



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Laurelhill House (1003)

Date of Inspection: 9 December 2014

Inspector's Name: Alice McTavish

Inspection No: IN020756

The Regulation And Quality Improvement Authority
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1.0 General information

Name of home:	Laurelhill House
Address:	1a Ballymacash Park Lisburn BT28 3EX
Telephone number:	02892602116
Email address:	laurelhill.house@setrust.hscni.net
Registered Organisation/ Registered Provider:	Hugh Henry McCaughey
Registered Manager:	Eithne Cairns, Acting Manager
Person in charge of the home at the time of inspection:	Eithne Cairns, Acting Manager
Categories of care:	RC-DE
Number of registered places:	30
Number of residents accommodated on day of Inspection:	29
Scale of charges (per week):	Trust rates
Date and type of previous inspection:	Secondary unannounced 16 May 2014
Date and time of inspection:	9 December 2014 10.00 – 17.30
Name of Inspector:	Alice McTavish

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 is 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 acting manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff, relatives and a visiting professional
- 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	5
Staff	4
Relatives	2
Visiting Professionals	1

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

Issued To	Number issued	Number returned
Staff	22	7

6.0 Inspection Focus

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

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

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

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

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

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Laurelhill House residential care home is situated on the outskirts of the city of Lisburn and is close to all local amenities. The residential home is owned and operated by South Eastern Health and Social Care Trust. Mrs Eithne Cairns has been temporary manager of the home for three months and a permanent manager, Mrs Mary Laird, is to take up post on Monday 15 December 2014.

Laurelhill House is a single storey building and is divided into the Oak Suite and the Maple Suite. Accommodation for residents is provided in single rooms which are equipped with a wash hand basin and built in wardrobes. A number of communal sanitary facilities are available throughout the home. There are communal lounges and dining areas along with a hairdressing room and staff offices. The home also provides for catering and laundry services. There is a large central courtyard which contains flowerbeds and a greenhouse.

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

Residential care

DE Dementia

8.0 Summary of Inspection

This primary announced care inspection of Laurelhill House was undertaken by Alice McTavish on 9 December 2014 between the hours of 10.00 and 17.30. Mrs Eithne Cairns and Mrs Mary Laird were available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirement and recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that the requirement and recommendations had been addressed within the timescales specified by RQIA. The detail of the actions taken by the previous manager can be viewed in the section following this summary.

Prior to the inspection, on 20 November 2014, Mrs Eithne Cairns completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Eithne Cairns in the self-assessment were not altered in any way by RQIA.

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

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. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs.

Staff who met with the inspector demonstrated that they had knowledge and understanding of individual resident's assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff members 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/or their representatives had been included in any decisions affecting their care.

The evidence gathered through the inspection process concluded that Laurelhill House was compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents.

Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities.

The home employed an activity coordinator for two days each week. In the absence of the activity coordinator activities are provided by designated care staff. A selection of materials and resources was available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained.

The evidence gathered through the inspection process concluded that Laurelhill House was compliant with this standard.

Resident, Representatives, Staff and Visiting Professionals' Consultation

During the course of the inspection the inspector met with residents, representatives, staff and one visiting professional. Questionnaires were also completed and returned by staff.

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

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

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

Care Practices

The atmosphere in the home was friendly and welcoming. Staff members were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between 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 of a good standard.

