



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Adelaide House, 10055
Date of Inspection: 5 November 2014
Inspector's Name: Lorna Conn
Inspection No: 17806

The Regulation And Quality Improvement Authority
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1.0 General information

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| Name of home: | Adelaide House |
| Address: | 24-26 Adelaide Park Belfast BT9 6FX |
| Telephone number: | 028 90669362 |
| Email address: | lwilson@pcibsw.org |
| Registered Organisation/ Registered Provider: | Presbyterian Board of Social Witness Mrs Linda May Wray |
| Registered Manager: | Ms Norma Picking |
| Person in charge of the home at the time of inspection: | Ms Norma Picking |
| Categories of care: | RC-MP(E), RC-DE, RC-I |
| Number of registered places: | 45 |
| Number of residents accommodated on day of Inspection: | 42 |
| Scale of charges (per week): | Trust Rates |
| Date and type of previous inspection: | 16 June 2014, secondary unannounced inspection |
| Date and time of inspection: | 5 November 2014, 9:55 am - 4:55 pm |
| Name of Inspector: | Lorna Conn |

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

- Analysis of pre-inspection information
- Discussions with the registered provider
- 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:

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| Residents | 17 |
| Staff | 6 |
| Relatives | 5 |
| Visiting Professionals | 1 |

Questionnaires were provided, during the inspection to staff to seek their views regarding the service. Comments regarding staffing were discussed with the registered manager who undertook to continue to monitor this.

| Issued To | Number issued | Number returned |
|-----------|---------------|-----------------|
| Staff | 25 | 2 |

6.0 Inspection Focus

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

- **Standard 10 - Responding to Residents' Behaviour**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **Standard 13 - Programme of Activities and Events**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

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

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

| 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

Adelaide House is a large detached building situated in a quiet residential area of South Belfast. The residential home is owned and operated by Presbyterian Board of Social Witness and the current registered manager is Ms Norma Picking.

Accommodation is provided for residents in single bedrooms, eight of which have ensuite facilities. The bedrooms are located on the ground and first floor. Access to the first floor is via a passenger lift and stairs. The home provides a large dining room, kitchen, laundry facilities and several lounges where residents may relax.

The home is situated near to churches, shops and hospitals and a well maintained, enclosed garden is provided for residents' use.

The home is registered to provide care for a maximum of 45 persons under the following categories of care: RC-I, (old age) RC-MP (E), (mental disorder over 65 years of age) and RC-DE (Dementia) and the home offers day care to one person daily.

8.0 Summary of Inspection

This primary announced care inspection of Adelaide House was undertaken by Lorna Conn on 5 November 2014 between the hours of 9:55am and 4:55pm. Ms Norma Picking and Ms Linda Wray were available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that all of these had been met, which was good to note. The detail of the actions taken by provider or manager can be viewed in the section following this summary.

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

During the inspection the inspector met with residents, staff, relatives, visiting professionals; discussed the day to day arrangements in relation to the management of the home and the standard of care provided to residents, observed care practice, reviewed 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 residents assessed needs. Staff also confirmed that they have 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. It is recommended that the use of a piece of specialised equipment is kept under regular review at care management reviews and within the monthly monitoring visits.

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 Adelaide 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. Activities are provided by designated care staff or are contracted in. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Comprehensive records were maintained. The evidence gathered through the inspection process concluded that Adelaide House was compliant with this standard.

Resident, representatives, staff and visiting professional's consultation

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

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

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties. Comments regarding staffing were shared with the registered manager who undertook to continue to monitor this area.

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 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 generally high standard. One toilet was noted to have a damp mark on the wall and this had discoloured the decoration. A requirement was made regarding this matter.

