



The Regulation and  
Quality Improvement  
Authority

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>Breffni House</b>
<b>Establishment ID No:</b>	<b>1582</b>
<b>Date of Inspection:</b>	<b>7 May 2014</b>
<b>Inspector's Name:</b>	<b>Lorna Conn</b>
<b>Inspection No:</b>	<b>16805</b>

**The Regulation And Quality Improvement Authority**  
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**General Information**

<b>Name of Home:</b>	Breffni House
<b>Address:</b>	27-33 Wandsworth Gardens Belfast BT4 3NL
<b>Telephone Number:</b>	028 90656075
<b>E mail Address:</b>	<a href="mailto:breffnihouse@hotmail.co.uk">breffnihouse@hotmail.co.uk</a>
<b>Registered Organisation/ Registered Provider:</b>	Breffni House Ltd Mr Mark Uprichard
<b>Registered Manager:</b>	Mrs Sally-Anne Stacey
<b>Person in Charge of the home at the time of Inspection:</b>	Mrs Sally-Anne Stacey
<b>Categories of Care:</b>	RC-I, RC-DE, RC-PH
<b>Number of Registered Places:</b>	22
<b>Number of Residents Accommodated on Day of Inspection:</b>	20
<b>Scale of Charges (per week):</b>	£455-500
<b>Date and type of previous inspection:</b>	2 October 2013, Primary announced care inspection
<b>Date and time of inspection:</b>	7 May 2014, 10:00 am - 6:00 pm
<b>Name of Inspector:</b>	Lorna Conn

## 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 inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

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

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

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

### Consultation Process

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

Residents	11
Staff	4
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	19	1

### 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.**

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.

## Profile of Service

Breffni House is a purpose-built residential home for twenty two residents, located in a heavily populated area of East Belfast. It is within walking distance, for most residents, of local shops and the post office. Breffni House is owned by a limited company, Breffni House Ltd.

Resident accommodation spans three floors and is on a single room basis, with the majority of bedrooms having en-suite facilities. There is a lounge on the ground floor for residents' use, an appropriate range of bathroom and toilet facilities (fully equipped for people with a disability) and good catering and laundry facilities.

A car parking area is available at the front of the home.

## Summary of Inspection

This announced primary care inspection of Breffni House was undertaken by Lorna Conn on 7 May 2014 between the hours of 10:00am and 6:00pm. Ms Sally Anne Stacey; registered manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were examined. Review of documentation, observations and discussion demonstrated that two requirements and three recommendations were now compliant; one requirement and five recommendations were moving towards compliance and two requirements and one recommendation were not compliant. Therefore three requirements regarding the annual quality review; staff appraisal and the maintenance of fire records and six recommendations regarding care review reports; care planning; dissemination of policy; health assessment; staffing and resident involvement in recruitment have been stated on a second occasion. If these requirements and recommendations have not been addressed within the timescales specified, RQIA will consider further regulatory action as outlined in the enforcement policies and procedures.

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

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

### Standards inspected:

#### Standard 10 – Responding to Residents' Behaviour

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

#### Standard 13 - Programme of Activities and Events

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

## Inspection findings

### Responding to resident's behaviour – Standard 5

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy in place which needs to be updated to include best practice guidance in responding to behaviour including human rights. The inspector's observations, a review of documentation and discussion with staff confirmed that restraint was not used. Residents' care records outlined their usual routine, behaviours and means of communication and how staff should respond to their assessed needs. However, not all care plans had been updated to reflect agreed ways of responding. 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 and more specialised training was planned, which was good to note. 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 residents care records. The registered manager was aware of her responsibilities regarding when to refer residents to the multi-disciplinary team. Observations indicated that some environmental restrictive practices were in place e.g. a locked door. This should be reviewed to ensure that residents are subject to the least restrictive strategies necessary. Two requirements regarding the statement of purpose and staff supervision as well as three recommendations regarding policy development; care planning and review of environmental restrictions were made as a result of this inspection. The evidence gathered throughout the inspection process concluded that Breffni House was Substantially Compliant with this standard.

