



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Ralph's Close
Establishment ID No:	11123
Date of Inspection:	4 June 2014
Inspector's Name:	Lynn Long
Inspection No:	17838

The Regulation And Quality Improvement Authority
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1.0 General information

Name of Home:	Ralph's Close
Address:	Gransha Park Clooney Road Londonderry BT47 6TF
Telephone Number:	02871860155
E mail Address:	desy.carton@westerntrust.hscni.net
Registered Organisation/ Responsible Individual:	Western Health and Social Care Trust Ms Elaine Way CBE
Registered Manager:	Mr Desy Carton (Acting)
Person in Charge of the home at the time of Inspection:	Mr Desy Carton (Acting Manager)
Categories of Care:	RC-LD
Number of Registered Places:	16
Number of Residents Accommodated on Day of Inspection:	16
Scale of Charges (per week):	As per Trust arrangements
Date and type of previous inspection:	Secondary Unannounced Inspection 12 February 2014
Date and time of inspection:	6 June 2014 10.15-16.15
Name of Inspector:	Lynn Long

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 a primary announced 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 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

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with Mr Desy Carton, acting manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	6
Staff	6
Relatives	1
Visiting Professionals	1

Questionnaires were provided, during the inspection, to staff seeking their views regarding the service.

Issued To	Number issued	Number returned
Staff	25	17

6.0 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 Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

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

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

7.0 Profile of service

Ralph's Close Residential Care home is situated within the grounds of Gransha Hospital. The hospital is on the outskirts of the City of Derry/Londonderry.

The residential home is operated by the Western Health and Social Care Trust. The building and grounds are owned and maintained by Trinity Housing Association. The current acting manager is Desy Carton.

Accommodation for residents is provided in four adjoining houses. All bedrooms are single with en-suite bathrooms. All of the accommodation is single storey.

Communal lounge and dining areas are provided in each of the four houses.

The home also provides for catering and laundry services on site.

A number of communal sanitary facilities are available throughout the home.

The grounds of the home are enclosed with secure fencing and access to the grounds is via a gate which can be operated remotely by staff. The houses are surrounded by a spacious paved and landscaped garden which contains a number of sensory areas.

The home is registered to provide care for a maximum of 16 persons under the following categories of care:

Residential care

LD Learning Disability

8.0 Summary of Inspection

This announced primary care inspection of Ralph's Close was undertaken by Lynn Long on 4 June 2014 between the hours of 10:15am and 4:15pm. Mr Desy Carton, acting manager, was available during the inspection and for verbal feedback at the conclusion of the inspection. Ms Rosaleen Harkin, Assistant Director of Adult Learning Disability Services and Ms Carina Boyle, Head of Community Services, Northern Sector, and Professional Social Work Lead were also provided with feedback.

As the previous inspection resulted in no recommendations or requirements being made, no follow up was required during this inspection.

Prior to the inspection, Mr Carton completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mr Carton in the self-assessment have not been altered in any way by RQIA.

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

Standards inspected:**STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

Inspection findings**Responding to resident's behaviour – Standard 5**

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information is recorded in the resident's care records. The acting manager is aware of his responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Ralph's Close is compliant with this standard.

Programme of activities and events – Standard 13

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. Each individual resident had a programme of activities which had been established in conjunction with the resident, relatives and multi-disciplinary team. The activity programmes were appropriately displayed. The programmes identified that activities were provided throughout the course of the week and were age and culturally appropriate. They took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. The home employs a full time activity coordinator for a number of hours each week. In the absence of the activity coordinator activities are provided by designated care staff or at day care facilities. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who are not employed by the home have the necessary knowledge and skills to deliver the activity. Comprehensive records were maintained. The evidence gathered through the inspection process concluded that Ralph's Close is compliant with this standard.

Resident, representatives, staff and visiting professional's consultation

During the course of the inspection the inspector met with residents, one relative, staff and one care manager who was visiting the home. Questionnaires were also completed and returned by staff.

Residents were observed throughout the day to be happy and content with their life in the home. Staff were observed interacting appropriately and respectfully towards residents. One relative who met with the inspector indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. One care manager indicated that they were satisfied with the care being afforded to their clients and with the level of communication in relation to their client's care from staff in Ralph's Close.

