



The Regulation and  
Quality Improvement  
Authority

## **Primary Announced Care Inspection**

**Service and Establishment ID: Kimberley House (1627)**

**Date of Inspection: 4 December 2014**

**Inspector's Name: Priscilla Clayton**

**Inspection No: IN017836**

**The Regulation And Quality Improvement Authority  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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**1.0 General information**

<b>Name of home:</b>	Kimberley House
<b>Address:</b>	45 Abbey Road Newtownards BT23 8JL
<b>Telephone number:</b>	(028) 9181 0003
<b>Email address:</b>	joanneblack@praxiscare.org.uk
<b>Registered Organisation/ Registered Provider:</b>	Irene Elizabeth Sloane
<b>Registered Manager:</b>	Joanne Black
<b>Person in charge of the home at the time of inspection:</b>	Joanne Black
<b>Categories of care:</b>	RC – LD, RC – LD (E)
<b>Number of registered places:</b>	13
<b>Number of residents accommodated on day of Inspection:</b>	10
<b>Scale of charges (per week):</b>	As per trust contract
<b>Date and type of previous inspection:</b>	Secondary unannounced inspection 17 June 2014
<b>Date and time of inspection:</b>	4 December 2014 10.00am – 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 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	8
Staff	3
Relatives	None present
Visiting Professionals	None present

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

Issued To	Number issued	Number returned
Staff	25	4

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

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

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

<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

Kimberley House is located in a residential area, close to the town centre of Newtownards. The home is owned by Trinity Housing and operated by Praxis Care Group. The current registered manager is Joanne Black. Kimberley house is situated within the South Eastern Health and Social Care Trust geographical area. The home is on a site that is shared with a small block of flats occupied by service users in a supported living scheme.

Accommodation is on two floors, providing single room accommodation for all residents. There is a lounge, sitting room/activity room, dining room, kitchen, laundry and bath and shower facilities. Two offices and the manager's office are situated off the entrance hall.

The home is situated close to the roadside and has several car parking spaces to the front and rear within its own grounds. It has a small garden with facilities for sitting, cooking and eating outdoors.

The home is registered for 13 individuals and provides accommodation and support to individuals with behaviours which challenge.

The home is registered to provide accommodation in the following categories of care:

RC-LD        Learning Disability  
RC-LD(E)    Learning Disability (Elderly)

## 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 is only used as a last resort when other prescribed less restrictive practices would be unsuccessful and there was a high risk to others. Residents' care records examined detailed usual routine, behaviours and means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they had received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Kimberly House was compliant with this standard. This is to be commended.

### 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 residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Kimberly House is compliant with this standard. This is to be commended.

### **Resident and staff consultation**

During the course of the inspection the inspector met with residents and staff. Questionnaires were distributed with four returned to RQIA within the timescale.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No issues or concerns were raised or indicated.

Comments and analysis of staff questionnaires is included 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 satisfactory. Redecoration of the dining room and lounge has improved the overall ambience of these areas.

A number of additional areas were also considered. These included data 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.

Two requirements and six 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, staff and registered manager for their assistance and co-operation throughout the inspection process.

### 9.0 Follow-Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 17 June 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	3 (1) (a) (b) (c) Schedule 1	<p>The registered person shall compile in relation to the residential care home a written statement which shall consist of –</p> <p>(a) a statement of the aims and objectives of the home;            (b) a statement as to the facilities and services which are to be provided by the registered person for residents; and            (c) a statement as to the matters listed in Schedule 1.</p> <p>(Section 8 refers)</p>	The home's Statement of Purpose had been reviewed and revised to reflect areas identified for improvement.	Compliant
2	30 (1) (d) (g) (2)	<p><b>Death, Illness and other events</b>            The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of -</p> <p>(d) any event in the home which adversely affects the care, health, welfare or safety of any resident;            (g) any allegation of misconduct by the registered person or any person who works at the home.</p> <p>Any notification made in accordance</p>	Notifications are being forwarded to RQIA as required within the timescale of three working days.	Compliant