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

No requirements and five recommendations were made as a result of the primary announced inspection, the details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, the visiting professional, the acting manager, the manager due to take up post and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 16 May 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	12 (1) (b)	<p>The registered manager must submit in writing the action taken to review the early morning practices.</p> <p>The monitoring arrangements implemented to ensure the practice has ceased must be submitted to the RQIA.</p> <p>(Ref 12.0)</p>	<p>Examination of the returned Quality Improvement Plan (QIP) and discussion with the acting manager confirmed that the early morning practices had been reviewed and a written account was sent to RQIA. An account of the monitoring arrangements implemented was also submitted.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	22.4	<p>The registered manager should ensure staff record accurately the details of any accident in all relevant documents.</p> <p>(Ref 11.0)</p>	<p>Discussion with the acting manager confirmed that staff had been reminded of the importance of accurate recording and that management regularly monitors the standard of written recording.</p>	Compliant
2	6.2 & 6.6	<p>The registered manager should confirm the identified resident's risk assessment and care plan had been updated to reflect a recent fall.</p> <p>(Ref 10.0)</p>	<p>Examination of the returned QIP and discussion with the acting manager confirmed that the identified resident's risk assessment and care plan had been updated accordingly.</p>	Compliant
3	8.2	<p>The registered manager should ensure that on the occasions night checks are increased this is reflected in the records.</p>	<p>Discussion with the acting manager established that there are currently no residents who require increased night time checks; if these become necessary for any resident, this will be reflected in the individual care plan, in the risk assessment and will be noted within staff handover meetings.</p>	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
<p>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.</p>	
Provider's Self-Assessment	
<p>Resident's assessments are received from the referrer prior to the admission date and these inform us of what the perspective resident's usual behaviour is and also any necessary communication methods that may be required. This information is used in conjunction with pre-admission visit / in house assessments to develop the care plan as per ISO procedures. Getting to know you leaflet also enables staff to gain insight in to the residents past life and current interests. Care plans are reviewed and changed in accordance with the changing needs of the residents. Staff provides a verbal and written report at the end of each shift.</p>	Compliant
Inspection Findings:	
<p>The home had a policy and procedure in place entitled 'Management of Aggression and use of Restraint' dated May 2012. A review of the policy and procedure identified that it refers to the South Eastern HSC Trust's Seclusion policy which references the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). An additional policy and procedure document 'Responding to Service Users Behaviours' 2013 included the need for Trust involvement in managing behaviours which challenge. The document 'Guidance for staff on matters that need to be reported or referred' detailed that RQIA must be notified on each occasion restraint is used.</p> <p>A recommendation is made that senior management within the Trust is made aware that the policy document, 'Management of Aggression and use of Restraint' should be updated to include that RQIA must be notified on each occasion restraint is used.</p> <p>Observation of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated.</p>	Substantially compliant

A review of staff training records identified that some care staff had received training in behaviours which challenge and that this had been incorporated into dementia training. Further training specific to dementia is planned for January 2015. A recommendation is made that arrangements are made for all staff to receive refresher training in behaviours which challenge.

A review of four 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.

Staff who met with the inspector demonstrated knowledge and understanding of residents' usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.

Criterion Assessed:	COMPLIANCE LEVEL
<p>10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seeks to understand the reason for this behaviour. Staff takes 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>	
Provider's Self-Assessment	
<p>Changes in a resident's behaviour are recorded and reported to senior person in charge. When there are uncharacteristic changes in behaviour we look for an obvious signs such as pain, infection, constipation or dehydration and necessary advice and support are sought from the appropriate professionals, for example GP, Care Manager, CPN, SW and / or Dept of Psychiatry and the resident's family are kept informed. Staff record on the contact sheet and the residents care plan will be reviewed and amended to reflect the changes.</p>	Compliant
Inspection Findings:	
<p>The 'Responding to Service Users Behaviours' 2013 Policy included the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust, relatives. A separate document notes that RQIA must be notified. . Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Four care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records and discussions with visitors/professionals confirmed that they had been informed appropriately.</p>	Compliant

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment Resident's needs are detailed in their care plan and this would include guidance for staff on their response in order to meet that identified need. Verbal instruction is also given to staff when a resident needs a consistent approach due to behaviour concerns / issues. Care plans are agreed and reviewed regularly with residents and shared with their representative. Depending on the residents level of cognitive impairment, they may be able to sign and date their updated care plan along with their next of kin.</p>	<p>Compliant</p>
<p>Inspection Findings: A review of four 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 or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	<p>Compliant</p>

