



The Regulation and  
Quality Improvement  
Authority

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>The Firs</b>
<b>Establishment ID No:</b>	<b>1511</b>
<b>Date of Inspection:</b>	<b>27 November 2014</b>
<b>Inspector's Name:</b>	<b>Priscilla Clayton</b>
<b>Inspection No:</b>	<b>17595</b>

**The Regulation And Quality Improvement Authority  
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**1.0 General information**

<b>Name of Home:</b>	The Firs
<b>Address:</b>	16 Fair Green Church Street Ballygawley BT70 2LJ
<b>Telephone Number:</b>	0288556 7048
<b>Email Address:</b>	thefirsservices@live.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Pauline Gormley The Firs(Ireland)Ltd
<b>Registered Manager:</b>	Pauline Gormley
<b>Person in Charge of the Home at the Time of Inspection:</b>	Pauline Gormley
<b>Categories of Care:</b>	RC-LD, RC-LD(E)
<b>Number of Registered Places:</b>	8
<b>Number of Residents Accommodated on Day of Inspection:</b>	7
<b>Scale of Charges (per week):</b>	As per Trust contract
<b>Date and Type of Previous Inspection:</b>	20 March 2014 Secondary Unannounced Care Inspection
<b>Date and Time of Inspection:</b>	27 November 2014 9.45am – 4.00pm
<b>Name of Inspector:</b>	Priscilla Clayton

## 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 registered provider/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	7
Staff	2
Relatives	1
Visiting Professionals	1

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

Issued To	Number issued	Number returned
Staff	10	5

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

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

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

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

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

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially compliant</b>	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
<b>5 - Compliant</b>	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

The Firs Residential Care Home was initially registered in October 1997. The home is registered to provide care for eight persons with learning disability under 65 years, and over 65 years - Category LD and LD(E). The home is also registered to provide day care for persons with a learning disability. The combined maximum number of residents and day care service users is not to exceed 14 at any given time.

The facility is located in Ballygawley and comprises of eight single bedrooms, two sitting rooms, a kitchen/dining room, laundry facilities, toilet/washing facilities and an office. There are well maintained gardens and grounds with car parking facilities to the front of the home.

## 8.0 Summary of Inspection

This primary announced care inspection of The Firs was undertaken by Priscilla Clayton on 27 November 2014 between the hours of 9.55am and 4.00pm. On this occasion the inspector was accompanied by Dr Alan Lennon OBE, Chairman RQIA Board. Pauline Gormley, Registered Provider/Manager was available throughout 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, the manager completed and submitted the self-assessment of the standard criteria outlined in the standards inspected. The comments provided by the manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, one relative and one visiting professional, 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, examined a selection of records and carried out a general inspection of the residential care home environment. Staff questionnaires were issued following the inspection.

## Inspection Findings

### 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. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint would only ever be used as a last resort where there was a high risk to residents. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staffs 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 manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team. The manager agreed to discuss the necessity for staff training in restraint with the commissioning trust care manager.

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

## **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 appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of resident spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. Activities are provided by designated care staff and on occasions an activity therapist is commissioned to undertake various therapeutic arts and crafts. A plentiful selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who is not employed by the home had the necessary knowledge and skills to deliver the activity. Comprehensive records were maintained. The evidence gathered through the inspection process concluded that The Firs is compliant with this standard.

### **Additional Areas Inspected**

During the course of the inspection the inspector met with residents, staff and one visiting professional from the commissioning trust.

In discussions with residents who were able to verbally respond they indicated that that they were very happy and content with their life in the home, with the facilities and services provided and their relationship with staff. The visiting professional staff member indicated satisfaction with the quality of service provided to residents.

A review of the returned staff questionnaires and 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, staff and visiting professionals are included in Section 11.0 of the report.

### **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.

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

## **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 high standard.

## **Conclusion**

Three 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, the visiting professional, manager/registered provider and staff for their assistance and co-operation throughout the inspection process.

