



The Regulation and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Service and Establishment ID: Malone (1317)
Date of Inspection: 2 March 2015
Inspector's Name: Kylie Connor and Patricia Galbraith
Inspection No: 16670

The Regulation And Quality Improvement Authority
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1.0 General information

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| Name of home: | Malone |
| Address: | 188 Upper Malone Road Belfast BT17 9JZ |
| Telephone number: | (028) 9061 1745 |
| Email address: | malone@malonehealthcare.co.uk |
| Registered Organisation/ Registered Provider: | Mr Kevin McKinney |
| Registered Manager: | Mrs Rhonda Spence (Pending) |
| Person in charge of the home at the time of inspection: | Mrs Rhonda Spence |
| Categories of care: | RC-DE, RC-I, RC-PH |
| Number of registered places: | 28 |
| Number of residents accommodated on day of Inspection: | 26 |
| Scale of charges (per week): | From £461 |
| Date and type of previous inspection: | 27 October 2014 Secondary Unannounced Care Inspection |
| Date and time of inspection: | 2 March 2015 10.30am to 3.45pm |
| Name of Inspectors: | Kylie Connor and Patricia Galbraith |

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 unannounced 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 was 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 included the following:

- Analysis of pre-inspection information
- Discussions with the registered provider
- Discussions with the registered manager(pending)
- Examination of records
- Observation of care delivery and care practice
- Discussions 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:

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| Residents | 9 |
| Staff | 7 |
| Relatives | 0 |
| Visiting Professionals | 0 |

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

| Issued To | Number issued | Number returned |
|-----------|---------------|-----------------|
| Staff | 7 | 2 |

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 | | |
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| 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

Malone Residential Home is situated in a rural location within a quiet cul-de-sac. It is owned and operated by Mr Kevin McKinney. Mrs Rhonda Spence is the manager and in January 2015 applied to RQIA to become registered manager, pending the completion of QCF Level 5. It is situated within the Belfast Health and Social Care Trust area, approximately four miles from Belfast City centre and one and a half miles from Finaghy.

The home has been decorated and furnished to a high standard. It has been equipped and improved appropriately to meet the needs of residents. Accommodation for residents is provided single rooms over three floors. Access to the first floor is via a passenger lift and stairs. Access to the third floor is via stairs. Malone has large private grounds and car parking at the front.

Communal lounge, sunroom and dining areas, catering and laundry are provided on the ground floor. A number of communal sanitary facilities are available throughout the home. The communal areas overlook a large garden area to the rear, with mature shrubs and trees.

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

Residential care

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| I | Old age not falling into any other category |
| DE | Dementia for a maximum of ten persons |
| PH | Physical disability other than sensory impairment for a maximum of three persons |

8.0 Summary of Inspection

This primary unannounced care inspection of Malone was undertaken by Kylie Connor and Patricia Galbraith on 2 March 2015 between the hours of 10.30am and 3.45pm. Rhonda Spence and Kevin McKinney were available during the inspection and Mr McKinney received feedback at the conclusion of the inspection.

The requirement and recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that these had been addressed. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. These comments were not altered in any way by RQIA.

During the inspection the inspector met with residents and staff, 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.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

Two requirements and six recommendations were made as a result of the primary unannounced inspection. One requirement, in regard to fire safety checks is re-stated from a previous inspection. The registered provider and registered manager have been informed that failure to sustain improvement may result in the Authority initiating enforcement action. The details of which 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, registered manager, registered provider and staff for their assistance and co-operation throughout the inspection process.

Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspectors reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which partly reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspectors' observations, a review of documentation and discussions with residents and staff, confirmation was obtained that physical restraint is not used and that a number of restrictive practices were identified.

With the exception of one record, 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 was recorded in the resident's care records. The registered manager was aware of her 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 Malone was substantially compliant with this standard. Improvements include, reviewing the policy and procedure and reviewing all care plans.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspectors 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 inspectors' observations, a review of documentation and discussions 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. The programme of activities was appropriately displayed, identified that activities were provided throughout the week and were age and culturally appropriate. The programme 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 employed an activity coordinator for a number of hours each week. In the absence of the activity coordinator activities are provided by designated care staff or are contracted in.

