



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment and ID: Clairville (1333)
Date of Inspection: 30 October 2014
Inspector's Name: Bronagh Duggan
Inspection ID: IN017302

The Regulation And Quality Improvement Authority
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1.0 General Information

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| Name of Establishment: | Clairville (1333) |
| Address: | 62 Bann Road Rasharkin BT44 8SZ |
| Telephone Number: | 0282954 1139 |
| Email Address: | clairville62@gmail.com |
| Registered Organisation/ Registered Provider: | Clairville |
| Registered Manager: | Veronica Reid |
| Person in Charge of the Home at the Time of Inspection: | Wendy Dickie |
| Categories of Care: | RC-PH, RC-DE, RC-I, RC-MP (E), RC-PH(E) |
| Number of Registered Places: | 17 |
| Number of Residents Accommodated on Day of Inspection: | 15 |
| Scale of Charges (Per Week): | Trust Rates |
| Date and Type of Previous Inspection: | 15 April 2014 Secondary Unannounced Care Inspection |
| Date and Time of Inspection: | 30 October 2014 11:00am – 4:30pm |
| Name of Inspector: | Bronagh Duggan |

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 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 deputy manager
- 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 | 11 |
| Staff | 3 |
| Relatives | 1 |
| 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 | 19 | 0 |

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 DHSSPS Residential Care Homes Minimum Standards

A view of the management of residents' 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

Clairville Residential Care home is situated close to the village of Rasharkin within the Northern Health and Social Care Trust area. The residential home is owned and operated by Mrs Veronica Reid who is also the registered manager.

Accommodation for residents is provided in single and double rooms in a two storey building. The home has eleven single bedrooms and three double bedrooms. Access to the first floor is via a stair lift and stairs.

Communal lounge and dining areas are provided close to the main entrance of the home.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 17 persons under the following categories of care:

Residential Care

| | |
|-------|---|
| I | Old age not falling into any other category |
| DE | Dementia |
| MP | Mental disorder excluding learning disability or dementia |
| MP(E) | Mental disorder excluding learning disability or dementia – over 65 years |
| PH | Physical disability other than sensory impairment |
| PH(E) | Physical disability other than sensory impairment - over 65 years |

8.0 Summary of Inspection

This primary announced care inspection of Clairville Residential Home was undertaken by Bronagh Duggan on 30 October 2014 between the hours of 11:00 am and 4:30pm. Wendy Dickie deputy manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that a current fire risk assessment was in place and staff had completed training in fire safety. Accidents and incidents were reported to RQIA appropriately, the visitors book has been positioned near the main entrance to the home and was being completed by visitors to the home. Four recommendations made during the previous inspection relating to the completion of progress notes, details of residents GP's, dentists and optometrists, the replacement of the progress notes template and the thorough cleaning of an identified bedroom have all been addressed. The detail of the actions taken by Mrs Reid can be viewed in the section following this summary.

Prior to the inspection on 30 October 2014, Mrs Veronica Reid completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Reid in the self-assessment were not altered in any way by RQIA.

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

8.1 Standard 10 - Responding to Residents' Behaviour

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place in relation to managing challenging behaviours, a recommendation has been made that the policy and procedure is developed further, and also include a policy relating to the use of restraint in the home. The deputy manager was referred to relevant information including the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) information from which should be incorporated into homes policies and procedure. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint would only be 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. However it was noted that staff last completed training in behaviours which challenge entitled Managing Challenging Behaviour in May 2013. A recommendation has been made that staff receive an update as soon as possible considering training in relation to managing challenging behaviour should be completed annually in keeping with RQIA Guidance on Mandatory Training 2012. 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 deputy manager was aware of the responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that two of the three care records had not been signed by residents or their representative, a recommendation has been made that care plans should be signed by the resident or where appropriate their representative. If the resident is unable or unwilling to sign this also should be documented. The evidence gathered through the inspection process concluded that Clairville was substantially compliant with this standard.

8.2 Standard 13 - Programme of Activities and Events

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 discussions with residents and staff, confirmation was obtained that activities provided were based on the assessed needs of the residents. It was noted during the inspection that the home did not have a structured programme in place rather activities were made available daily, residents were not aware of the activities in advance. A recommendation has been made that a programme is developed in consultation with residents to ensure that there is a good range of enjoyable and meaningful activities available on a regular basis. A further recommendation has been made that a clear, more visually stimulating display format is developed so that residents and their representatives know what activities are scheduled. Discussions with residents confirmed that they were unaware of what activities were planned on the day of the inspection.

Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. Information available showed that activities were provided which 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 during residents meetings, 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. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Clairville is substantially compliant with this standard.

8.3 Resident, Representatives, and Staff Consultation

During the course of the inspection the inspector met with residents, one representative, and staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

Discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, and staff are included in section 11.0 of the main body of the report.

8.4 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.

8.5 Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a satisfactory standard. Resident's bedrooms were found to be tidy and comfortable.

8.6 Fire Safety

The homes fire safety risk assessment and staff training records were reviewed following a requirement made during the previous inspection. These were found to be current and up to date, however a review of weekly and monthly tests of fire warning systems and equipment were not being consistently carried out as a result a requirement has been made that fire precautions are carried out consistently at regular intervals.

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, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

One requirement and five recommendations were made as a result of the primary announced inspection. 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, relative, deputy 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 15 April 2014

| No. | Regulation Ref. | Requirements | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|-------------------------|--|--|--------------------------------------|
| 1. | 27.(4) (a) (e) | <p>The Registered Manager must ensure that the Fire Safety Risk Assessment is current and up to date.</p> <p>The Registered Manager should ensure that staff complete mandatory fire safety training in line with training guidelines.</p> | <p>A current and up to date Fire Safety Risk Assessment was in place during the inspection.</p> <p>Staff had completed fire safety training in May 2014.</p> | Compliant |
| 2. | 30.(1) | The Registered manager should ensure that any accidents and incidents in the home are reported to RQIA in keeping with legislation. | A review of accident and incident records in the home showed that RQIA had been notified of any accidents and incidents in the home in keeping with legislation. | Compliant |
| 3. | 19 (2) Schedule 4 22 | The registered manager should ensure that the visitor's book is positioned in an open and accessible area of the home and is completed by all visitors to the home. | The visitor's book was positioned at the main entrance to the home and was found to be completed on a regular basis. | Compliant |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|-----------------------|--|--|--------------------------------------|
| 1. | 8.2 | Progress notes should be written in such a way so that they reflect the care given in relation to the management of residents chronic medical conditions. | Progress notes reviewed during the inspection reflected care given in relation to resident's medical conditions. | Compliant |
| 2. | 9.1 | The home should have details of residents General Practitioner, optometrist and dentist. If residents have to register with a new provider this should be done as soon as possible after the resident has been admitted to the home. | The details of the identified professionals were available for residents in the home. | Compliant |
| 3. | 8.5 | The photocopy template currently in use for progress notes should be replaced as it is of poor quality. | The progress notes template has been replaced. | Compliant |
| 4. | 27.1 | The bedroom identified with a strong odour should receive a thorough clean and any source of odour be removed. | The identified bedroom was viewed, this was found to be clean and tidy with no malodour. | Compliant |

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 | |
| Yes, all staff have a clear understanding of each residents usual conduct, behaviours and means of communication through their care plans and time spent with the residents. | 5 - Compliant |
| Inspection Findings: | |
| <p>The home had a policy and procedure titled Managing Aggression (2011) in place, the home did not have a policy regarding the use of restraint in place in the home. A recommendation has been made that the policy relating to the management of aggression should be developed further along with a policy relating to the use of restraint in the home. The deputy manager was referred to relevant information including the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) information from which should be incorporated into homes polices and procedure. The policy and procedure should also include the need for Trust involvement in managing behaviours which challenge and detail 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.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge entitled Managing Challenging Behaviour in May 2013. A recommendation has been made that staff receive an update as soon as possible considering training should be completed annually as stated in RQIA Guidance on Mandatory Training 2012.</p> | Moving towards compliance |

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| <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. Risk assessments were appropriately completed.</p> <p>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> | |
| <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> | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment</p> | |
| <p>All staff report any change to the manager, monitor the situation and if necessary all relevant bodies connected with the resident are informed.</p> | 5 - Compliant |
| <p>Inspection Findings:</p> | |
| <p>Three care records were reviewed and identified that they contained the relevant information regarding the residents usual behaviour and the care / treatment required. Staff confirmed if behaviour was noted to be uncharacteristic they would report the matter and contact other services where necessary.</p> <p>A review of the records and discussion with one visiting representative confirmed that they had been informed appropriately.</p> | Compliant |