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
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.	
<b>Provider's Self-Assessment</b>	
During the induction process all staff are guided through our policy and procedure re responding to residents behaviour. We go through each residents profile, assessment, risk assessment and careplan which details their usual conduct, behaviour and means of communication. Staff attend annual training on communication, behaviour management and active support. Daily management observation of interactions, care and support indicate staff knowledge and understanding of each resident and can highlight areas of concern. During supervisions, appraisals and competency & capability assessment management discuss residents behaviour and identify any areas that are becoming problematic and require further monitoring. When an incident occurs, all records are reviewed, assessed and evaluated to identify any known triggers, we try to promote positive behaviours detailing how staff should respond. Our policy reflects DHSSPS guidance and the Human Rights Act (1998) - restraint is not permitted within the home and we promote knowledge and understanding of our residents and avoid isolation/seclusion. Our team approach ensures that each resident is treated holistically and individually to ensure all needs are met and also to enhance the quality of life and promote positive outcomes for that individual.	Compliant
<b>Inspection Findings:</b>	
Information as illustrated in the manager's self-assessment was evidenced through discussions with the manager, staff and residents.	Compliant

<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> On occasions where resident's behaviour is unusual to them, staff will manage this is the best way possible for that individual person using their training, ensuring the safety of themselves and others and the individual involved as best they can, get extra help as necessary, look at persons day, what was going on , any triggers, annoyances, pain, any change in physical or mental health. They will document this on our incident form providing all relevant information including any contributory factors. Staff will report to the manager or senior member of staff who will with staff then monitor the situation closely and evaluate how the situation was initially handled. Management will seek the advice, guidance and support from the residents' care manager and other professionals as necessary. The care manager will refer the resident to the behaviour support team or request appointment with the consultant psychiatrist. If there is a crisis situation the manager on call will seek urgent advice from the crisis intervention team and will notify the residents representative as appropriate. Staff currently receive training annually in behaviour management and communication training. This year they also have had 'Lost for words' training provided by ARC and visual impairment training provided by RNIB & SHSCT and we plan to have mental health training later in the year. During supervisions & assessments management evaluate the relevance of training and identify any areas that require further training.	Compliant
<b>Inspection Findings:</b> Information as illustrated by the manager in the above self- assessment was verified through discussion with staff and examination of the home's policy/procedure on Challenging Behaviour dated June 2014 and staff training records.	Complaint

<p><b>Criterion Assessed:</b> 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>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>When there is a consistent approach required all persons involved in the care of that resident (resident, representative, staff, community key worker etc) are informed of the plan of care as detailed within their file. All aspects of care are discussed and agreed with each resident and/or their representative as appropriate. Professionals involved in the implementation of a consistent approach will sign the residents behaviour management plan. Management and senior staff observe practices/approaches and reinforce all aspects of the care plan so there is positive outcomes for that resident. Care plans are discussed during supervisions, assessments, staff meetings etc. so that the plan can be evaluated with input from the whole team - we continually remind everyone that it will only work if everyone is 'singing of the same hymn sheet'.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Information as illustrated above in the manager's self- assessment was verified through discussion with the manager and examination of three randomly selected care plans which were signed by the resident/representative and professional staff.</p> <p>A review of care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p>	Compliant
<p><b>Criterion Assessed:</b> 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>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>As per our policy and procedure all specific behaviour management plans are developed by the behaviour support team/psychologist (involvement of the resident and staff at all stages is essential). The resident's care manager will have to request input from behaviour support. All behaviour plans are incorporated into the individual resident's care plan. there would be a review arranged (e.g.4-6 weeks) for all involved to get together to discuss the effectiveness and make changes as necessary. These behaviour management plans are then</p>	Compliant