### Programme of activities and events – Standard 13

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. Through the inspector's observations, a review of documentation and discussion with residents and staff, it appeared that the programme of activities was based on some of the assessed needs of the residents. However, the records were limited in terms of how complete the identification of the needs and interests of residents had been. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The location of the programme of activities was appropriately displayed but its format required attention. The programme identified that activities were provided three to four times per week and were age and culturally appropriate. Feedback from some residents indicated that the frequency of activities should be reviewed. The programme was reviewed and was found to have developed over the last three month period. This was beginning to consider more fully residents' spiritual needs and inclusion in community based events. Residents were given some opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions and appropriate systems were in place to ensure that staff not employed by the home had the necessary knowledge and skills to deliver the activity. Some records had been maintained regarding review of the programme but these records did not identify that the programme had been reviewed at least twice yearly. Four recommendations regarding the review and format of the programme; frequency of activities and more detailed assessment of needs and interests were made as a result of this inspection. The evidence gathered through the inspection process concluded that Breffni House was Substantially Compliant with this standard.

## **Resident and staff consultation**

During the course of the inspection the inspector met with residents and staff. No relatives or visiting professionals were present.

Discussion with residents 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.

Questionnaires were also distributed to staff and one was returned within the timescales for inclusion in this report. Discussion with staff and the questionnaire returned, indicated that staff were supported in their respective roles and were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents and staff are included in additional areas section of this 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 amongst residents and staff.

## **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 generally of a good standard although the décor behind the washbasins in the bathrooms was noted to be rather tired. A requirement was made to address this matter.

A number of additional areas were also examined these and these included the management of complaints, guardianship and fire safety. Further details can be found in the additional areas section of this report.

## **Conclusion**

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

The home's general environment was maintained and residents were observed to be treated with dignity and respect.

Two requirements and eight recommendations were made as a result of the primary announced inspection. The details of these 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 registered manager and staff for their assistance and co-operation throughout the inspection process.



## Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	17 (1-3)	<p>The registered person must ensure that an annual quality review is conducted which includes consultation with staff; residents and representatives and a copy of this is made available to residents and provided to RQIA on request.</p> <p><b>(Standard 20.12)</b></p>	<p>The Annual quality review was not available during the inspection. This is stated on a second occasion.</p>	<p>Not Compliant</p>
2.	20 (c) (i)	<p>The registered person must ensure that the persons employed to work at the home receive appraisal appropriate to the work they are to perform.</p> <p><b>(Standard 24.5)</b></p>	<p>Three staff files were selected at random. Examination of these indicated that one contained an appraisal dated 2007 and other two had no recorded appraisals. This is stated on a second occasion.</p>	<p>Not Compliant</p>
3.	15 (1) (e)	<p>The registered person must ensure that an urgent review is convened for one resident to consider the appropriateness of the placement.</p> <p><b>(Standard 11.1)</b></p>	<p>The inspector was notified following the last inspection that this resident had moved into nursing care.</p>	<p>Compliant</p>
4.	27 (d)	<p>The registered person must ensure that the smoking room is re-decorated.</p> <p><b>(Standard 27.1)</b></p>	<p>The inspector confirmed that this had occurred through her inspection of the physical environment of the home.</p>	<p>Compliant</p>

<p><b>5.</b></p>	<p>19 (2) schedule 4 14</p>	<p>The registered person must ensure that a record is kept of every fire practice or drill conducted within the home and all of the fire checks conducted.</p> <p><b>(Standards 29.6 &amp; 28.1)</b></p>	<p>The Fire Risk Assessment dated September 2013 indicated that a fire evacuation had occurred in May 2013 but no records were held on site to verify this or any subsequent drills. Records of fire alarm/emergency lighting and fire equipment checks have commenced since January 2014, however, some of these are occurring fortnightly rather than weekly. This is stated on a second occasion.</p>	<p>Moving towards Compliance</p>
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	11.2 & 11.3	The registered person is recommended to ensure that copies of review reports prepared by home staff are retained for inspection purposes.	Three residents' files selected at random were examined and only one was found to contain a copy of review report prepared by home staff. This is stated on a second occasion.	Moving towards Compliance
2.	11.5	The registered person is recommended to retain records of when care managers had been notified that reviews are due.	A system was noted to be in place to audit review dates. Three files which were selected at random all included minutes of recent care management reviews.	Compliant
3.	11.6; 6.1; 6.3 & 5.4	The registered person is recommended to ensure that care plans and needs assessments are signed by the resident or their representative, (where appropriate).	Three residents' files were inspected. One care plan had been signed by the resident and one care plan had been signed when updated. However, two of the care plans did not fully detail the areas identified within the assessments. This has been stated on a second occasion.	Moving towards Compliance
4.	16.2	The registered person is recommended to ensure that two staff recently appointed are scheduled for full vulnerable adults training when next available and should sign that they have read the vulnerable adults policy in the interim.	Training records were reviewed and these areas had been addressed.	Compliant