A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Comprehensive records were maintained. The evidence gathered through the inspection process concluded that Malone is compliant with this standard.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 27 October 2014

| No. | Regulation Ref. | Requirements | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|-----------------|--|---|--------------------------------------|
| 1. | 13 (1) (a) | <p>The registered person shall ensure that the residential care home is conducted so as to promote and make proper provision for the health and welfare of residents</p> <ul style="list-style-type: none"> • Ensure that with their consent, residents weights are recorded and evaluated at suitable intervals with appropriate action taken • Review the system in place to ensure that a lapse does not re-occur | <p>A monthly template was observed to be in use. A review of three residents care records evidenced that this is addressed.</p> | <p>Compliant</p> |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|-----------------------|--|--|--------------------------------------|
| 1. | 11 | The registered manager (acting) should request a care review or arrange a care review for those which have been identified as overdue. | Two care records reviewed evidenced that this is addressed. | Compliant |
| 2. | 1.2 | <p>Residents' views are taken into account in all matters affecting them, and the home has forums or systems where residents and their representatives can express their views and be consulted about the running of the home.</p> <ul style="list-style-type: none"> • Residents meetings should take place in a timely manner | A review of the minutes of residents meetings evidenced that these are taking place in a timely manner. Records of the last two meetings were dated 30 December 2014 and 29 January 2015. | Compliant |
| 3. | 23 | Training should be provided for all care staff in person-centred care. The effect of training on practice is evaluated afterwards. | A number of training has taken place in regard to person centred care including: oral hygiene training, incontinence training, sensory awareness training. Discussions with staff evidenced informed values and discussions with residents confirmed staff display informed values. This is addressed. | Compliant |
| 4. | 9.1 9.6 | The registered manager (acting) should ensure that care records detail residents' dentists and care plans detail assistance required to maintain oral health and clean teeth/dentures. | Two care records reviewed evidenced that this is addressed. | Compliant |

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| 5. | 35 | The registered manager (acting) should ensure that toilet roll holders are fitted/used and that all bins are pedal operated. | Observation during an inspection of the environment evidenced that this is addressed. | Compliant |
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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. | |
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| 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 | |
| ALL STAFF HAVE KNOWLEDGE AND AWARENESS OF ALL RESIDENT CONDUCT, BEHAVIOURS AND MEANS OF COMMUNICATION. | Compliant |
| Inspection Findings: | |
| <p>The home had a policy on Responding to Residents Behaviour in place dated May 2013. A review of the policy and procedure identified that it partly reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). A recommendation has been made. 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.</p> <p>Observation of staff interactions, with residents, identified that informed values and implementation of least restrictive strategies were demonstrated. A review of staff training records matrix identified that this was being updated by the registered manager to inform training to be undertaken in 2015. E-learning training has been introduced and the registered manager agreed that she needed to review and improve records of training completed by staff. A recommendation has been made. Staff had not received training in behaviours which challenge other than what had been included vulnerable adult training. A recommendation has been made.</p> <p>A review of three 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. However, one of the files did not reflect residents’ needs. A recommendation has been made. Risk assessments were appropriately completed in two files. Staff who met with the inspector demonstrated knowledge and understanding of resident’s usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> | Moving towards compliance |

| <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> |
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| <p>Provider’s Self-Assessment</p> | |
| <p>STAFF ARE AWARE OF PROTOCOL AND PROCEDURE TO FOLLOW IN THE EVENT OF A RESIDENT'S BEHAVIOUR BECOMING UNCHARACTERISTIC OR CAUSING CONCERN.</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | |
| <p>The policy Responding to Residents Behaviour in place dated May 2013 included the following:</p> <ul style="list-style-type: none"> • Identifying uncharacteristic behaviour which causes concern • Recording of this behaviour in residents care records • Action to be taken to identify the possible cause(s) and further action to be taken as necessary • Reporting to senior staff, the trust, relatives and RQIA. • Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Three care records were reviewed, two of which contained the relevant information regarding the residents identified uncharacteristic behaviour however, one care plan needed to be up dated to reflect the needs of the resident and this is referred to in section 10.1. A review of the records confirmed that relatives and professionals had been informed appropriately.</p> | <p>Substantially compliant</p> |

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| <p>Criterion Assessed: 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.</p> | <p>COMPLIANCE LEVEL</p> |
| <p>Provider’s Self-Assessment</p> | |
| <p>IFA RESIDENT NEEDS A CONSISTANT APPROACH OR RESPONSE FROM STAFF, THIS IS RECORDED IN THEIR CARE FILE AND ALL STAFF AND NEXT OF KIN ARE INFORMED.</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | |
| <p>A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed. One did not and this is addressed in section 10.1. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p> | <p>Substantially compliant</p> |
| <p>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.</p> | <p>COMPLIANCE LEVEL</p> |
| <p>Provider’s Self-Assessment</p> | |
| <p>IF A BEHAVIOUR MANAGEMENT PROGRAMME IS PUT IN PLACE FOR A RESIDENT THIS IS APPROVED BY A TRAINED PROFESSIONAL AND IS INCLUDED IN THEIR CARE FILE.</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | |
| <p>The registered manager informed the inspectors that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p> | <p>Not applicable</p> |