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

Two requirements and two 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 professionals, registered manager, registered provider 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 June 2014

| No. | Regulation Ref. | Requirements | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|------------------|---|---|--------------------------------------|
| 1. | 27 (2) (p) | <p>The registered person shall ensure that the heating in the home is reviewed in light of the Inspection findings and is maintained between 19-22 degrees Centigrade for residents.</p> <p>(standard 27.2)</p> | <p>Records were in place to evidence that the temperature and heating had been reviewed on a regular basis and plans are in place to replace thermostats.</p> | Compliant |
| 2. | 14 (2) (a) & (c) | <p>The registered person shall ensure that the mat in the entrance hall is removed until it can be secured in a manner which eliminates the risk of trips and falls.</p> <p>(standard 27.3)</p> | <p>This mat was noted to have been removed.</p> | Compliant |
| 3. | Article 28 | <p>The registered person shall ensure that the certificate of registration is located and kept on display in a conspicuous place in the home.</p> | <p>The current certificate of registration was noted to be on display within the home in the entrance hall.</p> | Compliant |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|-----------------------|--|---|--------------------------------------|
| 1. | 11.1 | The registered person is recommended to review the policy pertaining to the frequency of care reviews. | The care review policy was examined and reflected the frequency of reviews. | Compliant |
| 2. | 11.3 | The registered person is recommended to ensure that the written review reports prepared by the home detail how these have been prepared in consultation with the resident. | Four care records sampled at random were inspected and all contained written review reports prepared by staff in consultation with the residents concerned. | Compliant |
| 3. | 11.5 | The registered person is recommended to ensure that care review minutes are requested and to retain records of outcomes of the review, actions required and those responsible for these actions. | Four care records sampled at random were reviewed and were found to include review minutes as recommended. | Compliant |
| 4. | 16.1 | The registered person is recommended to ensure that the flowchart is updated for staff guidance in the event of a vulnerable adult's incident. | A flowchart is now in place to guide staff regarding of a vulnerable adult incident. | Compliant |
| 5. | 19.6 | The registered person is recommended to review how residents, or where appropriate their representatives are involved in the recruitment process where possible. | Records reviewed and discussions with residents confirmed that a resident had been involved in an interview panel in September 2014. | Compliant |

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| 6. | 29.4 | The registered person is recommended to ensure that all staff have received fire safety training from a competence person at least twice per year and that records are maintained. | Fire safety records were examined and indicated that all staff had received training twice during 2014 when training was delivered in January; April; September and October 2014. | Compliant |
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10.0 Inspection Findings

| STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR | |
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| Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication. | |
| Criterion Assessed: | COMPLIANCE LEVEL |
| 10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents. | |
| Provider's Self-Assessment | |
| Staff have knowledge on each residents behaviours, detailed with their care plan which includes possible triggers and interventions and means of communication to manage specific behaviours. | Compliant |
| Inspection Findings: | |
| <p>The home had a policy on challenging behaviour dated 30 June 2014 and a policy and procedure on restraint dated November 2012 in place which was complemented by the safeguarding vulnerable adults' policy and Notifications of incidents policy. A review of the policies and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policies and procedures reviewed included the need for Trust involvement in managing behaviours which challenge and detailed that RQIA must be notified on each occasion restraint is used.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge on 7 February and 9 October 2014 which included a human rights approach.</p> <p>A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed. It is recommended that the form labelled 'care plan evaluation' be named 'interim care plan' where it is used as such.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> <p>A review of the returned staff questionnaires identified that staff had received training in this area.</p> | Compliant |

| Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative. | COMPLIANCE LEVEL |
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| Provider's Self-Assessment | |
| If staff observe uncharacteristic behaviours they are aware of of reporting procedures and how to document same, including Incident Form where applicable. Senior staff then with other professionals ie care managers, next of kin, psychogeriatrician to determine new care planning and applicable management of care. | Compliant |
| Inspection Findings: | |
| <p>The policies and procedures 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 and RQIA. . 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>Three care records were reviewed and identified that they contained the relevant information regarding the residents identified characteristic behaviour.</p> | Compliant |

