



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment and ID: Lisgarel (1366)
Date of Inspection: 4 December 2014
Inspector's Name: Bronagh Duggan
Inspection ID: 17315

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Establishment:	Lisgarel (1366)
Address:	Gloucester Park Larne BT40 1PD
Telephone Number:	028 28274833
Email Address:	ID.Gillespie@northerntrust.hscni.net
Registered Organisation/ Registered Provider:	Northern HSC Trust Dr Tony Stevens
Registered Manager:	Mrs Debbie Gillespie
Person in Charge of the Home at the Time of Inspection:	Mrs Debbie Gillespie
Categories of Care:	RC - I
Number of Registered Places:	41
Number of Residents Accommodated on Day of Inspection:	34
Scale of Charges (Per Week):	£461 per week
Date and Type of Previous Inspection:	1 July 2014 Secondary Unannounced Care Inspection
Date and Time of Inspection:	4 December 2014 11:30 am – 6:00 pm
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 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 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:

Residents	15 Individually 14 in groups
Staff	3
Relatives	2
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	10	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 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

Lisgarel Residential Care home is situated on an elevated site in Gloucester Park a residential area located within a short distance from Larne town centre.

The residential home is owned and operated by the Northern Health and Social Care Trust. The current registered manager is Mrs Debbie Gillespie.

Accommodation for residents is provided in single rooms in a split level building. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided, these include five sitting rooms, one used as a smoking room, a large dining room and facilities for sitting outside in good weather, accessible from one of the sitting rooms. There is a large well equipped kitchen which also provides for the day centre and meals on wheels.

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

The home is registered for forty places but since the beginning of 2008 a step down / step up service has been established. Four places are also available for respite care.

The home is registered to provide care for a maximum of 40 persons under the following categories of care:

Residential Care

I Old age not falling into any other category

8.0 Summary of Inspection

This primary unannounced care inspection of Lisgarel Residential Home was undertaken by Bronagh Duggan on 4 December 2014 between the hours of 11:30am – 6:00pm. Mrs Debbie Gillespie registered manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

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

Prior to the inspection on 4 December 2014 Mrs Gillespie registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Gillespie in the self-assessment were not altered in any way by RQIA.

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

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 which reflected best practice guidance in relation to restraint, seclusion and human rights. A recommendation has been made that the need to notify RQIA on each occasion restraint is used should be included within the policy and procedure. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. A recommendation has been made in relation to the use of an alert pad situated on a chair for one identified resident. Records showed the use of this device was recorded in the residents care plan, and a risk assessment had been completed however it was noted that the resident had not signed this part of the care plan. A recommendation has been made that the residents consent to the use of the device should be reflected in their care plan.

Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Review of staff training records showed that three care staff had received training in behaviours which challenge entitled Managing Aggression in 2013. A recommendation has been made that all care staff complete training relating to managing behaviours on an annual basis 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. While reviewing incident records it was noted that on occasions not all relevant information was included on notifications provided to RQIA a recommendation has been made that all relevant information should be stipulated on accident / incident notifications including whether next of kin and any other agencies have been informed.

The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team. The evidence gathered through the inspection process concluded that Lisgarel 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 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 displayed. A recommendation has been made that the activities display is made larger and more visually stimulating to facilitate a greater awareness of what activities are available on a daily basis within the home.

The programme identified that activities were provided throughout the course of 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. 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 overall maintained. The evidence gathered through the inspection process concluded that Lisgarel is overall compliant with this standard.

8.3 Resident, Representatives, and Staff Consultation

During the course of the inspection the inspector met with residents, representatives, and staff. Questionnaires were also distributed to be returned by 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.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources to undertake their respective duties.

A review of staff training records identified that the majority of care staff employed in the home had most recently completed training in First Aid in March 2011. As a result of the inspection a requirement has been made that all care staff complete up to date training in first aid.

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. Although fit for purpose many areas of the home had tired and dated décor and furnishings.