		<p>with this regulation which is given orally shall be confirmed in writing within three working days of the oral report.</p> <ul style="list-style-type: none"> <li>• Review their notification system to ensure compliance is achieved with this timescale and prevent any delay in notification to the commissioning Trust and RQIA.</li> <li>•</li> <li>• Review the systems and processes in place to ensure that any action which is taken in response to incidents of protection of vulnerable adults are undertaken following consultation with the designated officer of the commissioning trust.</li> <li>• There should be discussion and agreement with the commissioning trust in regard to the timeliness of implementation of any other relevant policy and procedure. (Section 10.6 refers)</li> </ul>	<p>Systems and processes are in place to ensure timely notification to RQIA. Staff who met with the inspector demonstrated awareness of the notification procedure in regard to accidents/incidents, deaths and other events including safeguarding.</p> <p>The home's Incident Reporting system reflects the mode of referral, action taken and lessons learned. The manager and staff demonstrated good knowledge and understanding of the importance of ensuring all matters are followed up and recorded in accordance with good professional practice.</p> <p>The manager confirmed that discussion and agreement with the commissioning trust in regard to implementation of policies and procedures in place.</p>	
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		<ul style="list-style-type: none"> <li>• Retrospectively notify RQIA in relation to the incident which occurred on 21 May 2014 and also via the notification system provide an update in regard to the identified incident regarding referral to NISCC. (Section 10.4 refers)</li> <li>• Ensure that staff inform the commissioning trust or out of hours service by telephone immediately an incident of protection of vulnerable adult occurs. Written notification should follow. (Section 10.6 refers)</li> </ul>	<p>Notification to RQIA had been received in accordance with requirement including update regarding referral to NISCC.</p> <p>As previously stated staff demonstrated awareness of the modes of referral in regard to safeguarding notification during working hours, after hours, weekends and bank holidays.</p> <p>A referral flowchart was displayed showing contact telephone numbers.</p>	
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	6.2	<p>An individual comprehensive care plan is drawn up as the assessment of the resident's needs is carried out.</p> <p>The registered person should ensure that agreed care plans and behaviour management plans are followed, as directed, at all times and that the commissioning trust is informed on all occasions when this does not happen and action is taken to prevent a re-occurrence. (Section 8 and section 10.4 refers).</p>	<p>A random sample of care plans evidence that care plans and behavioural management plans were in place and were complemented with associated risk assessments.</p> <p>There was evidence of good trust multi-professional collaboration in planned care.</p> <p>One additional area which is recommended for improvement relates to ensuring that interventions within care plans are recorded parallel to the record of identified needs. Currently the information does not flow across the plan making the recorded interventions cumbersome to locate and align to the identified needs.</p>	Compliant
2	11.4	<p>The registered person should ensure staff record greater detail in pre-care management review reports.</p> <p>The reports should outline details in relation to accident/incidents, any complaints received and handling and support provided of any residents' personal monies/valuables. (Section 8 refers).</p>	Examination of one recent pre care management report evidence improvement as recommended.	Compliant

3	27	The registered person should review the suitability of tiles in the upstairs lounge and replace. (Section 8 refers).	This requirement has been addressed.	Compliant
4	27	The registered person should ensure that the living room should be repainted and a re-decoration/improvement schedule drawn up with timescales. (Section 10.5 refers)	<p>Redecoration has taken place in the dining room and kitchen. Several residents' bedrooms have been redecorated this year.</p> <p>The manager reported that redecoration of other areas of the home has been agreed.</p>	Compliant

**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>	
All staff at KH are required to read their residents files and be aware of each individual residents usual conduct, behaviours and means of communication. Positive outcomes for clients through value based work ethics and best practice are ensured and measured through Praxis Care Policies and Procedures - Staff induction, training, staff meetings, supervision, MDT work, Resident inclusion and consultation, adherence to Care Plans and individual programmes.	Compliant
<b>Inspection Findings:</b>	
The home had a policies and procedures on Challenging Behaviour dated 23 April 2014, Restrictive Practices and Safeguarding Vulnerable Adults. A cursory view of the policies and procedures identified that DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) were reflected.  Observation of staff interactions, with residents, identified that they were treated with dignity and respect.  A review of staff training records identified that all care staff had received training in behaviours which challenge on 12 September 2014. The manager and staff confirmed training included a human rights approach to care provided. The staff training matrix evidenced that training is provided every annually. The manager explained and confirmed this training is listed in the matrix under MVA.  A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.	Compliant