A review of the returned questionnaires and discussion with staff indicated that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties. Staff demonstrated awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place. On returned questionnaires staff confirmed that they had been provided with an induction programme and training in relation to their relevant duties. Of the 17 questionnaire responses received 14 staff indicated that staffing levels were satisfactory and that the food provided for residents ranged from satisfactory to excellent.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report. The issues raised through questionnaire responses were shared with Mr Carton following the inspection.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard. A number of panes of glass in internal doors were observed to be in need of cleaning and individual table mats detailing resident's speech and language therapist recommendations were in need of replacement as they had become dog-eared and worn. These issues were discussed with Mr Carton and recommendations to address them have been made.

A review of staffing and discussion with staff identified an issue in relation to the stability within the current workforce. Staffing numbers were adequate to meet the needs of the residents accommodated. However, a number of staff are still employed via an agency or on temporary contracts. Despite working through an agency or on a temporary contract these staff have gained a significant amount of experience to care for the residents in Ralph's Close with complex care needs. Loss of these staff would be detrimental to the day to day care of residents currently accommodated in Ralph's Close. This was discussed with Mr Carton who confirmed that the Western Health and Social Care Trust (WHST) are currently in discussion with the Health and Social Care Board (HSCB) in relation to these issues. A recommendation was made to review the current issues in relation to stability of the workforce.

A number of additional areas were also examined these include the management of complaints, information in relation to resident dependency levels and fire safety. Further details can be found in section 11.0 of the main body of the report.

Conclusion

The findings of this inspection evidenced that the delivery of care to residents was of a high standard. There were processes in place to ensure the effective management of the standards inspected.

With the exception of two minor issues the home's general environment was well maintained and residents were observed to be treated with dignity and respect.

Three recommendations were made as a result of the primary announced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, the visiting professional, registered manager and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 12 February 2014

There were no requirements or recommendations made during the previous inspection.

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
Each resident residing in Ralphs Close has received a comprehensive assessment of their needs that includes Care Plans, Risk Assessments, SLT Assessments, Manual Handling, Behaviour Management and their Listen to Me Workbooks. Each of these documents ensure that the intervention of staff with residents is positive and meets their needs as they arise following the protocols as agreed within the multi disciplinary process	Compliant
Inspection Findings:	
The home had a policy and procedure in place. A review of the policy and procedure identified that it reflects the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used. Observation of staff interactions, with residents, identified that informed values and implementation of least restrictive strategies were demonstrated. A review of staff training records identified that staff had received training in behaviours which challenge titled during February 2014. A review of five residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed. Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines,	Compliant

behaviours and means of communication. Staff spoken with were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.

A review of the returned staff questionnaires identified that residents are treated with dignity and respect and that the care provided to them is based on individual needs and wishes.

<p>Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment Staff monitor on an on- going daily basis how residents present and assess their behaviour against their norm. Changes in behaviour are assessed as they present and acted upon, be it apparent illness, changes in behaviour etc and these are first discussed from the hand over of night staff if that's where it originated, through to the morning update at 9.30 each morning of the Managers and 4 Senior Support Workers on duty. Decisions on how best to proceed are agreed by the Senior Support Worker and the Manager on duty, that could be a referral to their GP, Dentist, District Nurse, the Behaviour Team etc.</p>	<p>Complaint</p>
<p>Inspection Findings: The inspector discussed the policy and procedures with staff. Staff confirmed that in practice they are aware of the need to:</p> <ul style="list-style-type: none"> • Identifying uncharacteristic behaviour which causes concern; • Record this behaviour in residents' care records; • What actions to be taken to identify the possible cause(s) and further action to be taken as necessary; • The need to reporting to senior staff, the trust, relatives and RQIA; and • The need to agree and record the responses made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff are aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge. Five care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour. A review of the records and discussion with one relative and one care manager confirmed that they had been informed appropriately.</p>	<p>Compliant</p>

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	
Provider's Self-Assessment	
Residents requiring a consistent approach from staff have this process documented within their care plan and the process discussed and agreed with the family, care managers and other relevant professionals and staff.	Compliant
Inspection Findings:	
A review of five care plans identified that when a resident needs a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident and/or their representative where appropriate. Care records were also observed to be signed by a member of the multi-disciplinary team who had been involved in drawing up the care plan. Staff and the acting manager signatures were also observed throughout care records.	Compliant

Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Residents residing in Ralphs Close presenting with on-going challenging behaviour are referred to the Behaviour Management Team who advise and direct staff on the procedures to follow to manage behaviour in positive manner for the resident. This will be shared within the Multi Disiplinary Process and discussed on an ongoing basis and during the bi-annual care reviews. If required families will be encouraged to meet with the staff and professionals on an ongoing basis to ensure needs are being met.	Compliant
Inspection Findings:	
<p>A review of the processes in place for managing behaviours which challenge identified that it included the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan as necessary.</p> <p>A review of one complex behaviour management programme identified that it had been approved by an appropriately trained professional. The review also identified that the behaviour management programme forms part of the residents' care plan and there was evidence that it was kept under review.</p>	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Specific training for the management of challenging behaviours is provided by the Behaviour Management Team or other relevant professionals to ensure staff can provide the level of support required.	Compliant
Inspection Findings:	
A review of staff training records evidenced that staff had received training in Mappa, Maths and behaviours which challenge. Staff confirmed during discussion that they felt supported. Staff confirmed that the support ranged from the training provided, supervision, de-brief sessions, daily, weekly and monthly meetings. Discussion with staff confirmed that they were knowledgeable in regard to the behaviour management programmes in place.	Compliant

Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Any incident with regard to the resident that is outside of the agreed care plan is reported through our Datix System, on to RQIA using the Form 1a and reviewed by our monitoring officer and Care manager with our Incident Analysis forms queying the possible need for VA investigation if required or a possible review of the residents Care Plan.	Compliant
Inspection Findings:	
<p>A review of the accident and incident records and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified.</p> <p>Comprehensive records in relation to accidents and incidents were being retained.</p> <p>A review of five care plans and discussion with one visiting professional identified that care plans have been updated and reviewed and included involvement of the Trust personnel and relevant others.</p> <p>Staff, one relative and one visiting professional confirmed during discussion that when any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
<p>10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	
Provider's Self-Assessment	
<p>Restraint is only used for residents who require to be restrained and is provided by Mapa trained staff. This restrictive practice is written up and agreed by the Multi Disiplinary team with a Restrictive Intervention signed and agreed as to why it is required. Staff are mainly trained in diversional techniques as the restraint is a last resort option to ensure the safety of the resident. On the occasions that it has to be used then it is recorded on our Datix system and to RQIA via the Form 1a reporting sheet. Time and duration of the restraint is stated and recorded on the restrictive intervention monitoring form. Assessment of the incident especially if recurring for triggers is essential as a means of looking to reduce the presenting behaviour</p>	Compliant
Inspection Findings:	
<p>Discussion with staff, one relative, one visiting professional, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint is only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies have proved unsuccessful.</p> <p>A review of the accident and incident records and residents' care records identified that RQIA, Trust personnel and the resident's representative are notified on occasions when any restraint has been used. The circumstances and nature of the restraint were recorded on the residents care plan.</p> <p>It was clear from the records reviewed that all the relevant steps have been taken and personnel involved in decisions that affect residents care. The measures that have been put in place to minimise the impact of these limitations were recorded.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

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

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Each resident has an individual activities plan plotting the various activities they are planned to attend throughout the week and a variety of options available to them. These activities have been agreed following the Listen to Me Workbook with staff advocating for the residents and in consultation with their care manager and family.	Compliant
Inspection Findings:	
A review of five care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussion with one relative, one visiting professional and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.	Compliant

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment The programme is based on the likes of the resident and there is a daily log completed by staff that advises how their day progressed. Any indication from the resident that they are not enjoying a particular session will be reviewed by the Senior Support Worker and Managers. Each residents Spiritual Needs are taken into account when activity plans are created. All programmes promote social inclusion within our local community and beyond. No matter the activity or occasion staff adhere to the resident SALT Assessments.</p>	<p>Compliant</p>
<p>Inspection Findings: Examination of the programme of activities identified that social activities are organised daily. Each resident currently residing in Ralph’s Close has an individually tailored programme of activities and events. The programmes included activities which were age and culturally appropriate and reflected residents’ needs and preferences. The programme took into account residents’ spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	<p>Compliant</p>

Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The residents of Ralphs Close have limited ability to advise staff on how programmes can be developed however we have independent advocates who visit the site and discuss and promote opportunities on the residents behalf. Also for those residents who do have limited communication skills staff are very adept at understanding them and advocating their wishes on their behalf	Compliant
Inspection Findings:	
A review of the record of activities provided and discussion with one relative, one visiting professional, and staff identified that were possible residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of communication with staff and during care management review meetings.	Compliant

<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>We are working toward creating a format of activities that will be accessible and understood by residents. With the assistance of the behaviour team we have created for some residents 'First and Then' boards that are very effective in informing specific residents of their planned activities.</p>	<p>Moving towards compliance</p>
<p>Inspection Findings:</p>	
<p>On the day of the inspection the programme of activities was on display in the main reception of the home. Individual residents also had 'First and Then' pictorial boards to inform them of the activity they were about to participate in and the one immediately following this activity. The location in which activities were displayed was considered appropriate.</p> <p>A review of recently compiled 'About Me' records and discussion with the activity therapist confirmed that staff were proactively working towards the development of an activity programme in formats that will meet the individual needs of each of the residents.</p> <p>Discussion with staff, one relative and one visiting professional confirmed that they were aware of what activities were planned.</p>	<p>Substantially compliant</p>

Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Staff are there to support the residents in all of their activities as most of the residents require 1 to 1 support at various levels of participation, be that due to limited mobility or staff supporting behaviour issues that can and do present. Residents programmes include sensory baking, music, relaxation, sports interaction, arts and crafts, day trips, cultural events, walkin in the park etc.	Compliant
Inspection Findings:	
<p>The home employs an activity co coordinator full time. Activities are also provided each day by designated care staff.</p> <p>The activity coordinator and care staff confirmed that there was an acceptable supply of activity equipment available. One member of staff had expressed concern that previously craft materials were getting lost. However, this has recently been resolved with the purchase of a locked cupboard for storing craft materials.</p> <p>Staff confirmed during discussion that adequate funding is available for activities. Two minibuses are provided by the WHSCT for resident outings and it was observed throughout the day that they were being used regularly. The activity co-ordinator also confirmed that the 'Friends of Ralph's Close' fund raise and the monies raised are used for activity provision.</p>	Complaint

Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Activity programmes are at a level that allow the resident to participate and enjoy the experience both in duration and level of interaction it is focused at. Staff will inform senior staff if there is any sign of distress or lack of participation that could highlight the activity not meeting residents needs. Likewise staff are encouraged to promote variety and choice for their residents rather than a continual fixed routine.	Compliant
Inspection Findings:	
<p>The activity co coordinator, care staff, the acting manager and one relative confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	
Provider's Self-Assessment	
Activities we contract from outside are from the local Regional College. Staff delivering service are an employee of the college Sports/Recreational Dept. Senior staff are in attendance to ensure the programme is meeting the needs of the residents.	Compliant
Inspection Findings:	
The activity co-ordinator confirmed that there are no outside agencies contracted to provide activities for residents in the local community are staff from the local regional college. Staff confirmed that evidence has been obtained from the person that they had the necessary skills and knowledge to deliver the activity.	Compliant

Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Staff work closely with the contracted provider on a weekly basis to ensure they are aware of any changing needs. Senior Staff are in attendance to address queries or concerns of the provider.	Compliant
Inspection Findings:	
The activity co-ordinator confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which would affect their participation in the planned activity.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
An attendance record is in place to record the residents taking part, the staff leading and those supporting the residents participate	Compliant
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Compliant

Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The residents programme is reviewed at their 6 monthly care reviews and continually by staff to ensure it meets their needs.	Compliant
Inspection Findings:	
<p>A review of the programme of activities identified that each individual resident's programme of activities is reviewed at their care reviews.</p> <p>Mr Carton, the activity co-ordinator and care staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents were observed throughout the day making their way back from and going to activities which included day care and outings to the local community supported by staff.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

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

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with six residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were coming from and leaving to go to various different activities including day care. Residents were observed to be comfortable around staff and content with their surroundings. Residents were observed moving freely around the home and were being supported as required by staff in a friendly and unobtrusive manner.

11.2 Relatives/representative consultation

One relative met with the inspector. The relative indicated total satisfaction with the provision of care and life afforded to their relative and complimented staff in this regard. No concerns were expressed or indicated.