5.	16.7	The registered person is recommended to ensure that written communication is sought from the Trust regarding the final outcome of one identified incident.	Evidence was provided to the inspector to evidence that this had been requested and obtained.	Compliant
6.	16.1 & 11.1	The registered person is recommended to ensure that the care review and the vulnerable adults' policies are shared with staff.	Records reviewed confirmed that ten staff had signed to indicate that the vulnerable adults' policy had been shared with them. However, there were no records to indicate that the care review policy had been shared. This is stated on a second occasion.	Moving towards Compliance
7.	19.2	The registered person is recommended to ensure that NISCC registration is captured; that application forms includes specific dates of employment to assist in the identification of gaps in employment and that the pre-employment health questionnaire is signed off as satisfactory by the registered person.	The most recent staff appointment file was reviewed. NISCC registration was captured and the application form included specific dates of employment to assist in the identification of gaps in employment. However, the health questionnaire was missing. This is partially stated on a second occasion.	Moving towards Compliance
8.	19.6	The registered person is recommended to review how residents, or where appropriate their representatives, are involved in the recruitment process where possible.	The registered manager advised that residents from another care home had been consulted regarding questions which were posed to candidates during the most recent staff interviews. However, this process should extend to the views of the current residents of Breffni House. This is stated on a second occasion.	Moving towards Compliance

<p><b>9.</b></p>	<p>25.2 &amp; 25.4</p>	<p>The registered person is recommended to review the ancillary hours to ensure that the staffing levels are in accordance with RQIA guidance as mixed duties are not permitted in a home of this size.</p>	<p>Discussions with the registered manager indicated that ancillary hours were still not identified separately on the rota and that seven hours in total are allocated to laundry and 40 hours to cleaning. Perusal of rota confirmed this. This matter needs to be urgently addressed. This is stated on a second occasion.</p>	<p>Not Compliant</p>
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<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>	
Most staff have been here for several years and there are no agency staff. This means that care staff are very familiar with each resident and have a thorough understanding of them. This is a small Home with a small staff team. Detailed care plans are in place that are available for new staff to read. Any changes or issues of concern are recorded in the residents file (and care plan updated if necessary). A handover sheet is in use to aid communication between staff. All staff have received training in challenging behaviour and most hold NVQ qualifications. Manager and staff work together to understand residents. Manager has an open door policy to staff, residents and relatives that helps promote positive outcomes for residents.	Compliant
<b>Inspection Findings:</b>	
<p>The home had a 'challenging behaviour and dementia' policy dated October 2012 in place. A review of the policy identified that it should be updated to include a wider view of behaviours that challenge; reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998), include the need for Trust involvement in managing behaviours which challenge and detail that restraint is not used.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge in September 2013 which included a human rights approach.</p> <p>A review of 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. However, in one instance the care plan required updating to detail the appropriate response to be used and in another the care plan needed to be updated in light of information contained within the assessments.</p>	Substantially Compliant

<p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff consulted were knowledgeable in relation to the responses and interventions which promoted positive outcomes for residents.</p>	
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<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> 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>	
The staff will discuss any concerning behaviour and are quick to report to the manager or carer-in-charge. Information is handed over in written form to the next shift to ensure the situation is monitored. Carers use their initiative and refer to the multi-disciplinary team if necessary in the absence of the manager. Family are contacted when needed or the manager speaks to family when visiting. There is good communication between staff and relatives.	Compliant
<b>Inspection Findings:</b>	
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 any uncharacteristic behaviour to the registered manager and or the person in charge.  Two care records were reviewed and identified that they contained the relevant information regarding uncharacteristic behaviour.  A review of the records confirmed that professionals had been informed appropriately.	Compliant



<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> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> One resident has persistent and increasing challenging behaviour. The care plan is relevant and all incidents are recorded on an incident form or in a behaviour chart in the residents file. A contract has been drawn up with the resident which has proved beneficial in reducing problems. Her relative has been fully informed of this with the residents consent. The relative is supportive of interventions used by staff.	Compliant
<b>Inspection Findings:</b> A review of residents' records identified that when a resident needed a consistent approach or response from staff, this was detailed. However, only one of the care plans had been updated and signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.  The registered person is recommended to update the identified care plans and have them signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.	Moving towards Compliance

