnish on the dining room chairs had worn off in areas; there was a hole in the kitchen floor covering; a number of bedside lights were not working or had no bulb. Two areas for improvement were identified; action is required to comply with the legislation and standards. Discussion with the manager confirmed that risk assessments and action plans were in place to reduce risk.

The home had an up to date fire risk assessment in place dated 19 December 2016 and the recommendation was noted to be addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills had not been completed on a regular basis outside of fire safety training. An area for improvement was identified; action is required to comply with the standards. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff, residents and a resident's representative spoken with during the inspection made the following comments:

- "Staffing levels has been reduced due to less numbers of residents in the home. We have new admissions today and tomorrow and staffing for next week is good" (staff)
- "I've three (training topics) completed. The rest is to be done by the end of July" (staff)
- "Staff are good communicating to each other and residents" (staff)
- "It's (staffing levels) good" (staff)
- "I am very happy (with the standard of care) and they have very good staff, they give good information" (resident's representative)
- "They (the staff) are excellent" (resident)
- "It's (the standard of care) very good. The staff are very helpful. If you need help, the staff are only too willing to help you" (resident)

Three completed questionnaires were returned to RQIA from a resident, a resident's representative and a staff member. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, appraisal and adult safeguarding.

Areas for improvement

Four areas for improvement were identified in regard to the duty roster, the home's environment, completion of fire-drills and staff supervision.

	Regulations	Standards
Total number of areas for improvement	1	4

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the 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 largely 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 (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated, however not consistently within the stated timescale. Whilst, care plans did note if a resident had diabetes, a diabetes care plan had not been developed. An improvement was identified; action is required to comply with the standards.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice.

The 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. The inspector advised that an audit tool was developed for auditing care records.

The 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 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 meetings were reviewed during the inspection.

A separate representative meeting took place during the inspection with a specific dementia support/education aspect. Feedback in regard to the training course from four residents' representatives who attended was very positive. This is commended.

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 manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Three completed questionnaires were returned to RQIA from a resident, a resident's representative and a staff member. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in regard to care plans and the frequency for review.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

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

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs, were met within the home.

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. A number of notice boards were on display around the home providing information including the day's menu, upcoming activities and events in the home.

The manager, residents and their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity in residents' daily lives. They were able to demonstrate how residents' confidentiality was protected.

The manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

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 their representatives, were sought and taken into account in all matters affecting them. These systems included residents' meetings and annual reviews.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the most recent consultation, undertaken in June 2017 were being collated into a summary report. The manager confirmed that the report would be made available for residents and other interested parties to read. The manager confirmed that an action plan would be developed and implemented to address any issues identified.

Discussion with staff, residents, residents' 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. One resident spoke of continuing to attend her local hairdresser after admission to the home. Staff and residents spoke positively about a recent vintage themed tea party which had taken place in the home to raise funds for a donkey sanctuary. Residents and their families attended. The manager stated that a prospective resident and a family member had also been invited to attend and had enjoyed it.

Staff, residents and residents' representatives spoken with during the inspection made the following comments:

- "You can see activities happening. They (residents) are starting to take part a wee bit more" (staff)
- "They like to decorate buns or make a fruit salad" (staff)
- "They (staff) are very caring and very helpful" (resident)
- "There are occasionally (residents meetings) and we were asked if we had any complaints or anything we wanted changed" (resident)
- "Anything I get (to eat) is excellent" (resident)
- "All staff here are very good. I'm in every day" (resident's representative)
- "I'm going to one (care review) tomorrow" (resident's representative)
- "I couldn't fault them (the staff)" (resident's representative)

Three completed questionnaires were returned to RQIA from a resident, a resident's representative and a staff member. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

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
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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.

Residents and their representatives were made aware of how to make a complaint by way of the Residents Guide and information displayed on the back of residents' bedroom doors. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, 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.

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 reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included a range of audits and satisfaction surveys. The manager confirmed that she anticipated completion of the QCF qualification within the next four months.

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

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, oral health care.

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. An area for improvement was identified. The reports were not completed in line with current RQIA guidance; the current template (January 2014) was not being used; the reports did not record in a confidential manner which residents or staff were spoken to. It was good to note that a number of monthly monitoring visits had taken place in the evening.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The manager confirmed that the registered provider was kept informed regarding the day to day running of the home through email, visits to the home and telephone contact. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responds to regulatory matters in a timely manner.

Discussion with staff established that they were knowledgeable regarding the homes whistle-blowing policy. The manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The 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.

Staff and a resident's representative spoken with during the inspection made the following comments:

- "Rhonda (the manager) is very helpful" (staff)
- "The manager is very approachable" (resident's representative)

Three completed questionnaires were returned to RQIA from a resident, a resident's representative and a staff member. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in regard to monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rhonda Spence, 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 27(2)(t)</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2017</p>	<p>The registered provider must ensure that all radiators are individually risk assessed in accordance with current safety guidelines with subsequent action taken.</p> <p>Ref: 6.4</p>
	<p>Response by registered provider detailing the actions taken: All radiators have been risk assessed, any actions required have been taken and the risk assessments will be reviewed regularly.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: 10 July 2017</p>	<p>The registered person shall ensure that the manager's hours are recorded on the roster.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The Managers hours have been recorded on the rota.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 24.2</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2017</p>	<p>The registered provider should ensure that all staff have recorded individual supervision at least every 6 months for staff who are performing satisfactorily.</p> <p>Ref: 6.4</p>
	<p>Response by registered provider detailing the actions taken: Staff supervisions have been carried out for most of the staff and dates have been arranged to complete their supervisions with the remaining staff . These will be completed every six months.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2017</p>	<p>The registered person shall address these environmental issues:</p> <ul style="list-style-type: none"> • the varnish on the outdoor garden furniture was peeling off • two ceiling lights located in the hallway between the two lounges had a number of bulbs not working • a number of communal/shared toilets did not have covered toilet roll holders • the dining room ceiling had a water damage stain • the varnish on the dining room chairs had worn off in areas • there was a hole in the kitchen floor covering • a number of bedside lights were not working or had no bulb. <p>Ref: 6.4</p>
<p>Area for improvement 4</p> <p>Ref: Standard 29.6</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2017</p>	<p>Response by registered person detailing the actions taken: Environmental issues listed- some of the list has been addressed and maintenance have been arranged to complete the remaining issues.</p> <hr/> <p>The registered provider should ensure that fire drills are carried out at suitable intervals and records retained.</p> <p>Ref 6.4</p> <p>Response by registered provider detailing the actions taken: Fire drills are being carried out more often and records kept of drills.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 10 July 2017</p>	<p>The registered person shall ensure that a care plan is developed for the management of diabetes and that all care plans and risk assessments are reviewed in accordance with the timeframe indicated in the care files.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Individual care plans for diabetic clients has been developed, and all careplans/assessments are to be reviewed as indicated in their individual care files.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2017</p>	<p>The registered provider should ensure that: monthly monitoring reports record in a confidential manner the views of residents, staff and residents' representatives, regarding the quality of care and the service provided; the report template is updated to Version 2, January 2014.</p> <p>Ref 6.7</p> <p>Response by registered provider detailing the actions taken: Template updated to version 2 & completed in a confidential manner.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 27.-(2) (b)</p> <p>Stated: Second time</p> <p>To be Completed by: 28 June 2017</p>	<p>The registered person must ensure the assisted toilet is made fit for purpose, the identified lounge carpet is replaced and the identified furniture is deep cleaned.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: The lounge was renovated including new carpet and furniture. The assisted toilet was fully renovated with the remaining toilets and bathrooms being repainted/updated.</p>

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



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