continually reviewed by management and the team and when they are not effective management promptly request further input from behaviour support. Their effectiveness would also be discussed at the resident's annual care review and concerns highlighted and an action plan agreed.	
<b>Inspection Findings:</b>	
Information as illustrated by the manager in the above self- assessment was verified through discussion with the manager/staff who confirmed that behavioural management programmes and support would be commissioned through the commissioning trust multi-professional team. Recommendations from the multi-professional team Were reflected within care records examined. Prescribed programmes and care plans are discussed with the resident / representatives. Care reviews were being recorded in keeping with good professional practice.	Complaint
<b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Behaviour management and communication training is provided annually and more often when necessary. Each member of staff is provided with the guidance and support necessary to ensure that the behaviour management programme is followed to the letter ensuring that a consistent approach is used which increases the chances of the plan being a success. We discuss current care plans/behaviour plans during supervisions, team meetings and monthly management meetings and identify any areas that staff require further guidance and support - this is reviewed. Management also complete direct observations during supervisions and provide direct support/guidance to staff on a daily basis.	Compliant
<b>Inspection Findings:</b>	
The manager confirmed that training in behavioural management programmes, prescribed by the behavioural support team, is provided as required.	Compliant

<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> When incidents are managed outside of the residents care plan, staff will manage as best they can according to their training, contact management for advice and extra support as necessary, document within the residents daily notes and complete our incident form. As necessary all relevant persons will be informed re the incident and how it was managed. Management will request an urgent multi-disciplinary review of the care plan to discuss the matter so that guidance can be provided for staff to prevent the situation occurring again and how to best handle the situation if it were to occur again.	Compliant
<b>Inspection Findings:</b> The self-assessment of this criterion was discussed with the manager who confirmed that any accident / incident occurring outside of a resident's prescribed care would be recorded within the accident / incident records, care records and notified to the residents' relative/representative, care manager and to RQIA in accordance with Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005. Examination of records retained evidenced that all accidents / incidents were investigated and where required lessons learned and measures put in place to minimise recurrence.  In view of one recorded incident relating to door to door sales persons it is recommended that a policy on Door Bell Response is developed and shared with all staff.	Compliant

<p><b>Criterion Assessed:</b> 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>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b> Our policy clearly states that restraint will not to be used by any staff member. In the event that restraint is to be used as a last resort - staff will be provided with the necessary training, guidance and support. There will be very clear guidelines for all staff to follow.</p>	Compliant
<p><b>Inspection Findings:</b> The home’s had a policy/procedure on restraint which was dated 17 June 2014. The manager confirmed that physical restraint would only ever be used in very exceptional circumstances when a resident or others would be at high risk of injury. The manager explained that physical restraint has never been necessary as staff would use other less restrictive strategies, in which they have received training which was reflected within staff training records examined. The manager agreed to discuss the necessity for the provision of staff training in restraint with the commissioning trust care manager in accordance with resident assessed risk.</p>	Compliant

<b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b> Compliant
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<b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b> Compliant
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<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
<b>Provider's Self-Assessment</b>	
The Firs provide a variety of different activities to our residents ensuring their interests are taken into account and that the activities suit their identified needs. Each resident is involved in their own assessment of need within the home, this assessment confirms and shows staff members what activities each resident enjoys. The Firs offers many activities such as, bingo, computer classes, cookery, beauty therapy, puzzles, knitting, crocheting, walking, crafts, music/dancing, nail care, gardening etc. Outings are organised regularly according to what is on, examples are shopping, meals out, local concerts, plays, Gateway, scenic drives etc. Family involvement is encouraged and many of our residents families come to visit and take them out at weekends. Careplans show the particular interests each resident has and the level of involvement normal for that particular resident- eg. one resident participates in activities at times but at times will just wish to observe but enjoys this and gets a lot out of observing others. Other members need more encouragement to participate but enjoy the activities when they do. Managers carry out weekly checks on activity programmes and their records and ensure that they are being adhered to and completed by staff and that the residents/ day care clients needs are being met. Residents benefit greatly from both one to one and group activities provided (social interaction, fun, learn new skills, sense of worth, achievement, satisfaction, increased self-esteem and confidence, reduced boredom etc) which all help to ensure happy and fulfilled lives.	Compliant
<b>Inspection Findings:</b>	
Evidence of compliance with this criterion was obtained through examination of the programme of activities and events which was displayed in the dining room/kitchen area of the home. The home had a policy/procedure on activities which was dated 12 March 2014. A review of three randomly selected care records evidenced that individual resident social interests and activities were included in the needs assessment and the care plan.  Discussions with residents and staff and a review of the records on activities indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and	Compliant