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 five recommendations were made as a result of the primary unannounced 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, relatives, registered manager, and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 1 July 2014.

No requirements and recommendations issued from previous inspection.

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
The resident's individual assessment and care plan details the needs of each resident in terms of usual behaviour and communication. The assessment and careplans are live working documents which are updated and reviewed regularly as the needs of the residents change. The residents progress notes reflect the awareness staff have of each resident and their responses and interventions with residents to meet the residents needs and promote positive outcomes.	Compliant

Inspection Findings:	
<p>The home had a policy and procedure titled Managing Challenging Behaviour - (Including Restrictive Practice and Physical Interventions) Residential and Day Care Services to be read in conjunction with Restrictive Physical Interventions Policy (2010) , Behaviour Interventions with trust clients who have a Learning Disability and Challenging Behaviour(2011), and Deprivation of Liberty Safeguards and Human Rights (2014). A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. A recommendation has been made that the need to notify RQIA on each occasion restraint is used should be included within the policy and procedure.</p> <p>Observation of staff interactions with residents identified that informed values of dignity and respect and the implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that three care staff had received training in behaviours which challenge entitled Managing Aggression in 2013. A recommendation has been made that all care staff complete training relating to managing behaviours on an annual basis in keeping with RQIA Guidance on Mandatory Training 2012.</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. 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>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.	COMPLIANCE LEVEL
Provider's Self-Assessment Staff observe, monitor and report concerns to the manager and to other professionals for example GP's and social workers when a change has occurred with a resident. This is evidenced in the residents progress notes, the assessment and careplan and the monthly review notes. The resident's relative is also notified as appropriate and this is recorded in the resident's progress notes.	Compliant
Inspection Findings: 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. Three care records were reviewed and identified that they contained the relevant information regarding the care for residents. A review of the records and discussions with visitors confirmed that they had been informed appropriately.	Compliant

<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>When a consistent approach is required this will be recorded in the residents assessment and the details of how the need will be met will be recorded in the residents careplan and the resident's relative will be informed as appropriate on the approach to be used.</p>	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.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	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>If a resident required a specific behaviour management programme this would be carried out by a professional in this field. Currently there are no residents who have behaviour needs which require a behaviour management programme.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The registered manager informed the inspector 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

Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment When a behaviour management programme is required for a resident the staff attend training to ensure they are aware of the knowledge and skills they will need to support the resident. The staff will also be supported in their roles through handovers where guidance will be given on how the resident is to be supported to meet their needs.	Compliant
Inspection Findings: The registered manager confirmed there are currently no behaviour management programmes in place. A review of staff training records evidenced that three staff had received training in managing aggression in 2013, as stated in 10.1 a recommendation was made that training is provided for all care staff in relation to managing challenging behaviours on an annual basis. Staff confirmed during discussions that they felt supported in their roles this support ranged from supervision and staff meetings.	Moving towards compliance

Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment Where an incident occurs which has not been foreseen in the resident's careplan, this is reported to the resident's social worker and relative as appropriate. The incident is recorded in the resident's progress notes, monthly review and the careplan is reviewed and updated.	Compliant
Inspection Findings: A review of the accident and incident records from May 2014 to November 2014 and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified. It was noted while reviewing incident records that on occasions not all relevant information was included on notifications provided to RQIA a recommendation has been made that all relevant information should be stipulated including whether next of kin and any other agencies have been informed. A review of three care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others. Visitors 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.	Substantially compliant

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.	COMPLIANCE LEVEL
Provider's Self-Assessment Restraint is not used.	Substantially compliant
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 other than the use of an alert pad situated on a chair for one identified resident. The use of this device was recorded in the residents care plan, and a risk assessment had been completed however it was noted that the resident had not signed this part of the care plan. A recommendation has been made that the residents consent to the use of the device should be reflected in the care plan.	Substantially compliant