<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> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
There has been discussion around the general principles of our behaviour management programme between the manager and psychogeriatrician. I am seeking further advice from the Community Brain Injury Team.	Substantially compliant
<b>Inspection Findings:</b>	
A review of residents' care records identified that while no specific behavioural plans were in place as yet, guiding principles had been established through engagement with an appropriately trained professional regarding one identified resident. This process was on going at the time of the inspection but the identified care plan required to be updated as discussed in criterion 10.3.	Substantially Compliant

<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> 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>	
Staff have had challenging behaviour training but would benefit from brain injury training. The manager has had this training and some experience with brain injury clients and those with challenging behaviour in learning disability and mental health settings. She is providing some guidance and support for staff and attempting to get training for staff.	Moving towards compliance
<b>Inspection Findings:</b>	
<p>A review of staff training records evidenced that staff had received training in challenging behaviours in September 2013. The registered manager advised that more specific training was arranged for 13 May 2014.</p> <p>Staff confirmed during discussion that they felt supported. Staff advised that the support ranged from the training provided, supervision, de-brief sessions, and staff meetings. Discussion with staff confirmed that they were knowledgeable regarding guidance which had been recommended.</p> <p>A review of supervision records for three members of staff indicated that while two staff had supervision in accordance with the home's policy, one had not received supervision within the last six months.</p> <p>The registered person is required to ensure that all staff are appropriately supervised in accordance with the home's policy on supervision and no less than every six months.</p>	Substantially Compliant

<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> 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> Recent incident of assault against another resident has been recorded and reported to the relevant professionals and a care management review has been organised. The psychogeriatrician has visited and reviewed medication. A referral has been made to the Community Brain Injury Team for advice.	Compliant
<b>Inspection Findings:</b> A review of the accident and incident records and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified.  A review of care records identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.  Staff confirmed during discussion 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 was followed by a multi-disciplinary review of the resident's care plan.	Compliant

<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> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Restraint is not used.	Not applicable
<b>Inspection Findings:</b>	
<p>Discussion with staff and the registered manager confirmed that physical restraint was not used. However, this should be indicated within the home's policy on restraint.</p> <p>Discussion with the registered manager confirmed that other restrictive practices in the home include an external front door with a key pad and pressure mats. It is recommended that all restrictive practices are reviewed to ensure that they are the least restrictive strategies required and that these are described within the home's statement of purpose.</p> <p>The registered person is recommended to update the statement of purpose and residents guide to make reference to the use of restraint and restrictive practices present in the home and review all current restrictive practices to ensure that residents are subject to the least restrictive strategies necessary.</p>	Moving towards Compliance

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<b>Compliant</b>

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<b>Substantially Compliant</b>

<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> 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>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
A varied activity schedule is in place for the residents. Each residents interests have been identified and documented. Relatives have been asked to give suggestions. Manager is to review activities and discuss with new residents their needs and interests. Provider funds activities and outings and there are no restrictions on the amount spent (within reason).	Substantially compliant
<b>Inspection Findings:</b>	
A review of three care records evidenced that individual social interests and activities were included to some degree in the needs assessment and the care plans. However, it is recommended that this area is expanded to provide a fuller identification of the needs and interests of residents.  Discussion 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 some of the assessed needs and interests of the residents.  The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.  It is recommended that assessments are updated to provide a fuller identification of the needs and interests of current residents.	Moving towards Compliance

<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> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
We have a varied programme of events and several regular contributors including musical entertainers and artists. I am aiming to have a monthly church service in the Home taken by local churches on a rota basis. So far I have 3 groups committed to this. Any resident who wishes to go to church is supported to do so. 3 ladies regularly attend a monthly church social. A weekly armchair aerobics class has been organised and weekly manicures. Craft activities and games are organised from time to time. One to one walks are facilitated either to a local shop or café. All residents enjoy meals together in the dining-room. Extra effort is made on birthdays and celebrations such as Easter by the cook and carers to make the meal special.	Compliant
<b>Inspection Findings:</b>	
Examination of the programme of activities for the last three months identified that social activities were organised on average between three and four times each week.  The programme included activities which were age and culturally appropriate and reflected some of residents' needs and preferences. The programme which was reviewed was found to have developed over the three month period and was beginning to consider residents' spiritual needs and inclusion in community based events.  Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis. However, while some residents were happy with the activities provided, feedback from other residents indicated that they would wish for more activities to be provided.  It is recommended that the programme is reviewed to ensure it fully reflects the changing needs and interests of residents and frequency of activities organised to meet residents' needs.	Moving towards Compliance