11.3 Staff consultation/Questionnaires

The inspector spoke with six members of staff of various grades and 17 staff completed and returned questionnaires. A review of the completed questionnaires and discussion with staff identified that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

On returned questionnaires staff confirmed that they had been provided with an induction programme and training in relation to their relevant duties. Of the 17 questionnaire responses received 14 staff indicated that staffing levels were satisfactory and that the food provided for residents ranged from satisfactory to excellent.

Staff confirmed during discussion that a number of them do not have permanent contracted hours and are either working on temporary contracts or have been employed via an agency. Staff on temporary contracts or working via an agency have been working in Ralph's Close for a significant period of time and during this time they are fully aware of each resident's assessed needs and how best to support each resident to meet their needs. Ensuring there is stability in the staff team at Ralph's Close is paramount. A recommendation was made to continue to review the staffing needs of the home to ensure stability can be maintained.

Comments received included:

- Permanent posts should be in place instead of agency;
- Good quality of care provided;
- Staff need a staff room;
- I feel the home provides the highest standards of care to all residents. The staff are highly trained and motivated and afford the residents a holistic individualised service;
- The home presents a very satisfactory level of care and residents are cared for by understanding staff;
- Staff have no staff room or facilities to cook food. Microwave is beside a staff toilet;

- Clients are well cared for and are given choice, dignity and respect at all times;
- Ralph's Close endeavours to provide a caring home like environment for the people who reside here. No relative has yet to remove residents and any I have spoken to are satisfied with care provided;
- The care and service provided by staff and management is of the highest standard;
- I feel the care offered is of a very high standard. Activity levels and variety is excellent. Staff morale is high;
- All staff are dedicated in their job. I would like to address that they get a permanent post rather than being temporary for a long time; and
- I feel staffing levels at night are unsafe.

The issues raised through questionnaire responses were shared with Mr John Jackson, Deputy Manager, following the inspection. Mr Jackson confirmed that he would discuss these issues with Mr Carton and address that the issues raised by staff will be followed up.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

11.4 Visiting professionals' consultation

One visiting professional was in the home. The Care Manager for a number of residents expressed high levels of satisfaction with the quality of care, facilities and services provided in the home.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that the complainants were satisfied with the outcome of the complaints.

Mr Carton confirmed that lessons learnt from investigations were acted upon.

11.7 Environment

The inspector viewed the home accompanied by Mr Carton and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as organised, adequately heated and fresh smelling throughout.

Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be appropriate.

A number of panes of glass in internal doors were observed to be in need of cleaning and individual table mats detailing resident's speech and language therapist recommendations were in need of replacement as they had become dog-eared and worn. These issues were discussed with Mr Carton and recommendations to address them have been made.

11.8 Guardianship Information

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.9 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.10 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mr Carton. Mr Carton confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Desy Carton Acting Manager, Ms Rosaleen Harkin, Assistant Director of Adult Learning Disability Services and Ms Carina Boyle, Head of Community Services, Northern Sector, and Professional Social Work Lead, 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:

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

Lynn Long
Inspector/Quality Reviewer

Date



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Announced Care Inspection

Ralph's Close

4 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 Mr Desy Carton, acting manager, either during or after the inspection visit.

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

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

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

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	25.1	Continue to review the staffing needs of the home to ensure stability in the workforce is maintained. Ref: 11.3	One	This is an on-going exercise within the Trust. A paper has been submitted to the Health & Social Care Board (HSCB) for consideration to address the funding shortfall to meet the staffing requirements in line with the assessed needs of residents. HSCB have visited the unit to understand the staffing requirements and the Trust awaits the outcome of the submitted paper.	From the date of the inspection
2	27.1	The glass in the internal doors should be cleaned and maintained clean. Ref: 11.7	One	Cleaned and maintained. Matter raised and discussed Support Services.	From the date of the inspection
3	27.1	Replace the individual table mats detailing resident's speech and language therapist recommendations which have become dog-eared and worn. Ref: 11.7	One	Completed. New mats supplied by Speech & Language Therapy.	One week

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 and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Derek Coston
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Aine Hay



QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	YES	J Hyman	22/7/14
Further information requested from provider	NO	J Hyman	22/7/14