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

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

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 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	
There is a range of activities in the home. The activities have been planned with the residents at resident's meetings and are based on the needs and interests of the residents.	Provider to complete
Inspection Findings:	
<p>The home had a policy 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.</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

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 includes physical activities, for example, arm chair exercises and Bocca. Bingo and quizzes also are part of the programme. Other activities included are reminiscence and Sonas. The residents also participate in community events at the adjacent day centre and also in the local community. The residents enjoy going out for lunch at various cafes and restaurants in the community and enjoy social events and evenings in the home. The religious needs of individual residents are promoted. There are weekly church services in the unit and a eucharistic minister visits weekly to administer Holy Communion. As appropriate residents are supported to attend their own place of worship and their clergy person is always made welcome in the home.	Compliant
Inspection Findings:	
Examination of the programme of activities identified that social activities are organised five times each week. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.	Compliant

Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment As part of the assessment and planning of each resident's care the choices or needs of individual residents are sought and plan set out in the care plan as to how the need is to be met. The residents who are not present at residents meetings are consulted regarding their needs and the development of activities.	Compliant
Inspection Findings: A review of the record of activities provided and discussions with residents, including residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of resident meetings, one to one discussions with staff and care management review meetings.	Compliant

<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment The programme of activities is displayed in a prominent position in the hall in a suitable format. The residents are also reminded verbally of the programme of activities.</p>	Compliant
<p>Inspection Findings: On the day of the inspection the programme of activities was on display in the hallway outside the dining room area of the home. This location was considered appropriate as the area was easily accessible to residents and their representatives. Discussions with residents confirmed that they were not all aware of what activities were planned on the day of inspection. A number of residents however were observed actively participating in a quiz during the inspection and confirmed that activities were available regularly. A recommendation has been made that the activities display is made larger and more visually stimulating to facilitate a greater awareness of what activities are available on a daily basis within the home.</p>	Substantially Compliant
<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment The residents are assisted to participate in activities by staff at a level and pace appropriate to each individual resident.</p>	Compliant
<p>Inspection Findings: Activities are provided for residents each week 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, quiz materials, jig saws, skittles, and music DVD's.</p>	Compliant

<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
Provider's Self-Assessment	
<p>The activities reflect the needs of the residents. The activities planned are done in accordance with the abilities of the residents and at a level and pace which promotes the independence of each resident.</p>	Compliant
Inspection Findings:	
<p>The care staff, registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant
<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
Provider's Self-Assessment	
<p>When a person has been contracted in to the home this activity is attended by staff from the home and is monitored by the manager and senior staff as a means to ensuring the activity is appropriate and that the person delivering the activity is competent in their role.</p>	Compliant
Inspection Findings:	
<p>The registered manager confirmed that when activities / entertainment is provided by a person contracted in to do so there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.</p>	Compliant

<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
Provider's Self-Assessment	
<p>The needs of the resident's would be discussed with the provider to ensure the provider is aware of the level and pace to work at with the residents. Any significant changes as appropriate would be discussed with the provider to promote positive activities and outcomes. A record of feedback from residents is maintained in the activity book.</p>	Compliant
Inspection Findings:	
<p>The registered 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.</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
Provider's Self-Assessment	
<p>A record of feedback is maintained in the Activity book. The name of the person leading the activity is recorded and the names of the residents who have participated.</p>	Compliant
Inspection Findings:	
<p>A review of the record of activities identified that records had generally 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 although a number of omissions were observed in the records available. This was highlighted with the manager who confirmed that staff were aware of the need to maintain a record of activities in the home and this would be reiterated with staff.</p>	Substantially Compliant

Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment The programme is reviewed at least twice a year reflecting the changing needs of residents. This is evidenced in the minutes of resident's meetings.	Compliant
Inspection Findings: A review of the programme of activities identified that it had last been reviewed on 31 August 2014. The records also identified that the programme had been reviewed at least twice yearly. The registered 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

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Compliant
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INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Compliant
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11.0 Additional Areas Examined

11.1 Residents Consultation

The inspector met with 15 residents individually and with 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/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:

“You get all you want here”.