<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> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Residents meetings are held immediately after meals so that everyone is included. The meeting is an opportunity for suggestions. Residents interests are documented in the activity file and in future will be included in care-plans. A resident who would stay in his room when a particular musician plays asked to share his borrowed CD in the lounge prior to the event. This was appreciated by residents.	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities provided and discussion 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 satisfaction questionnaires issued annually by the home, resident meetings, one to one discussions with staff and care management review meetings.	Compliant

<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> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Posters are displayed on the windows at the entrance to the lounge and there are further details on the noticeboard. A months activity schedule is displayed. At mealtimes and when residents gather for tea and coffee in the lounge announcements are made for those who don't read the notices.	Compliant
<b>Inspection Findings:</b>	
On the day of the inspection the monthly programme of activities was on display on the noticeboard beside the lift and on the window in the lounge. This location was considered appropriate as the area was easily accessible to residents and their representatives.  Discussion with residents confirmed that they were aware of what activities were planned.  The programme of activities was presented in a small font and it is recommended that a more appropriate format is displayed to meet the residents' needs.	Substantially Compliant

<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>
13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	
<b>Provider's Self-Assessment</b>	
Staff are present during activities to provide any help needed. Some residents enjoy a short dance with Tom the "music man". There are percussion instruments for those who want to use them. Some entertainers and the church service folk bring song sheets along with them. Art and craft equipment, CD'S, DVD'S and various games are supplied in abundance.	Compliant
<b>Inspection Findings:</b>	
Activities are provided three or four times per week by designated care staff and by others who were contracted in.  The care staff and residents confirmed during discussion that there was an acceptable supply of activity equipment available. This equipment included arts and crafts; CD's; DVD's; board games and puzzles.  The registered manager confirmed that a budget for the provision of activities was in place and that equipment was readily purchased as required.	Compliant

<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> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Residents are free to leave an activity at any time. The activities are timed to make them accessible to those with mobility problems i.e. sessions are arranged just before or after meals to avoid an extra walk from their rooms. This makes their participation more likely. Advance warning is given to allow residents to plan or decide to attend.	Compliant
<b>Inspection Findings:</b>	
The care staff, registered manager and residents confirmed during discussion that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.  Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

<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> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> All activities by outsiders are monitored to ensure they are appropriate for the residents. Residents are asked for feedback following the activity and their view taken into account. Individual preferences are catered for by a variety of musicians and if a resident does not like what is on offer they can be prompted to play a CD of their choice in their room.	Compliant
<b>Inspection Findings:</b> The registered manager confirmed during discussion that people are employed to provide music in the home and that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.	Compliant

<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>
13.8 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.	
<b>Provider's Self-Assessment</b>	
Informal discussions takes place with the activity person before and after the activity. This provides opportunity for sharing of information. A letter is given to each person asking for feedback and also requesting confidentiality.	Compliant
<b>Inspection Findings:</b>	
The registered manager confirmed during discussion that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff); of any change in residents' needs which would affect their participation in the planned activity. Records evidenced that feedback had been sought from residents after each activity.	Compliant

<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>
13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	
<b>Provider's Self-Assessment</b>	
For convenience the back of the poster is completed with the names of those who participated on it. Names of those who did not attend is also recorded with the reason why not to ensure those persons are offered alternatives. Individual activities are recorded in the activity profiles of residents.	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Compliant

<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> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> The programme is being reviewed on an ongoing basis. New admissions bring new challenges. Activities is part of their care plan. Care plan evaluations of existing residents reflect any change in needs. Manager also proposes to formally survey residents about our activities programme. However the need for an art class has already been identified and introduced. Also a knitting circle is to be started soon following interest shown by a couple of residents.	Compliant
<b>Inspection Findings:</b> A review of the programme of activities identified that it had been reviewed and painting and knitting had been introduced as a consequence. The records did not identify that the programme had been reviewed at least twice yearly.  The registered manager and care staff confirmed during discussion that planned activities were also changed at any time at the request of residents.  Some of the residents who spoke with the inspector confirmed their satisfaction with the range of activities provided but some indicated that they felt more activities could be provided.  The registered person is recommended to ensure that the programme is reviewed at least twice yearly and that a record is maintained to evidence this having occurred and how it has been altered in response to changing needs.	Moving towards Compliance



<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<b>Compliant</b>

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<b>Substantially Compliant</b>

## **ADDITIONAL AREAS EXAMINED**

### **Residents' views.**

The inspector met with 11 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:

'It couldn't be better. I'm quite happy here'.