interests of the residents.	
<p><b>Criterion Assessed:</b> 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>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Staff document what activities have been carried out and record any feedback they have received from the residents. Staff use good observational skills to ensure that the activities provided match each individuals level of abilities. Staff arrange activities that have educational and social purposes, such as, cookery to teach new skills or board games to promote social interaction. Residents are also encouraged to be involved in community based activities, such as GAA 'Sports For All' activities, Young Enterprise activities (emmense satisfaction and achievement for all involved- would need more than 200 words!), activities organised through our partnership with a local college, computer and craft classes from FE College, and work placements. The residential home pays great attention to cultural and spiritual needs, such as, attending places of worship, bible reading, prayers, encouraging priests/ministers to visit residents in the home, church groups and outings, and we also organise themed activities, such as Halloween, Christmas, Valintines day, St. Patricks day and Royal Occasions themed parties. The home offers walking and healthy eating programmes, armchair aerobics/ relaxation sessions, reflexology, sessions on personal safety, home safety, emergencies, cross infection, food hygiene etc. Care Plans are updated and activities are adjusted to meet each residents ever-changing needs. Activity programmes are always discussed at resident and staff meetings and individually with each resident prior to their annual review.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Examination of the programme of activities identified that social activities are organised daily each week. The permanent residents are mainly young, active people and many of the activities take place in the evenings when they attend local community groups. 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.</p> <p>On the day of inspection residents were observed making Christmas decorations and cards which was undertaken in a relaxed enjoyable atmosphere. Residents confirmed they really enjoyed participating in the</p>	Compliant

<p>activities which they planned with the staff on a regular basis. The home is to be commended on the wide range of activities, events and associated opportunities these provided to residents.</p>	
<p><b>Criterion Assessed:</b> 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>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Residents can approach staff members at any time with suggestions of different activities of interest to them and this is actively encouraged. In carrying out a review of a resident's or day care client's assessment or care plan, they are actively included within this process and asked about their interests and any changes they would like to make. There are regular resident meetings where activities/events are discussed and any resident who wishes not to attend - management consult with them following the meeting to gain their suggestions. The activity programme is constantly under review and all suggestions are welcomed from residents, staff and families. Staff are very mindful of residents who maybe don't join in group activities and they ensure that they get quality one to one time with staff eg. out for a coffee ,out for a run in the car, out to local shops etc and they try and explore any other possible interests with them.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Information as illustrated by the manager in the manager’s self-assessment was verified through discussion with residents, one relative, staff and examination of three care records.</p> <p>A review of the record of activities provided and discussions with residents, including one resident who generally stayed in their room, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views by means of organised meetings, one to one discussions with staff and at care management review meetings.</p>	Compliant