<p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	
<p><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.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>All staff at KH are required to read their residents files and be aware of each individual residents usual conduct, behaviours and means of communication and appropriate actions to be taken for any individual presenting uncharacteristic behaviours. Staff are aware of individual care plans and behavioural programmes of residents. Staff demonstrate value based work ethics and best practice through adherence to Praxis Care Policies and Procedures . Concerns are reported to the Line Manager / Manager and advice and guidance provided. Staff endeavour to discover and understand the reason why a resident may be presenting with uncharacteristic behaviour and measures taken to ensure the safety and wellbeing of the individual and all residents and staff in the home. Communication is made with statutory keyworkers and NOK as appropriate. This may be through the UTE format. Relevant professionals are consulted as required to engage support services for any resident as required. Supervision, team meetings and training ensure best practice and formal discussion for concerns / action / debriefing.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>The home has a policy and procedure on Challenging behaviour which was dated 23 April 2014.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff who spoke with the inspector was aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Three care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p>	Compliant

<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> Residents needs are detailed in their individual care plan and where appropriate individual behaviour management plans have been provided by statutory behavioural support teams. These are regularly discussed with the resident and are reviewed with statutory keyworkers and the residents representative 6 monthly</p>	Compliant
<p><b>Inspection Findings:</b> A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.  Care plans reviewed were signed by the resident/representative where appropriate, the staff member drawing it up and the registered manager.</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> All residents have a Care Plan and where appropriate individual behaviour management plans have been provided by statutory behavioural support teams (this is included / referenced in the care plan). Praxis Care Clinical Lead is consulted on a regular basis for guidance and advice.</p>	Compliant
<p><b>Inspection Findings:</b> Information as illustrated within the managers self- assessment as shown above was verified through discussion with the manager and staff.  A review of the Challenging Behaviour policy and procedure identified that the process of referring and engaging the support of the multi-disciplinary team and other professionals in the resident's care plan, was included as required.</p>	

<p>A review of one behaviour management programme identified that it had been approved by an appropriately trained professional. The behaviour management programme formed part of the resident's care plan. There was evidence that it was kept under review.</p>	
<p><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.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>All residents have a Care Plan and where appropriate individual behaviour management plans have been provided by statutory behavioural support teams (this is included / referenced in the care plan) and all staff are advised to read and be fully up to date with resident care plans, behavioral support plans. Praxis Care Clinical Lead is consulted on a regular basis for guidance and advice to staff. All staff are trained in Protection of Vulnerable Adults, Calming and Defusing and Managing Violent and Aggressive Behaviours. Regular Staff meetings are held to discuss residents needs, concerns, best practice and information workshops are held as appropriate to discuss and inform staff regarding individual need.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of staff training records evidenced that staff training in restraint, which is incorporated within the challenging behaviour training, is provided annually. Training records examined evidenced this training was provided on various dates during 2014. In addition the manager confirmed that practical MVA sessions in regard to triggers/ restraint is held on alternate weeks in the home to ensure that all staff are kept up to date in this area of practice. One recommendation made relates to ensuring a record of ongoing practical training sessions held in the home is retained.</p> <p>One behavioural management plan examined evidenced multi-professional involvement, risk and competency assessment.</p> <p>During discussions staff confirmed they felt supported by management and this support ranged from the training provided, supervision, de-brief sessions, and staff meetings and an "open door" approach by the manager.. Discussions with staff indicated that they were knowledgeable in regard to the behaviour management programme in place.</p>	Compliant