'The staff are very good but sometimes there's not much on'.

'The girls are very helpful and the manager. I would like more outings and there could be more entertainment'.

'I couldn't complain. I'm happy here'.

'The staff find time to talk and listen. I enjoyed the knitting and the exercises'.

'The care is very good and if you want something they get it for you'.

'It's very good here- clean and the foods good'.

### **Relatives' / representatives' views**

There were no relatives present during the inspection.

### **Visiting professionals' views**

There were no visiting professionals present during the inspection.

### **Staff Questionnaires /staff views**

The inspector spoke with four different grades of staff who indicated that they were supported in their respective roles and one questionnaire returned also verified this. Staff confirmed that they were provided with the relevant resources to undertake their duties. Staff demonstrated awareness of how to respond to residents' behaviours and indicated that a varied programme of activities is in place.

Comments received included:

'We have had training in challenging behaviour and guidance which works well. There's always informal supervision and great support'.

'The manager is very good for support- we would only have to phone her and she would come down'.

'The residents love the entertainment and really join in. We have plenty of equipment and if we need anything we can get it'.

'The care is very good and the activities are brilliant. There's loads of activities and equipment'.

## Complaints

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

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

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.

## 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. Décor and furnishings were found to be generally of a good standard although the décor behind the washbasins in the bathrooms was noted to rather tired. A requirement was made regarding this matter.

## Fire Safety

The inspector examined the home's most recent fire safety risk assessment dated September 2013 and the registered manager confirmed that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training, had been provided to staff on 25 November 2013 and 28 May 2013. The Fire Risk Assessment dated September 2013 indicated that a fire evacuation had occurred in May 2013 but no records were held on site to verify this or any subsequent drills. Records of fire alarm/emergency lighting and fire equipment checks have commenced since January 2014, however, some of these were occurring fortnightly rather than weekly. This is stated on a second occasion as detailed in the follow up section of this report. All fire exits were unobstructed and fire doors were closed.

## 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.

## Guardianship Information

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

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Sally Ann Stacey, 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:

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



## Quality Improvement Plan

### Primary Announced Care Inspection

Breffni House

7 May 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 Ms Sally Ann Stacey during 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.	17 (1-3)	<p>The registered person must ensure that an annual quality review is conducted which includes consultation with staff; residents and representatives and a copy of this is made available to residents and provided to RQIA on request.</p> <p><b>(Standard 20.12)</b></p>	Twice	<p>Model of an annual quality review obtained. Drafting begun, review will be issued in October.</p>	By 7 December 2014.
2.	20 (c) (i)	<p>The registered person must ensure that the persons employed to work at the home receive appraisal appropriate to the work they are to perform.</p> <p><b>(Standard 24.5)</b></p>	Twice	<p>Timetable for staff appraisals drawn up. First appraisal is scheduled for 1<sup>st</sup> July.</p>	By 7 September 2014.
3.	19 (2) schedule 4 14	<p>The registered person must ensure that a record is kept of every fire practice or drill conducted within the home and all of the fire checks are conducted as required.</p> <p><b>(Standards 29.6 &amp; 28.1)</b></p>	Twice	<p>Fire drill carried out on 28<sup>th</sup> May with residents involved and record of details kept. Weekly fire checks are being carried out and recorded.</p>	With immediate effect from the date of the inspection.

4.	20 (2)	<p>The registered person is required to ensure that all staff are appropriately supervised in accordance with the home's policy on supervision and no less than every six months.</p> <p><b>(standard 24.2)</b></p>	Once	<p>Supervision ongoing, carried out and documented on 3 staff since inspection. All staff will have received supervision within 6 months.</p>	By 7 November 2014.
5.	27 (2) (d)	<p>The registered person is required to ensure that the décor behind the washbasins in the bathrooms is re-painted.</p> <p><b>(Standard 27.1)</b></p>	Once	<p>All sinks in bathrooms and toilets are to have splashbacks applied. Work scheduled to start next week.</p>	By 7 August 2014.