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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> | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment</p> | |
| <p>All residents care plans are updated and all representatives are informed when required.</p> | 5 - Compliant |
| <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. It was noted that two of the three care plans reviewed had not been signed by residents, a recommendation has been made that care plans should be signed by the resident or where appropriate their representative. If the resident is unable or unwilling to sign this also should be documented.</p> | Substantially Compliant |
| <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> | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment</p> | |
| <p>Yes, the relevant professionals are involved and this is highlighted in the residents care plan.</p> | 5 - Compliant |
| <p>Inspection Findings:</p> | |
| <p>A review of one behaviour management programme in place identified that it had been approved by an appropriately trained professional. The behaviour management programme formed a part of the resident's care plan and there was evidence that it was kept under review.</p> | Compliant |

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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 Yes, all staff are provided with the necessary training, guidance and support.</p> | 5 - Compliant |
| <p>Inspection Findings: Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, de-brief sessions, and staff meetings. Discussions with staff indicated that they were knowledgeable in regard to the behaviour management programme in place.</p> | Compliant |
| <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 Yes, all representatives and professionals are informed and if necessary a multidisciplinary review of the residents needs is carried out.</p> | 4 – substantially Compliant |
| <p>Inspection Findings: A review of the accident and incident records from April 2014 to October 2014 and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified. A review of one care plan identified that it had been updated and reviewed and included involvement of the Trust personnel and relevant others. One visitor and 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.</p> | 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 Yes, If any restraint were required it would be recorded.</p> | <p>4 – substantially Compliant</p> |
| <p>Inspection Findings: A review of records, discussions with residents and staff and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home's Statement of Purpose.</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 Not Completed</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

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 |
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| 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents. | |
| Provider's Self-Assessment | |
| All activities are based on the individual needs of the residents to promote a positive sense of wellbeing. | 5 – compliant |
| Inspection Findings: | |
| <p>The home had a policy titled Residents Involvement in Activities in the Home 2011. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>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.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p> | Compliant |

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| <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> | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment</p> | |
| <p>Activities are discussed at residents meetings. Through discussion, residents suggest individual ideas for activities. All residents have a choice of activities and also have a choice whether to participate or not.</p> | Provider to complete 4 – substantially compliant |
| <p>Inspection Findings:</p> | |
| <p>Discussion with staff and residents during the inspection showed that the activities available would change on a regular basis. It was noted during the inspection that the home did not have a structured programme in place rath activities were made available daily, residents were not aware of the activities in advance. A recommendation has been made that a programme is developed in consultation with residents to ensure that there is a good range of enjoyable and meaningful activities available on a regular basis.</p> | Moving towards compliance |
| <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 |
| <p>Provider's Self-Assessment</p> | |
| <p>All residents are given the opportunity to offer suggestions for activities and to take part in activities or decline.</p> | 5 - compliant |
| <p>Inspection Findings:</p> | |
| <p>A review of the record of activities provided and discussions with residents identified that residents were given opportunities to put forward suggestions for activities in the home.</p> <p>Residents and their representatives were also invited to express their views on activities by means of resident/relatives meetings, one to one discussions with staff and care management review meetings.</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 The daily format is displayed.</p> | 4 – substantially compliant |
| <p>Inspection Findings: The activity available on the day of the inspection was displayed on the notice board outside the main living area of the home. A recommendation has been made that a clearer, more visually stimulating format is developed so that residents and their representatives know what activities are scheduled. Discussions with residents confirmed that they were unaware of what activities were planned on the day of the inspection.</p> | Moving towards compliance |
| <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 Yes, equipment aids and support is available from staff when activities are carried out.</p> | 5 - compliant |
| <p>Inspection Findings: Activities are provided daily in the home by designated care staff. The care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included board games, DVD's, radio, cd's, quiz cards, skittles/ hoops, and reminiscence resources.</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> | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment Yes, all activities take into account the individual residents needs and abilities.</p> | 4 – substantially compliant |
| <p>Inspection Findings: A timetable of events was not available during the inspection however care staff and residents confirmed that the duration of activities were 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.</p> | Substantially Compliant |
| <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> | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment</p> | |
| <p>NA</p> | |
| <p>Inspection Findings: The deputy manager confirmed that a musical entertainer visits the home on a regular basis. The deputy manager confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.</p> | Compliant |