<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>When a residents behaviour has been problematic and persistent, advice will be sought from other professionals eg Mental Health Team – CPN, Care Manager, Social Worker, GP and Dept. of Psychiatry. The contact sheet in the respective resident's file with be completed and the care plan amended to reflect the problem / concerns and highlight responses and action required. If necessary, a risk assessment would be completed to enable a positive outcome and a safe environment for the resident as well as a manageable situation for staff. The resident's behaviour would be monitored and the care plan altered as required.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The acting manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	<p>Not applicable</p>
<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Staff have on-going training in Dementia, challenging behaviour, managing aggression and breakaway techniques. In the event of a behaviour management programme being required, support would be given from the manager and senior staff and if required, advice and guidance would be sourced from the appropriate persons outside the facility.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>No residents currently had a specific behaviour management programme in place. A review of staff training records evidenced that staff had received training in behaviours which challenge incorporated within dementia training. Further training is recommended, see standard 10.1. Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision and staff meetings. Staff confirmed that they would be equipped to deal with challenging behaviour, should they be required to do so.</p>	<p>Compliant</p>

<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>All incidents that involve a resident are reflected in their care plan and reported using IR1 form, VA1 form and RQIA notified as appropriate. If necessary, a risk assessment form would be completed. The residents Care Manager / CPN would be notified along with the resident's representative / next of kin. If required, a review would be arranged, involving staff from the home, resident plus their representative and Care Manager.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of the accident and incident records from October to December 2014 and discussions with staff identified that residents' representatives and Trust personnel had been appropriately notified of any incident which is managed outside the scope of a resident's care plan. A recommendation is made, however, that RQIA should be notified of any incident which affects the health, care or welfare of any resident.</p> <p>A review of four care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others as necessary.</p> <p>Visitors and staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<p>Compliant</p>

<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Restraint would only be used after all other approaches have been exhausted and would not be common practise within the home in managing behaviour. If restraint is required for a specific resident a risk assessment would be completed and reviewed regularly and care plan would be amended to reflect this. Care Manager / CPN, GP and the resident's representative would be actively involved.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Discussions with staff, visitors and a professional, a review of returned staff questionnaires, staff training records and an examination of care records 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. Restraint is not usually used within the home as such situations rarely arise.</p> <p>A review of care records for one resident identified that bed rails and a table top chair are used; these might be viewed as forms of restriction. A recommendation is made that the Trust is requested to review the use of such equipment and to consider all less restrictive options.</p> <p>A review of the home's Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are described.</p>	<p>Substantially compliant</p>

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

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Complaint</p>

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider's Self-Assessment	
Getting to know you leaflets are completed on admission and this reflects the resident's interests, hobbies, likes and dislikes which are taken into consideration for activity planning. Activities take place on a regular basis. Residents are given the opportunity to express their satisfaction or otherwise, at the end of the sessions. If residents show a lack of interest/ stimulation in a particular activity then an alternative is sought. Activities take place as a group format as well as a one-to-one session.	Compliant
Inspection Findings:	
<p>The home had a policy dated June 2014 on the provision of activities. A review of four care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant

Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment The activity programme is varied and includes religious services, physical activities as well as mental stimulation. We have an Activity Therapist who is employed to work in the home on a Monday and Tuesday every week. Laurelhill House also have the availability of using a mini-bus (it is shared with another local Trust home) which enables staff to take residents on outings. Most activities will take place within the home but on Monday and Tuesday each week, we are able to plan activities outside the home eg out for morning coffee and trips to the coast. All our programmes and activities are planned to be enjoyable, purposeful, age and culturally appropriate and we actively encourage the residents to contribute to the planning of them.	Substantially Compliant
Inspection Findings: Examination of the programme of activities identified that social activities are organised daily. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.	Compliant

Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Residents are consulted in the activity planning and given the opportunity to suggest activities. Residents who may stay in their bedrooms are given an opportunity to contribute to the activities programme and are also offered a one to one activity. Due to some of the resident's level of cognitive impairment, it is often difficult to ascertain their interests. Every effort is made to engage with residents by holding residents meetings and involving their next of kin or representative to put forward suggestions.	Compliant
Inspection Findings:	
A review of the record of activities provided and discussions with residents, including one resident who generally stayed in their room, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of residents meetings, relatives meetings, one to one discussions with staff and care management review meetings.	Compliant

<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Weekly activity is displayed on the activities notice board to inform all the residents and their families of the planned activities for the week. The majority of the activities are displayed in a pictorial fashion and up- coming events are displayed beside this board as well as in the main hallway eg Christmas party.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>On the day of the inspection the programme of activities was on display in corridors and in the activities lounge. These locations were considered appropriate as they were easily accessible to residents and their representatives.</p> <p>Discussions with representatives confirmed that they were aware of what activities were planned. Residents were largely unaware as many have impaired memory.</p> <p>The programme of activities was presented in an appropriate large print format to meet the residents' needs.</p>	<p>Compliant</p>

Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Group activities are usually taken by one member of staff but when assistance is required, a second member of staff will participate. This would be applicable for activities where residents may need help mobilising for example playing bowls or skittles. Equipment and materials are provided to try to make the activity as easy as possible and as enjoyable as possible for each resident.	Compliant
Inspection Findings:	
<p>The home employs an activity co coordinator for two full days each week. Activities are provided for on the remaining days by care staff.</p> <p>The activity coordinator and care staff confirmed that there was an acceptable supply of activity equipment available. This equipment included arts and crafts materials, floor and board games, newspapers and magazines, books, CDs and DVDs.</p> <p>The acting manager indicated that residents use their personal allowance to fund activities and outings outside the care home. Transport is supplied by the Trust for outings when available. Care staff also engage in some fundraising events and the monies raised are used for residents' comforts.</p>	Compliant

<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>The duration of each activity will depend upon the type of activity, how the residents interact and the staff's work load for that period of the day. Residents can leave the activity at any time. We encourage sociability with the residents and identify individual abilities within the staff group so a range activities can be offered eg hand massages and nail care.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The activity coordinator, care staff and the acting manager confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant
<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>The manager or the senior staff member in charge of the home will liaise with anyone coming into the home to deliver activities to ensure it is appropriate for the residents. The satisfaction of the residents, the relevance and the delivery of the activity would be regularly monitored by the manager and senior staff to ensure its suitability. Staff would assist/join in the group activity to ensure feedback and also that the staff and volunteers are well informed of the capabilities of those attending.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The acting manager confirmed that there were monitoring processes in place to ensure that any voluntary or paid person who is engaged to provide an activity had the necessary knowledge and skills to deliver the activity.</p>	Compliant

<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>The senior in charge would liaise with the contracted in person regarding the suitability of the residents that would be attending. Activity should always be enjoyable and should involve resident participation. Staff will report verbally the satisfaction or otherwise of each resident attending the activity and a written record made.</p>	Compliant
Inspection Findings:	
<p>The acting manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.</p>	Compliant
<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>A record is held on all activities that take place within the home. This includes bus trips and outings. The record includes names of those who attended, the person taking the activity and the residents satisfaction.</p>	Compliant
Inspection Findings:	
<p>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.</p>	Compliant

<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>The activity schedule is reviewed regularly at the residents meetings. The activity co-ordinator liases with the manager or senior staff regularly to review and plan activities and the residents needs and abilities are taken into consideration when planning each activity.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of the programme of activities identified that it is reviewed quarterly.</p> <p>The acting manager, activity coordinator and care staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>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>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Provider to complete</p>
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<p>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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11.0 Additional Areas Examined

11.1 Resident's Consultation

The inspector met with five residents individually and with others in groups. Residents were observed relaxing in the communal lounge areas, in the dining area or resting in their bedrooms. In accordance with their capabilities all residents 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:

- "I like it here. The staff are very kind"
- "It's great here, I really like it."