<p><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.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Occuring incidents are usually within the scope of comprehensive care plans which are in place. Should an incident occur requiring to be managed outside the scope of the care plan this would be recorded and reported as appropriate to the residents representative and relevant professionals and services and a MDT Review called as appropriate.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of the accidents and incidents recorded August 2014 to November 2014 and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified.</p> <p>A review of three number of care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p> <p>Staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services.</p>	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></p>	
<p>All staff are aware of individual residents usual presentation and potential triggers and will endeavour to safely manage any situation, staff are trained in Calming and defusing techniques. Use of physical restraint as per Praxis Care MVA training is a last resort for the protection of self or others when all other strategies have been unsuccessful. Should physical restraint be used the appropriate UTE Forms are completed and sent to RQIA and relevant statutory keyworkers and NOK. Information is recorded and filed in the UTE File along with any relevant documentation ie Body Maps. These are regularly reviewed by the Assistant Director.</p>	Compliant

<b>Inspection Findings:</b>	
<p>Information as illustrated in the manager’s self- assessment was verified through discussion with the manager and staff and an examination of care records which confirmed that restraint was only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful. Types of restraint referred to included fluid restriction and smoking as prescribed by the professional medical consultant, and security. Where necessary resident capacity is determined by the psychiatric consultant. Recent increase in levels of staff supervision for one resident between 11.00am and 7.00pm has reduced the incidents of behavioural aggression as triggers has been identified at an early stage and appropriate action taken by staff in accordance with the behavioural management plan.</p> <p>A review of the accident and incident records and residents’ care records identified that RQIA, Trust personnel and the resident’s representative are notified on occasions when any restraint has been used. The circumstances and nature of the restraint were recorded on the resident’s care plan.</p> <p>Current restraint methods in place in regard to the environment relate to the locking of the front door. The manager and staff confirmed this measure is necessary to ensure safety of residents who do not have capacity and are identified to be at risk of leaving the home unaccompanied. Residents who have capacity can exit the home when desired.</p>	<p>Compliant</p>

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

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	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> 13.1 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 programme of activities is provided to all residents. Residents are consulted through keyworker communication and Review process regarding individual needs and wishes and at Service User Meetings regarding their wishes and needs. All activities are for positive benefit to the resident.	Compliant
<b>Inspection Findings:</b>	
The home does not have a policy/procedure on the provision of activities. Recommendation was made in this regard. A review of three care records evidenced that individual social interests and preferred activities were included in the needs assessment and the care plan.  Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.	Compliant
<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>	
Group and individual Activities programmes are created in consultation with residents to include personal interests, health and fitness, spiritual needs, social interaction, personal development and self esteem.	Compliant

<b>Inspection Findings:</b>	
<p>Examination of the programme of activities identified that a good range of activities and social activities are organised each week.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences and included for example, bingo, cooking, bowling, shopping, disco, cinema, bar and restaurant visits.</p> <p>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>	Compliant
<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>
<b>Provider's Self-Assessment</b>	
<p>All residents are consulted regarding their suggestions toward the development of programmes of activities. Residents who generally stay in their rooms are consulted personally if they decline to attend the Service User meeting. All residents are consulted regarding their own wishes and needs and activities of interest through the keyworker role and in the REview process.</p>	Compliant
<b>Inspection Findings:</b>	
<p>A review of the record of activities provided and discussions with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. This was evidenced in resident meetings notes, care records, one to one discussions with residents and care management reviews.</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>An up to date Activities Programme is displayed on the Service Users notice board in pictorial format.</p>	Compliant
<b>Inspection Findings:</b>	
<p>On the day of the inspection the programme of activities was on display as illustrated by the manager in the self-assessment. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents confirmed that they were aware of what activities were planned.</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>An assessment of support required for individual or group activities informs the organiser of required staffing , equipment needs or risk assessment required.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Activities are provided by designated care staff.</p> <p>The care staff and residents confirmed that there was always plentiful supply of activity equipment available within the home.</p> <p>Social outings, for example, visits to restaurant, cinema or bowling is financed by the resident with records retained as confirmed by the manager. Other in house activities are funded by the home.</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> All activities are pitched to suit the capability of those taking part to enable maximum participation and inclusion and flexibility is required to ensure same</p>	Compliant
<p><b>Inspection Findings:</b> Care staff and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.  Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</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>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> Any person contracted in to provide a service / activity will be registered with the relevant body and / or have the required training to complete the task. This will be monitored by management team.</p>	Compliant
<p><b>Inspection Findings:</b> The registered manager confirmed that there were no outside agencies currently contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion. The manager confirmed that if this was the commissioned proper procedure as stated in this criterion would be followed.</p>	Compliant