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| <p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p> | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment</p> | |
| <p>Care plans clearly illustrate approaches and management of behaviours. These are reviewed regularly with consent from residents, their next of kin and other professional bodies. Senior staff monitor consistency through report procedures.</p> | Compliant |
| <p>Inspection Findings:</p> | |
| <p>A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate and the staff member drawing it up. It is recommended that these should also be signed by the registered manager.</p> | Substantially compliant |
| <p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p> | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment</p> | |
| <p>Behaviour management programmes are implemented in consultation with psychogeriatrician and GP who advise senior staff on medication, care is then reviewed by care management and management of behaviours is written in care plan.</p> | Compliant |
| <p>Inspection Findings:</p> | |
| <p>The registered manager/whoever 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> | Compliant |

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| <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> | COMPLIANCE LEVEL |
| Provider's Self-Assessment | |
| <p>Staff receive annual mandatory training on challenging behaviour. The care plan illustrates a specific management programme. Staff to read same with senior and ensure their understanding. If staff have difficulty understanding specific programmes this is addressed at their supervision.</p> | Compliant |
| Inspection Findings: | |
| <p>A review of staff training records evidenced that staff had received training in:</p> <ul style="list-style-type: none"> • Behaviours which challenge on 7 February and 9 October 2014 and staff are in the process of receiving training in regard to the home's categories of care. I.e. dementia awareness. This was pleasing to note. <p>Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision and staff meetings.</p> | Compliant |
| <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> | COMPLIANCE LEVEL |
| Provider's Self-Assessment | |
| <p>If any incident occurs which requires change to a residents programme of care, next of kin and care manager are informed and a review is arranged to determine appropriate management of same. Difficult or unusual behaviours are usually recorded within daily reports, assessment of needs, review and care plans, and incident reports.</p> | Compliant |
| Inspection Findings: | |
| <p>A review of a sample of accident and incident records from 10 July 2014 to 5 November 2014 and discussions with staff identified that no incidents had occurred outside of the scope of a resident's care plan.</p> | Compliant |

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| Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used. | COMPLIANCE LEVEL |
| Provider's Self-Assessment | |
| Staff are not trained in the appropriate use of restraint. If this raises concern regarding aspects of care they should consult senior staff who will liaise with GP and psychogeriatrician and all professional bodies involved. | Substantially compliant |
| Inspection Findings: | |
| A review of records, discussions with residents and staff and observation of care practices identified that there currently is only one type of restraint/ restrictive practice used in the home .i.e. specialised chair which was recorded and had been subject to a multi-disciplinary assessment. It is recommended that this equipment is kept under regular review at care management reviews and within the monthly monitoring visits. | Substantially compliant |

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

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

| 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. | |
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| 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 | |
| Activities are based on residents preference, interests, hobbies. These are recorded in residents care plans, assessment of needs, and personal history. Daily records and residents meetings highlight whether residents find activities meet their needs and they also allow residents to voice their opinion on choice of activities. | Compliant |
| Inspection Findings: | |
| The home had a policy dated 28 July 2014 on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. 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. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home. | Compliant |

| <p>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.</p> | <p>COMPLIANCE LEVEL</p> |
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| <p>Provider’s Self-Assessment</p> | |
| <p>Staff aim to ensure that activities organised provide appropriate stimulation by taking into account age, abilities and personal beliefs. This is recorded in each individual care plan. The home maintains its links with the local community who can provide activities for residents outside the home.</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | |
| <p>Examination of the programme of activities identified that social activities are organised four to five times each day across six days and twice on Sundays.</p> <p>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. Activities included morning devotions; poetry readings; exercise class; nail care; skittles; church services; arts and crafts; bingo; newspaper reading; quizzes; shopping and trips for coffee; movie nights; entertainments such as X Factor and Come Dancing as well as reminiscence and Caring Canines.</p> | <p>Compliant</p> |