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| 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 | |
| NA | |
| Inspection Findings: | |
| The deputy manager 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 could affect their participation in the planned activity. | Compliant |
| 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 | |
| Yes, a record is kept of all activities, the co-ordinator's name and the names of the residents involved. | 5 - 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 |

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| 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 Yes, activities are monitored and reviewed and new activities added, based on the residents needs and requests. | 5 - Compliant |
| Inspection Findings: A review of activities available showed that they had been reviewed twice yearly during residents meetings, activities had most recently been reviewed in July 2014. The deputy manager and care staff 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. | Compliant |

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| PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL Not completed |
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| INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL Substantially Compliant |
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11.0 Additional Areas Examined

11.1 Residents Consultation

The inspector met with 11 residents individually. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed 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:

“This is a great place; I can’t speak highly enough of it”

“Everyone is very kind, I have no complaints”

“It is very good, staff do their best”

11.2 Relatives/Representative Consultation

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

Comments received included:

“I am very happy he / she is here, the staff are all very good and take great care with residents”

11.3 Staff Consultation

The inspector spoke with three staff members on duty, prior to inspection a number of questionnaires were provided for staff to complete, no questionnaires were completed and returned to RQIA. 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 records identified that staff were provided with a variety of relevant training including mandatory training.

11.4 Visiting Professionals Consultation

There were no visiting professionals to the home on the day of the inspection.

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 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 all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 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.

11.8 Environment

The inspector viewed the home 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 satisfactory 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.

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.

11.10 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 dated 13 May 2014. A review of the fire safety records evidenced that fire training, had been provided to staff on 8 May 2014. The records also identified that an evacuation had been undertaken on 7 May 2014.

Records showed that weekly fire warning systems had last been carried out on 26 September 2014, monthly checks were also not up to date. A requirement has been made that fire precautions are carried out consistently at regular intervals.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Reid registered provider. Mrs Reid 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.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Wendy Dickie Deputy Manager, 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:

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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Announced Care Inspection

Clairville

30 October 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 Wendy Dickie Deputy 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.

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. | Regulation 27 (4) (d) (v) | <p>The registered person shall make adequate arrangements – for reviewing fire precautions, and testing fire equipment, at suitable intervals;</p> <p>Reference to this is made to the fact that weekly and monthly fire warning systems and equipment should be tested consistently at regular intervals.</p> <p>Ref: 11.10</p> | One | <p>All has been put in place</p> <p>Weekly & monthly testing has started and equipment will be tested at regular intervals</p> | From the day of inspection and ongoing. |

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), 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 | <p>The policy and procedure relating to the management of aggression should be developed further along with a policy relating to the use of restraint in the home. Relevant information including the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) should be incorporated into homes policies and procedure. The policy and procedure should also include the need for Trust involvement in managing behaviours which challenge and detail that RQIA must be notified on each occasion restraint is used.</p> <p>Ref:10</p> | One | Restraint policy has been up-dated | 29 January 2014 |
| 2. | 10.1 | <p>Staff should complete training in relation to managing challenging behaviour on an annual basis as stated in RQIA Guidance on Mandatory Training 2012.</p> <p>Ref:10.1</p> | One | All training is being up-dated | 29 January 2014 |
| 3. | 6.3 | <p>Care plans should be signed by the resident or where appropriate their representative. If the resident is unable or unwilling to sign this also should be documented.</p> <p>Ref:10</p> | One | All care-plan has been checked and is signed by the resident or their W.O.R. | 1 January 2014 |

| | | | | | |
|----|------|---|-----|---|----------------|
| 4. | 13.2 | <p>A structured programme of activities should be developed in consultation with residents to ensure that there is a good range of enjoyable and meaningful activities available on a regular basis.</p> <p>Ref: 10</p> | One | <p>Activities are changed on a weekly basis</p> | 1 January 2014 |
| 5. | 13.4 | <p>A clear, visually stimulating format should be developed to display the programme of activities in the home so residents and their representatives know what activities are scheduled.</p> <p>Ref:10</p> | One | <p>A weekly format has been put in place</p> | 1 January 2014 |

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

| | |
|---|----------------------|
| NAME OF REGISTERED MANAGER COMPLETING QIP | <i>Veronica Reid</i> |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | <i>Veronica Reid</i> |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|------------|-----------------------|----------------|
| Response assessed by inspector as acceptable | <i>Yes</i> | <i>Bronagh Duffin</i> | <i>22.1.15</i> |
| Further information requested from provider | | | |