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| <p>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.</p> | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment</p> | |
| <p>IF A RESIDENT REQUIRED A BEHAVIOUR MANAGEMENT PROGRAMME STAFF WOULD BE PROVIDED WITH NECESSARY TRAINING.</p> | Compliant |
| <p>Inspection Findings:</p> | |
| <p>The registered manager informed the inspectors that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p> | Not applicable |
| <p>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.</p> | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment</p> | |
| <p>ALL INCIDENTS ARE RECORDED FULLY AND REPORTED TO THE RELEVANT PROFESSIONALS.</p> | Compliant |
| <p>Inspection Findings:</p> | |
| <p>A review of a random number of accident and incident records from 1 January 2015 to the date of the inspection and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified. One hospital admission dated 10 January 2015 and a number of no-injury accidents had not been referred to RQIA. A recommendation has been made.</p> <p>A review of two care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others. One care plan had not been appropriately updated and a recommendation has been made. Staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was 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 and one care record evidenced this.</p> | Substantially compliant |

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| <p>Criterion Assessed: 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> | <p>COMPLIANCE LEVEL</p> |
| <p>Provider’s Self-Assessment NO RESTRAINT IS USED IN THE HOME.</p> | <p>Not applicable</p> |
| <p>Inspection Findings: Examination of care records and discussions with staff confirmed that physical restraint is not used in the home. 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 restrictive practice has been used. The circumstances and nature of the practice were recorded on the resident’s care plan. Residents confirmed that they were aware of decisions that affected their care and they had given their consent to the limitations or were aware that action had been taken /measures have been put in place to minimise the impact of these limitations. Discussion with the registered manager indicated that the home’s Statement of Purpose evidenced that this needed to be reviewed to incorporate restrictive practices which may be used in the home. Consideration should be given to bedrails, pressure mats, locked or alarmed doors, lap belts and external CCTV.</p> | <p>Substantially compliant</p> |

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| <p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL Compliant</p> |
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| <p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL Substantially compliant</p> |
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| STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS | |
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| 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 | |
| THE PROGRAMME OF ACTIVITIES IS BASED ON RESIDENT VIEWS, INTERESTS AND NEEDS. THESE ARE REVIEWED AND UPDATED BY THE ACTIVITY COORDINATOR REGULARLY AND CHANGED IF NECESSARY. | Compliant |
| Inspection Findings: | |
| The home had a Policy dated February 2013 on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. There was clear evidence in the care plans reflecting the likes and dislikes of the individual residents. Discussions with residents 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. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home. | Compliant |
| 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. | COMPLIANCE LEVEL |
| Provider's Self-Assessment | |
| THE ACTIVITY PROGRAMME IS CENTRED AROUND RESIDENTS PURPOSE, AGE AND SPIRITUAL NEEDS. IT PROMOTES HEALTHY LIVING. THE PROGRAMME IS REVIEWED REGULARLY TO RESPOND TO RESIDENTS CHANGING NEEDS. COMMUNITY INVOLVMENT IS ENCOURAGED. | Compliant |

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| Inspection Findings: | |
| <p>Examination of the programme of activities identified that social activities are organised four afternoons a week from 2.00pm to 5.00pm. These times can be varied to meet the needs of the residents. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs as there is a multi-denominational service every Monday. The inspector was informed that this activity had been cancelled due to sickness.</p> <p>Residents go out shopping on a one to one basis with the activity worker, who reported that she takes residents out for coffee and the registered provider will pay for this. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis. There was evidence that the activity staff member includes those who prefer to stay in their room by engaging in one to one activities. Arrangements have been made for a resident who does not like to go out to have floral tubs placed on her balcony.</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.</p> | COMPLIANCE LEVEL |
| Provider's Self-Assessment | |
| THE ACTIVITY CO-ORDINATOR REGULARLY INVOLVES ALL RESIDENTS IN THE CONSTRUCTION OF THE ACTIVITY PROGRAMME. | Compliant |
| Inspection Findings: | |
| <p>A review of the record of activities provided and discussions with residents, including four residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of residents meetings and care reviews and on an ad hoc basis if there was something a particular resident wanted to do.</p> | Compliant |