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| <p>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.</p> | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment</p> | |
| <p>Residents meetings and activity plan is displayed in residents bedroom. Staff to encourage residents who spend a lot of time in their own bedroom to participate in group activities, should they not wish to do so, they can have one- to-one activities in the privacy of their own room.</p> | Compliant |
| <p>Inspection Findings:</p> | |
| <p>A review of the record of activities provided and discussions with residents, including residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of resident/relatives meetings, one to one discussions with staff and care management review meetings.</p> | Compliant |
| <p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p> | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment</p> | |
| <p>User friendly posters are displayed throughout the home. Any special events are displayed on notice board and weekly activities plan is displayed in each bedroom.</p> | Compliant |
| <p>Inspection Findings:</p> | |
| <p>On the day of the inspection the programme of activities was on display in the main corridor and on the notice board outside the dining room. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents/representatives confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs.</p> | Compliant |

| 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 |
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| Provider's Self-Assessment | |
| All residents within the home are given suitable options to participate in physical activities where able with staff support and outside intervention. | Compliant |
| Inspection Findings: | |
| <p>Activities are provided by designated care staff. The care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included cinema corner; skittles; newspapers; arts and crafts; bingo.</p> <p>There was confirmation from the registered manager that a designated budget for the provision of activities was in place.</p> | Compliant |
| Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating. | COMPLIANCE LEVEL |
| Provider's Self-Assessment | |
| The home takes into account each resident's individual abilities which allows appropriate activities which are reviewed regularly and recorded in the care plan. | Compliant |
| Inspection Findings: | |
| <p>The care staff; registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p> | Compliant |

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| <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>Daily record of activities will illustrate the type of activities and where possible the residents enjoyment of same. Re the use of photographs of residents enjoying activities, we have signed consent from their families. Senior staff to observe and monitor activities.</p> | Compliant |
| <p>Inspection Findings:</p> | |
| <p>The registered manager confirmed that she had obtained evidence from the person that they had the necessary skills and knowledge to deliver the activity and that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.</p> | Compliant |
| <p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p> | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment</p> | |
| <p>The home is respectful of residents confidentiality but will inform any contracted activity provider of any changes in residents needs prior to the activity commencing. Senior staff on shift will allow appropriate time before activity commences to update the person on residents feedback and enjoyment. Where changes in residents needs are present, staff are available to supervise the activity. The home aims to have staff present throughout all activities.</p> | Compliant |
| <p>Inspection Findings:</p> | |
| <p>The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.</p> | Compliant |

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| <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 | |
| Daily activities record holds all above information written and photographic details recorded after each activity. | 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> <p>There was evidence that appropriate consents were in place in regard to photography and other forms of media.</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> | COMPLIANCE LEVEL |
| Provider's Self-Assessment | |
| Residents meetings, quality audits, staff always pursuing new ideas to enhance the lives of residents within the home. Activities are chosen which will empower residents to voice opinions and allow their personality to show. | Compliant |
| Inspection Findings: | |
| <p>A review of the programme of activities identified that it had last been reviewed on 12 August 2014 and 13 October 2014. The records also identified that the programme had been reviewed at least twice yearly.</p> <p>The registered manager 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> | Compliant |

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

| | |
|--|-------------------------|
| INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Compliant |

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with 17 residents individually and with others in groups. Residents were observed relaxing in the communal lounge area; in the dining room or resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

'I have no complaints whatsoever'.
 'The staff are very friendly and attentive'.
 'It's the next best thing to being at home'.
 'Its first class'.
 'The staff are very good. I couldn't say a bad word'.
 'I'm very happy. The staff are very good and I enjoy the activities'.
 'It's great. Everything is lovely'.

11.2 Relatives/representative consultation

Five 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:

'We are very happy with the care. X is well looked after and the staff are absolutely fabulous'.
 'I have a lot of confidence in the staff. I feel she is very well looked after and has a good rapport with the staff. I'm more than happy with the care'.
 'We are really lucky to have this place. The manager is very approachable and the staff talk to us. The food is very good and it's very clean. She loves all the activities'.
 'It's a home rather than a residential home. Anything at all and I get a phone call to tell me exactly how she has been. I have nothing but praise for them. She goes out a lot and looks forward to the religious services. They go out of their way to meet her needs'.