**Recommendations**

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	11.2 & 11.3	The registered person is recommended to ensure that copies of review reports prepared by home staff are retained for inspection purposes.	Twice	Copies of all review reports compiled by manager are in residents files.	With immediate effect from the date of the inspection.
2.	11.6; 6.1; 6.3 & 5.4	The registered person is recommended to ensure that care plans and needs assessments are signed by the resident or their representative, (where appropriate).	Twice	Updating of all care plans and needs assessments is underway and copies of those updated have been either signed by residents or sent to relatives to sign.	With immediate effect from the date of the inspection.
3.	16.1 & 11.1	The registered person is recommended to ensure that the care review and the vulnerable adults' policies are shared with staff.	Twice	Care review policy is to be drawn up and shared with staff. Vulnerable Adult policy has been recirculated and signed by all staff.	With immediate effect from the date of the inspection.
4.	19.2	The registered person is recommended to ensure that the pre-employment health questionnaire is signed off as satisfactory by the registered person.	Twice	All pre-employment health questionnaires will be issued to new staff and signed off as satisfactory by the manager.	With immediate effect from the date of the inspection.
5.	19.6	The registered person is recommended to review how residents, or where appropriate their representatives, are involved in the recruitment process where possible.	Twice	Two residents invited to take part in the interviewing of potential new staff. Both declined but one provided a pertinent question for the panel.	By 7 November 2014.



6.	25.2 & 25.4	The registered person is recommended to review the ancillary hours to ensure that the staffing levels are in accordance with RQIA guidance as mixed duties are not permitted in a home of this size. These should be shown separately on the duty roster.	Twice	Ancillary hours reviewed. Domestic hours are to be increased Domestic hours shown separately on the duty roster. No mixed duties.	By 30 June 2014.
7.	10.1	The registered person is recommended to update the challenging behaviour policy to include a wider view of behaviours that challenge; reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) include the need for Trust involvement in managing behaviours which challenge and detail that restraint is not used.	Once	Challenging behaviour policy reviewed, Trust involvement and referral details included and circulated to staff. DHSS Guidance obtained, full updating of policy underway.	By 7 June 2014.
8.	10	The registered person is required to update the statement of purpose and residents guide to make reference to the use of restraint and restrictive practices present in the home.	Once	Statement of purpose and residents guide in the process of being updated to include use of restraint and restrictive practices following review recommended at point 10.	By 30 June 2014.
9.	10.3 & 6.6	The registered person is recommended to update the two identified care plans and have them signed by the resident or their representative where appropriate, the staff member and the registered manager.	Once	Identified care plans have been updated, signed by manager and sent to be signed by the resident's representative..	With immediate effect from the date of the inspection.

<b>10.</b>	10.7	The registered person is recommended to review all current restrictive practices to ensure that residents are subject to the least restrictive strategies necessary.	Once	Policy on restraint is being reviewed in accordance with point 8 above.	By 7 August 2014.
<b>11.</b>	13.1	The registered person is recommended to ensure assessments are updated to provide a fuller identification of the needs and interests of current residents.	Once	Assessments continue to be reviewed and updated as necessary.	By 7 August 2014.
<b>12.</b>	13.4	The registered person is recommended to review the format of the activities programme to ensure it meets residents' needs.	Once	A whiteboard has been introduced opposite the lift to inform residents of the daily activities. Coloured posters are also displayed on the noticeboard to give advanced warning. A monthly schedule will be issued to each resident.	With immediate effect from the date of the inspection.
<b>13.</b>	13.2 & 13.5	The registered person is recommended to review the activity programme to consider the frequency of activities organised to meet residents' needs.	Once	A questionnaire is being compiled to identify the residents needs and interests and to include input from families.	By 7 September 2014.
<b>14.</b>	13.10	The registered person is recommended to review the activity programme at least twice yearly and maintain a record to evidence this having occurred and how it has been altered in response to changing needs.	Once	A review of the activity programme is to be reviewed as part of the Quality Review in October, and will be reviewed 6-monthly thereafter.	By 7 September 2014.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Sally-Anne Stacey
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Mark Uprichard

<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	Lorna Conn	7/7/14
Further information requested from provider			