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| <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> | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment ALL RESIDENTS ARE GIVEN A COPY OF THE ACTIVITY PROGRAMME, IT IS ALSO DISPLAYED FOR ALL VISITORS TO SEE.</p> | Compliant |
| <p>Inspection Findings: Each resident receives a very in depth bulletin of the activities for the month it also includes other factual reading about events in the home and whose birthday it is. This is a very well laid out documents and it informs relatives too and as it is forward planning it enables them to be there for some of the events. One past event was a gentleman had come in to talk about the old department stores which the residents found very interesting and Pamela also organises for proprietor's to come in show a display of clothes for those residents who are unable to get out shopping. Discussions with residents confirmed that they were aware of what activities were planned.</p> | 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.</p> | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment RESIDENT NEEDS ARE TAKEN INTO ACCOUNT DURING ACTIVITES.AIDS AND SUPPORT IS PROVIDED IF REQUIRED.</p> | Compliant |
| <p>Inspection Findings: The home employs an activity co coordinator for 16 hours each week. Staff and residents confirmed that there was an acceptable supply of activity equipment available. There is a wide variety of equipment which has its own store room included are jig saws, extensive art work provisions, wool for knitting, tapestry and musical CD's and DVD's. It was confirmed that the activity co-ordinator has a petty cash supply which enables her to buy provisions all the time and is able to update provisions.</p> | Compliant |

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| <p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p> | <p>COMPLIANCE LEVEL</p> |
| <p>Provider’s Self-Assessment</p> | |
| <p>TIMETABLE OF ACTIVITES TAKES INTO ACCOUNT RESIDENTS NEEDS AND ABILITIES OF PARTICIPANTS.</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | |
| <p>The activity co coordinator and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents’ abilities and the possible impact this could have on their participation in activities. When the inspector spoke with the activities co-ordinator she was very knowledgeable about residents and was aware of residents’ limitations and acknowledged that not everyone enjoyed being part of a group and she was able to report which residents enjoyed certain activities.</p> | <p>Compliant</p> |
| <p>Criterion Assessed: 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.</p> | <p>COMPLIANCE LEVEL</p> |
| <p>Provider’s Self-Assessment</p> | |
| <p>ALL ACIVITIES PROVIDED AT THE HOME ARE MONITORED, RESIDENT VIEWS ON EACH ACTIVITY ARE SOUGHT AT RESIDENT MONTHLY MEETINGS.</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | |
| <p>The activity co-ordinator confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.</p> | <p>Compliant</p> |

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| <p>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.</p> | COMPLIANCE LEVEL |
| <p>Provider’s Self-Assessment</p> | |
| <p>ALL CONTRACTORS ARE INFORMED OF RESIDENT'S CHANGING NEEDS IF REQUIRED AND FEED BACK IS SOUGHT FROM CONTRACTED.</p> | Compliant |
| <p>Inspection Findings:</p> | |
| <p>The activity co-ordinator confirmed that a system was in place to inform any person contracted to provide activities, of any change in residents’ needs which could affect their participation in the planned activity.</p> | Compliant |
| <p>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.</p> | COMPLIANCE LEVEL |
| <p>Provider’s Self-Assessment</p> | |
| <p>A RECORD IS KEPT OF ALL ACTIVIES.</p> | Compliant |
| <p>Inspection Findings:</p> | |
| <p>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. There was evidence that appropriate consents were in place in regard to photography.</p> | Compliant |
| <p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p> | COMPLIANCE LEVEL |
| <p>Provider’s Self-Assessment</p> | |
| <p>THE PROGRAMME IS REVIEWED REGULARLY AND CHANGED AS REQUIRED TO SUIT RESIDENT NEEDS.</p> | Compliant |

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| Inspection Findings: | |
| <p>A review of the programme of activities identified that it had last been reviewed. The records identified that the programme had been reviewed at least twice yearly. The activity coordinator confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p> | <p>Compliant</p> |

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|--|--------------------------------|
| <p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL</p> |
| | <p>Compliant</p> |

| | |
|---|--------------------------------|
| <p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL</p> |
| | <p>Compliant</p> |

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with four residents individually and with five others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "I am very happy here staff are great."
- "I have lived here a very long time this is my home."
- "I am more than happy living her I have all my comforts and food and staff are more than I can put into words."

11.2 Relatives/representative consultation

There were no visitors spoken to during the inspection.

11.3 Staff consultation/Questionnaires

The inspector spoke with seven staff of different grades and two staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training matrix identified that staff were provided with a variety of relevant training including mandatory training. However, the registered manager confirmed that she was in the process of updating the record and a recommendation has been made.

Comments received included:

- "I would recommend this home to family."
- "Manager and registered provider are approachable and listen to requests."