“We are all doing great, everyone is very helpful”.

“The food is very good”.

“This is a great place, you get all you want”.

“All is good here, I am well looked after”.

11.2 Relatives/Representative Consultation

Two relatives 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:

“This is a nice place, staff are all very good, we have no complaints”.

“We are very happy he/ she is here, we know he / she is happy here”.

11.3 Staff Consultation/Questionnaires

The inspector spoke with three staff and reviewed two 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 records in the home identified that the majority of care staff had most recently completed training in First Aid in March 2011. A requirement has been made that all care staff complete up to date training in first aid.

11.4 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.

11.5 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.

11.6 Complaints

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

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

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.

11.7 Environment

The inspector viewed the home accompanied by the registered manager and 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. Although fit for purpose many areas of the home had tired and dated décor and furnishings

11.8 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.

11.9 Fire Safety

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

The inspector examined the home's most recent fire safety risk assessment dated 31 March 2014.

The review identified that there were no recommendations made as a result of this assessment.

A review of the fire safety records evidenced that fire training had been provided to staff on 30 September 2014. The records also identified that an evacuation had been undertaken on 14 November 2014 and that different fire alarms are tested weekly with records retained. Upon arrival at the home four fire doors were observed as being wedged or propped open, a requirement has been made that fire doors should be kept closed when not in use.

11.10 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Gillespie the registered manager. Mrs Gillespie 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 Mrs Debbie Gillespie, 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



Quality Improvement Plan

Primary Unannounced Care Inspection

Lisgarel

4 December 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 Mrs Debbie Gillespie 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.	14 (1) (e)	<p>The registered person shall make suitable arrangements for the training of persons employed in first aid.</p> <p>Reference to this is made that the majority of care staff last completed training in March 2011.</p> <p>Ref: 11.3</p>	One	Training has now been organised for staff on 10 February 2015	9 February 2015
2.	27 (4) (d) (i)	<p>The registered person shall make adequate arrangements for detecting, containing and extinguishing fires;</p> <p>Reference to this is made to the fact that four fire doors were observed as being wedged / propped open upon arrival at the home.</p> <p>Ref: 11.9</p>	One	Staff have been informed that no doors are to be wedged or propped open.	From the day of the 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 need to notify RQIA on each occasion restraint is used should be included within the homes policy and procedure relating to the managing challenging behaviour and the use of restraint.</p> <p>Ref: 10.0</p>	One	<p>RQIA would be notified of all occasions that restraint is used. The Trust and Unit policy will be amended.</p>	16 February 2015
2.	10.1	<p>All care staff should complete training relating to managing behaviours on an annual basis in keeping with RQIA Guidance on Mandatory Training 2012.</p> <p>Ref: 10.0</p>	One	<p>Training is to be organised within the Trust and with relation to Respect. This will be across all Residential Units and we will arrange dates when agreed with the trainer.</p>	16 February 2015
3.	20.15	<p>All relevant information should be stipulated when completing accident / incident notifications including whether next of kin and any other agencies have been informed.</p> <p>Ref: 10.0</p>	One	<p>Staff have been informed and now add additional information onto the RQIA incident report.</p>	From the day of the inspection and ongoing.
4.	7.2	<p>Consent to the use of the chair alert pad should be included in the identified residents care plan.</p> <p>Ref: 10.0</p>	One	<p>Consent to use alert pads is now included in resident's careplans</p>	12 January 2015

5.	13.4	<p>The programme of activities display should be made larger and more visually stimulating to facilitate a greater awareness of what activities are available on a daily basis within the home.</p> <p>Ref: 10:0</p>	One	<p>A larger display board has been purchased which will be placed in a prominent position and a visually stimulating design will be included to identify the daily activities.</p>	16 February 2015
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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	Debbie Gillespie
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Dr T Stevens Una Cuning

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	5.2.15
Further information requested from provider			