11.2 Relatives/Representative Consultation

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

Comments received included:

- "The care is excellent here. If anything goes wrong or happens, the staff let me know immediately. My family is very pleased with the service (my relative) gets."
- "The care here is fantastic. We are very happy."

11.3 Staff Consultation/Questionnaires

The inspector spoke with four staff of care assistant, senior care assistant and activity coordinator grades and seven staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place. Some staff, however, stated that the services of a full time activities coordinator would be beneficial to the residents. Discussion with the acting manager confirmed that this was fully acknowledged by the Trust, but that currently the staff resource does not allow for this.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

- "The residents all have their own ways and there are some people who are more difficult to occupy as their concentration is poor, but we try to find things that are of interest. It is rewarding work."
- "Our residents get a good standard of quality care. We try our best to provide a good level of mental and physical stimulation and a good nutritional diet. There has always been good feedback from families who are very happy with the care provided. That makes it all worthwhile."

- “I think there is good quality care here and I enjoy working here...the residents are very well looked after and I would have no hesitation in having any of my own family looked after here. My only criticism is that the residents would benefit from having the activities coordinator here five days each week.”

11.4 Visiting Professionals' Consultation

One professional visited the home. They expressed high levels of satisfaction with the quality of care, facilities and services provided in the home.

11.5 Observation of Care Practices

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

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all but two of the residents in the home at that time 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. The acting manager confirmed that all but six residents have now had an annual care review and that plans are in place for the reviews to be completed in the near future.

11.7 Complaints

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

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

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

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

11.8 Environment

The inspector viewed the home accompanied by Mrs Eithne Cairns 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 of a good standard.

11.9 Guardianship Information/Resident Dependency

Returned information was reviewed and no issues were identified. Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

11.10 Fire Safety

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

The inspector examined the home's most recent fire safety risk assessment dated 7 February 2014. The review identified 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 most staff in March and April 2014 and in September 2014. A recommendation is made that arrangements are put in place to ensure that all staff members are provided with full fire safety training. The records identified that an evacuation had been undertaken on 4 November 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

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

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Eithne Cairns and Mrs Mary Laird 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:

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



Quality Improvement Plan

Primary Announced Care Inspection

Laurelhill House

9 December 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Eithne Cairns and Mrs Mary Laird either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	10.1	<p>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.</p> <ul style="list-style-type: none"> Reference to this is made in that senior management within the Trust should be made aware that the policy document, 'Management of Aggression and use of Restraint' should be updated to include that RQIA must be notified on each occasion restraint is used. 		Request has been forwarded to Trust to include recommendation in SET Corporate Policy Managing of Violence and Aggression and Use of Restraint (2012)	27 February 2015
2	10.1	<p>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.</p> <ul style="list-style-type: none"> Reference to this is made in that arrangements should be made for all staff to receive refresher training in behaviours which challenge. 		Refresher training is presently being arranged for all staff in behaviours which challenge	27 February 2015

3	10.6	<p>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> <ul style="list-style-type: none"> Reference to this is made in that any accident or incident which affects the health, care or welfare of the resident should be reported to RQIA. 		Any accident or incident which affects the health, care or welfare of the resident will be reported to RQIA .	Immediate and ongoing
4	10.7	<p>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> <ul style="list-style-type: none"> Reference to this is made in that the Trust should be requested to review the use of any equipment which may be viewed as a form of restriction and to consider all less restrictive options. 		A review of any equipment used that may be viewed as a form of restriction will be completed. Less restrictive options will always be considered .	27 February 2015

5	29.4	<p>All staff have training in the fire precautions to be taken or observed in the home, including the action to be taken in the event of fire. This training is provided by a competent person at the start of employment and is repeated at least twice every year.</p> <ul style="list-style-type: none"> • Reference to this is made in that arrangements are put in place to ensure that all staff members are provided with full fire safety training. 		Fire training for all staff has been arranged	27 February 2015
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Michele Barton for Mary Laird
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Hugh McCaughey

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Alice McTavish	12 March 2015
Further information requested from provider			