11.3 Staff consultation/Questionnaires

The inspector spoke with six staff of different grades and two 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.

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

Comments received included:

'It's a brilliant home. The care is fantastic. It's the residents' home and they do whatever they want. The care plans are good and very person centred. The activities are excellent and we try to do one to ones which they enjoy too. You can go and talk to the manager about anything'.

'It's very well run and one of the better homes. The staff are very friendly and take an interest in the residents. Residents can come and go. The activities are very very good -both group and individual ones. The manager is pretty approachable. Staffing levels vary at the weekends compared to during the week'.

'Everything is great and the care is excellent. It's like a family and a lovely home. The activities are 100 percent and there's a lot on. I could approach the management at any time'.

'There's a high standard of care and great training opportunities. Residents are very well looked after and the team work is good. Staffing at the weekend could be better. Activities are very good and residents regularly go out for coffee'.

11.4 Visiting professionals' consultation

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

Comments received included:

'It's very good and one of the nicer homes. Staff interactions with residents are very nice'.

11.5 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.

11.6 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 except four of the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014. At the time of the inspection all of these outstanding reviews had been scheduled to occur.

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 no complaints had been received. This was confirmed during the inspection.

11.8 Environment

The inspector viewed the home accompanied by the registered manager and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a high standard and it was noted that a phased redecoration of the home was underway with downstairs areas having been redecorated and re-carpeted with advice having been sought from dementia specialists. A requirement has been made regarding the damp mark on the wall of toilet Y and making good the decoration.

11.9 Guardianship Information

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

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

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by 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 12 August 2014. The review and discussions with the registered manager 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 staff in January; April; September and October 2014. The records also identified that an evacuation had been undertaken on 4 October 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 Ms Norma Picking 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.

11.12 Resident Dependency

The registered manager was requested to submit a review of dependency prior to the inspection. This was examined by the inspector on the day of the inspection and it indicated that two residents remained with a high level of dependency. With respect to the two identified residents; a requirement has been made for an urgent review and re-assessment of needs to be conducted with Trust regarding suitability of this placement and considering the high level of dependency and need.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Norma Picking and Ms Linda Wray as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Announced Care Inspection

Adelaide House

5 November 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Ms Norma Picking and Ms Linda Wray during the inspection visit.

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

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

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

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

| Statutory Requirements | | | | | |
|---|-----------------------------|---|-------------------------------|---|------------------------|
| This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005 | | | | | |
| No. | Regulation Reference | Requirements | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
| 1. | 27 (2) (d) | The registered person should review the damp mark on the wall of toilet Y and make good the decoration. (standard 27.1) | One | Damp patch reported to be repaired, 10/11/14 | By 5 January 2015. |
| 2. | 15 (1) (d) & (e) | The registered person must ensure that an urgent review and re-assessment of needs is conducted for two identified residents. (standard 5) | One | Care managers informed 10.12.14 re assessment of needs. Care-reviews for January 2015. | With immediate effect. |

| 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. | 10.3 | The registered person is recommended to ensure that care plans are signed by the registered manager. | One | Recommendation implemented. Care plans all signed and dated by manager. | By 18 December 2014. |
| 2. | 10.7 | The registered person is recommended to ensure that the use of the curtain chair is kept under regular review at care management reviews and within the monthly monitoring visits. | One | Notified Care manager of recommendations re use of curtain chair. Monitored by monthly visits and reassessed in care plan. 10.12.14 | With immediate effect. |

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 | <i>Norman Pickering</i> |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | <i>Linda Wray</i> |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|------------|------------------|------------------|
| Response assessed by inspector as acceptable | ✓ | <i>V. Ginnel</i> | <i>22/12/14.</i> |
| Further information requested from provider | | | |