<p><b>Criterion Assessed:</b> 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>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>The programme of activities is displayed in the dining room where it is of clear view to all the residents. The programme is displayed in big font and in picture format to ensure that residents can see it. Some residents are visually impaired and some are unable to read, therefore staff will read the activity programme out to them, this is encouraged. The activity programme is flexible and can be altered if residents wish to do something different or if a suggestion is made re a particular activity and others wish to do what was scheduled it will be included in the programme as soon as possible.</p>	Compliant
<b>Inspection Findings:</b>	
<p>On the day of the inspection the programme of activities was on display on the dining room notice board. This location was considered appropriate as the area was easily accessible to residents and their representatives. The programme was considered to be in a suitable format for residents accommodated.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Staff are provided with upto date information on relevant/suitable activities that are available within the home and are encouraged to attend training sessions were information in brought back and shared with the other members of the team. Through ongoing assessment we can evaluate the level of support and guidance residents may need in order to participate fully in all activities. Any specialist equipment needed is purchased. The manager reviews regularly and provides new games, aids and activity equipment. We have talking newspapers/library books for the visually impaired, quizzes to encourage thinking and conversation, co-ordination activities, sensory activities, creative activities etc and are constantly striving to expand on the choice of activities we can offer. Some residents will need one to one support to gain fulfillment while participating in activities such as eg. bingo, colouring, gardening or going on outings etc. Staff follow care plan, encouraging and providing assistance when needed to optimise resident independence and satisfaction. Some residents require walking aids, when outside and are provided with these to meet their needs and help them feel more secure. Staff are flexible with the</p>	Compliant

<p>activity in order to meeting any changing needs e.g. pain, reduced communication levels, dizziness etc. All areas within the home are utilised dining room, lounge, bedroom, outdoor areas and community facilities depending on activities.</p>	
<p><b>Inspection Findings:</b></p>	
<p>Information as illustrated by the manager in the self-assessment was verified through discussion with residents, staff and the manager. There was evidence of the provision of a good supply of equipment and aids for the provision of a wide range of activities.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>During the assessment process management will evaluate the needs and abilities of all our residents and develop a suitable daily timetable which can be changed according to changing needs, routines and additional activities. We recognise that all our residents are individuals and adapt the activity programme to what they need and want. Some residents will get more out of an activity that lasts ten minutes than they would out of an hour long activity. Residents are encouraged to participate and they can leave an activity at any time they wish. Some residents have shorter attention spans and may leave for a few minutes and then come back and participate again. Some get more satisfaction from observing than taking part eg. in dancing, singing, quizzes etc</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<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 resident's abilities and the possible impact this could have on their participation in activities.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p> <p>When a contracted-in person is providing an activity to the residents within the home the manager will obtain all relevant documentation from the individual and ensure that they are supervised while carrying out their tasks. Currently the home receives 2 community access classes from the South West College (computers and Arts &amp; crafts), Our reflexology and cookery sessions are provided by members of the our local community in a paid and voluntary capacity. Staff and management have built good working relationships with these individuals and ensure that they are practicing to an appropriate standard. Staff supervise the reflexology and computer classes and are readily available for assistance and a member of staff assists at all times within the arts and crafts and cookery activity programme. Management evaluate the effectiveness of each activity and those facilitating that activity on an ongoing basis by observation and feedback from tutor, staff and clients and also during resident meetings. Personell from the South West College liase with management regular to review the effectiveness of our current classes. Staff record all activities that take place in the home, their duration, attendance/participation levels and document who has lead the activity.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>Information as illustrated by the manager in the self-assessment was verified through discussion with the staff and manager. Staff confirmed that they were present throughout all sessions provided by the commissioned therapist.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b> 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>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>Staff always speak to the tutors ensure to talk to the people contracted- in to carry out activities on their arrival and will update them on relevant information they may need to know prior to commencing their activities re any changing need of a client etc.. When activities finish staff receive verbal feedback and a note is recorded in the relevant file.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Information as illustrated in the manager self-assessment was verified through discussion with the manager and staff and evaluation notes maintained by staff</p>	Compliant
<p><b>Criterion Assessed:</b> 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>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>The staff write up each day in the activities folder what activities have been carried out throughout the day, who took part in the activities and sign their names beside their record. This is monitored by senior staff weekly.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Records of activities provided were examined contained evidence of activities provided, person leading the activity and names of residents who participated.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>The programme of activities is reviewed at each residents meeting every 3 months and necessary changes are made. It can be changed in between times if new activities become available/ if requested/ as needed. Annually during our quality review we send survey's to all residents, relatives and staff this includes a question on activities and outings. We evaluate the effectiveness/participation levels of all activities and plan any improvements and changes. During the residents annual review with the SHSCT representatives we look at the needs of each resident and identify goals/outcomes of the care provided and plan any changes that are required for the year ahead.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>A review of the programme of activities identified that it is reviewed on a regular three monthly basis. Additionally the programme can be changed at any time in which the residents choose. The manager confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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## **11.0 Additional Areas Examined**