<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>
<p><b>Provider's Self-Assessment</b></p>	
<p>Any person contracted in to complete an activity would be advised by the team leader on duty of any changes to resident need or concerns. Feedback is monitoring process.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	
<p>The manager confirmed that no contracted person is commissioned and if there was this criterion would be applied. Currently this criterion is not applicable to Kimberly House.</p>	Not applicable
<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>
<p><b>Provider's Self-Assessment</b></p>	
<p>This is not currently being recorded however team leaders have been advised from 28.4.14 that this is a requirement.</p>	Moving towards compliance
<p><b>Inspection Findings:</b></p>	
<p>A review of the record of activities identified that these had been developed and maintained in accordance with this criterion. There was evidence that appropriate consent for photography was sought with signed authorisation obtained.</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> Activities programme are reviewed in consultation with residents at least twice yearly.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b> The manager that the programme of activities is planned on a seasonal basis. The records retained evidenced that summer activities had been in place with winter activities now taking place.  The registered 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> Substantially 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 the majority of residents. Nine of the ten residents attended day centres and returned to the home at approximately 3.15pm. On their return to the home residents who were able to verbally communicate spoke openly with the inspector, sharing their experience of their time at the day centre and also care within the home. 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.

### **11.2 Relatives/representative consultation**

No relatives visited during the inspection

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

The inspector spoke with three staff and analysed four staff questionnaires which were completed and returned to RQIA. Analysis of the completed questionnaires returned to RQIA indicated:

- Three staff had not received training in complaints
- Two staff had not received training in Fire safety
- One staff had not received training in managing challenging behaviour
- One of the four respondents commented there was little variation of activities and lack of budget to improve same.
- One respondent indicated dissatisfaction with the privacy afforded to residents

Issues raised by staff in questionnaires was discussed with the manager who readily agreed to discuss these with staff, review training attendances and where improvement is necessary this would be recorded and an action plan developed..

Staff who spoke with the inspector indicated they felt supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place. Staff confirmed that staffing was adequate, training provided and that service users had a good range of activities / outings. Staff also demonstrated good understanding of the necessity to uphold residents' core values of rights No issues or concerns were raised

### **11.4 Mandatory staff training**

Review of the training matrix identified that staff were provided with a variety of relevant training including mandatory training. The frequency of training reflected within the matrix requires to be reviewed and revised as annual updates in First Aid, Infection Control and Safeguarding and Manual handling is recommended annually in accordance with RQIA Guidance on Mandatory Training( 2013).One requirement was made in this regard.

### **11.5 Visiting Professionals' Consultation**

No professional trust staff visited during the time of inspection.

### **11.6 Observation of Care Practices**

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

### **11.7 Trust Care Management Reviews**

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

### **11.8 Complaints**

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

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

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was recorded.

The registered manager confirmed that lessons learnt from investigations were acted upon.

### **11.9 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 satisfactory. Redecoration of the dining room and lounge has taken place and carpet replaced.

The home's indemnity insurance which was displayed reflected an expiry date 31 March 2014. The manager stated that Praxis had a current insurance certificate which she would obtain and display. A copy of the insurance cover commencing April 2014 was submitted to RQIA following the inspection. One requirement was made in regard to ensuring the current Indemnity Insurance is retained in the home.