11.4 Visiting professionals' consultation

There were no professionals spoken to during the inspection.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. 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.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' rooms were all clean neat and tidy and decorated to individual taste.

The dining room was well presented and the choice of menu on the day of inspection had variations to suite a range of dietary requirements. There was confirmation that if residents did not like the menu they could also request something else.

On the day of inspection the homes windows were being cleaned by an outside provider. A minister was due to attend the home to facilitate spiritual needs of residents this happens every Monday, however this was cancelled unexpectedly.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 1 April 2013 and 31 March 2014.

11.7 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. A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought. The registered manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

One inspector viewed the home alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a high standard

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

11.10 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.

The inspector examined the home's most recent fire safety risk assessment which was over-due an annual review. A requirement has been made. A review of the fire safety records evidenced that fire training and an evacuation was over-due. The registered manager confirmed that fire training is scheduled to take place on 31 March 2015 and during April 2015 for staff who last completed training in October 2014.

Records did not demonstrate that different fire alarms are tested consistently on a weekly basis with records retained. A requirement has been made. The registered manager and registered provider were advised that failure to sustain improvements may result in the Authority initiating enforcement action. It was concerning to note that governance checks previously put in place had failed to identify this issue. This was discussed with the registered provider and the registered manager. The former stated that fire safety check records will be added to the registered provider unannounced monthly visits effective immediately. The registered manager stated that monthly unannounced fire drills will take place. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed which 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 Rhonda Spence, 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

Primary Unannounced Care Inspection

Malone

2 March 2015

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 Kevin McKinney and Rhonda Spence 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.

| 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 | 27 (4) (a) (Section 11.10 refers) | The annual fire safety assessment should be completed and a copy forwarded to the estates inspector for review. | One | Fire safety assessment carried out at the home 13.04.2015. Copy of report will be forwarded to our estates inspector for review. | By return of QIP |
| 2 | 27 (4) (d) (v) (e) (f) (Section 11.10 refers) | <ul style="list-style-type: none"> • Confirm that the fire safety checks will be carried out consistently in accordance with NIHTM 84 • Confirm that the records of completed fire safety checks will be undertaken during the Regulation 29 registered provider monthly visits • Confirm that all staff participate in two fire safety training per year • Confirm that fire drills and practices are carried out at suitable intervals <p>Failure to sustain improvement may result in the Authority initiating enforcement action.</p> | Two (previously stated on QIP dated 3 September 2013) | Fire safety checks have been reviewed and are now consistently checked in accordance with NIHTM 84. These records are then checked during the Regulation 29 registered provider visits. All staff have undertaken fire safety training which will now be arranged for twice yearly. Fire practices and drills have commenced more often and will continue to be done regularly within the home. | From the date of the inspection and on-going |

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 | 10.1 | Review the restraint policy (2010) to ensure compliance with DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). | One | Restraint policy has been reviewed. | By return of QIP |
| 2 | 23.3 (10.1 and 10.2 refers) | <ul style="list-style-type: none"> • Confirm that the staff training matrix has been updated and that all staff are up to date with mandatory training • Review and improve the system of staff completing e-learning training and the process of informing the registered manager | One | Staff training matrix has been updated to include all mandatory training. New system now in place with e-learning to inform the manager of staff progress and completion. | By return of QIP |
| 3 | 10.1 | All staff should complete training in responding to behaviours which challenge. | One | Responding to behaviours which challenge are included within our e-learning training, however we are currently looking at arranging a separate training session to specifically focus on responding to behaviours which challenge in more detail. | 30 May 2015 |

| | | | | | |
|---|-------------------------------------|---|-----|--|------------------|
| 4 | 6.2 (10.1, 10.2 and 10.6 refers) | Confirm that all care plans have been reviewed and updated to reflect how current behaviours present and how staff should respond | One | All care plans have been reviewed to reflect how staff should respond to current client behaviours. | By return of QIP |
| 5 | 20.15 (10.6 refers) | <ul style="list-style-type: none"> • Ensure all accidents are referred to RQIA • Ensure all incidents of behaviours which challenge are referred to RQIA | One | All accidents are referred to RQIA. incidents of beviours which challenge are referred to RQIA. | By return of QIP |
| 6 | 10.7 | Review the statement of purpose to include restrictive practices which may be used in the home with consideration of the Human Rights Act (1998) | One | Statement of purpose has been reviewed and updated to include all restrictive practices within the home. | By return of QIP |

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 | Mrs R Spence |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | Mr K McKinney |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|------------|------------------|-------------|
| Response assessed by inspector as acceptable | X | K.Connor | 21/4/15 |
| Further information requested from provider | | | |