### **11.1 Residents' Consultation**

The inspector met with all residents during the inspection. Residents were observed relaxing in the communal lounge, participating in making Christmas cards / decorations, whilst one resident chose to remain in the privacy of their bedroom. In accordance with their capabilities all residents indicated/expressed that they were very happy and content with their care and life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

### **11.2 Relatives'/Representatives' Consultation**

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

### **11.3 Staff Consultation/Questionnaires**

The inspector spoke with two staff and analysed responses from five of the ten questionnaires completed and returned to RQIA within the timescale. Analysis of the 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 residents' behaviours, in which training had been provided and confirmed that a varied programme of activities and social outings were organised.

Staff confirmed that there was good team working and that the manager operated an "open door" policy and they felt very well supported in their work.

### **11.4 Visiting Professionals' Consultation**

One trust professional who visited the home during the inspection gave positive feedback in regard to the provision of care in the home. No issues or concerns were expressed.

### **11.5 Observation of Care Practices**

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

### **11.6 Care Reviews**

Prior to the inspection data in regard to residents' trust care management reviews was forwarded to the home for completion by the manager. Analysis of the returned information provided verified that all residents' accommodated had received 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.

The home has a policy / procedure on complaints in accordance with Regulation 24 (1) of The Residential Care homes Regulations (Northern Ireland) 2005. A whistle blowing policy / procedure is also in place.

The home's Statement of Purpose and Resident Guide contained information complaints management, investigation and responding.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion and return. In total three complaints were received during 2013-14

A review of the complaints records held in the home 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 action was taken on any issues arising from investigations and monitoring of complaints received was undertaken to ensure any trends or patterns arising would be identified and addressed.

One recommendation was made in regard to the inclusion of a section in the complaints template to record lessons learned from the outcome of investigation.

## 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 high standard.

## 11.9 Guardianship Information

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

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 the manager. 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 homes most recent fire safety risk assessment dated 16 May 2014. Review identified that no recommendations were made as a result of this assessment.

### **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro-forma was forwarded to the home and completed by the manager who confirmed that all staff employed at the home, 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 Pauline Gormley, Responsible Individual / Registered 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:

**Priscilla Clayton**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Announced Care Inspection

The Firs

27 November 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 Pauline Gormley, registered manager / provider on conclusion of 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.

<b>Recommendations</b>					
<b>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.</b>					
<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	Standard 10.7	<p><b><u>Restraint</u></b></p> <p>It is recommended that the manager has a discussion with the commissioning trust care manager in regard to the necessity for staff training in physical restraint for identified resident.</p>	One	On discussion with the trust care manager she is taking advice from her management team and the behaviour support team.	31 January 2015
2	Standard 17.10	<p><b><u>Complaints Template</u></b></p> <p>It is recommended that a section is added to the complaints template to include a record of any lessons learned from the investigation conducted.</p> <p><b>Ref:11.7</b></p>	One	This has been added to our complaints form.	31 January 2015
3	Policy development Appendix 2. Minimum Residential Care Standards	<p><b><u>Policy development</u></b></p> <p>It is recommended that a policy on trade door sales persons is developed and shared with staff and residents.</p>	One	We have devised a policy on trade/door/sales persons and shared this with the staff team and residents	31 January 2015

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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Pauline Gormley
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Pauline Gormley

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	P.Clayton	28 January 2015
Further information requested from provider			