### **11.10 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 living in or using this service was sought.

### **11.10 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by the manager which was completed signed and returned to RQIA. The audit was dated 24 April 2014. The manager stated that item 15 (fire risk assessment) on the check list was wrongly completed and corrected the response from no to yes on the day of inspection as risk assessments are carried out by an independent Fire Safety Adviser.

The information provided in the returned questionnaire was forwarded to the RQIA estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 6 May 2014. The review identified that there were no recommendations made as a result of this assessment. All fire exits were unobstructed and fire doors closed.

One recommendation made related to the development of fire safety procedures in regard to the purchasing of textiles, furniture, bedding and sleepwear etc. and what action staff should take if a residents clothes catch fire.

### **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by the manager who confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with the 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

Kimberley House

4 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Joanne Black, registered manager, during and 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.

**Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 28 (2) (e)	<p><b><u>Liability Insurance</u></b></p> <p>Ensure that the current indemnity insurance is available in the home.</p> <p>(A copy of the current Indemnity Insurance Certificate was submitted to RQIA following the inspection.)</p>	One	A copy of the current Indemnity Insurance was provided for RQIA and is on display in KH. 4.12.14	30 December 2014

<b>Recommendations</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.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 8	<p><b><u>Care Plans</u></b></p> <p>One area of care planning which is recommended for improvement relates to ensuring that interventions within care plans are recorded parallel to the identified needs. Currently the information does not flow across the plan making the recorded interventions cumbersome to locate and align to the identified needs.</p>	One	The Manager has advised team leaders to be vigilant in this area. The Quality and Governance Dept have been advised of the issue and a new format is awaiting approval.	27 February 2015
2	Standard 10.5	<p><b><u>Training</u></b></p> <p>One recommendation made relates to ensuring a record of ongoing staff practical restraint training sessions in the home is retained.</p>	One	The Manager provided to the inspector the KH record of regular staff practical restraint training sessions which we will continue to maintain and record accurately.	30 December 2014
3	Standard 13.1	<p><b><u>Policy development</u></b></p> <p>It is recommended that a policy/procedure on the provision of activities is developed and made available to staff.</p>	One	The Manager has advised the Quality and Governance Department of RQIA recommendation in this area.	27 February 2014

4	Standard 11.3	<p><b><u>Staff questionnaire</u></b></p> <p>It is recommended that responses in staff questionnaires shared with the manager are discussed at a staff meeting and where improvement is recommended an agreed action plan is developed and implemented.</p>	One	The Manager has the details of the staff responses which will be addressed in the team meeting on 16.2.15	30 January 2015
5	Standard 23.3	<p><b><u>Staff training matrix</u></b></p> <p>The frequency of training recorded within the matrix requires to be reviewed and revised as annual updates in First Aid, Infection Control, Safeguarding and Manual Handling is recommended in accordance with RQIA Guidance on Mandatory Training (2013).</p>	One	The Manager will maintain the mandatory training grid in compliance with mandatory training requirements. The Manager has informed the Training and Development Team of RQIA recommendations re annual training in these areas.	30 January 2015
6	Standard - Policies and Procedures Appex 2	<p><b><u>Fire Safety</u></b></p> <p>It is recommended that the fire safety policy/ procedure includes information on the purchasing of textiles, furniture, bedding and sleepwear etc and what action staff should take if a residents clothes catch fire.</p>	One	<p>The Manager has informed the Quality and Governance Dept and the Health and Safety Dept of RQIA recommendation in this area.</p> <p>All textile purchases currently have the British Standard approval.</p> <p>The Manager, in the interim will complete a staff workshop regarding action required if a persons clothes catch fire.</p>	27 February 2015

7	RQIA Guidance on mandatory training for providers.	<p><b><u>Staff training</u></b></p> <p>Mandatory training in First Aid, Infection Control, Safeguarding and Manual Handling is recommended annually.</p>	One	The Manager has informed the Training and Development Team of RQIA recommendations re annual training in these areas.	31 March 2015
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Joanne Black
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Andy Mayhew on behalf of Irene Sloan

<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	21 February 2015
Further information requested from provider			