



The Regulation and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Service and Establishment ID: 80 Malone Road (1005)
Date of Inspection: 16 October 2014
Inspector's Name: Kylie Connor
Inspection No: 16645

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

Name of home:	80 Malone Road
Address:	80 Malone Road Belfast BT9 5BU
Telephone number:	(028) 9504 0370
Email address:	marian.lawther@belfasttrust.hscni.net
Registered Organisation/ Registered Provider:	Mr Martin Dillon
Registered Manager:	Mrs Marian Lawther
Person in charge of the home at the time of inspection:	Mrs Marian Lawther
Categories of care:	RC-LD(E), RC-LD
Number of registered places:	14
Number of residents accommodated on day of inspection:	11 (9 permanent residents and 2 respite residents)
Scale of charges (per week):	Trust Rates
Date and type of previous inspection:	14 May 2014 Secondary Unannounced Care Inspection
Date and time of inspection:	16 October 2014 11:45am to 4:30pm
Name of Inspector:	Kylie Connor

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

3.0 Purpose of the inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff and visitors
- Consultation with residents individually

- 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	3 and observed others
Staff	2 and the registered manager
Relatives	3
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	21 on inspection	0

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

80 Malone Road Residential Home is situated on a downward sloping site in South Belfast. It is approximately one mile from the city centre and is located close to local amenities and bus stops. The residential home is owned and operated by Belfast Health and Social Care Trust. Marian Lawther is manager of the home and has been registered manager with the Authority from 2005.

Accommodation for residents is provided in thirteen single bedrooms in a two storey building. Due to the nature of the sloping site, the home at the front entrance appears to be one storey. Access to the lower ground floor is via a passenger lift and stairs.

Communal lounges, dining room, catering and laundry services are provided on the ground floor along with seven bedrooms, store, sluice and offices. The home also provides six bedrooms, a staff sleepover room and a large, well-equipped multi-sensory room are located on the lower ground floor. Funding for the equipment in the sensory room was largely the achievement of the 'Friends of' group. A number of communal sanitary facilities are available throughout the home.

The home has the use of a mini bus with wheelchair access to enable staff to take residents out. Outside, there is a pathway around the home, with a seating area. There is adequate car parking at the entrance to the home.

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

Residential care

LD	Learning Disability
LD(E)	Learning Disability – over 65 years

8.0 Summary of Inspection

This primary unannounced care inspection of 80 Malone was undertaken by Kylie Connor on 16 October 2014 between the hours of 11:45am and 4:30pm. Marian Lawther was available during the majority of the inspection and for verbal feedback during the inspection and on the day after the inspection.

The recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that four recommendations were addressed. Three recommendations are stated for the second time in the areas of care reviews, the sensory room and the supervision policy and procedure. The detail of the actions taken by the registered 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 were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, relatives discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment. There were no questionnaires completed and returned by staff.

In discussions and observations with residents they indicated, in line with their abilities that they were happy and content with their life in the home and their relationship with staff. Residents' representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

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 are included in section 11.0 of the main body of the report.

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect. Good relationships were evident between residents and staff. 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 improved with assurance given from the registered manager that further improvements are planned.

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.

No requirements and thirteen recommendations were made as a result of the primary unannounced 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, staff and the registered manager, for their assistance and co-operation throughout the inspection process.

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 in the main 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 physical restraint is not used. Residents' care records did not sufficiently outline 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 confirmed that they received training in behaviours which challenge three years ago. 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. The evidence gathered through the inspection process concluded that 80 Malone was substantially compliant with this standard. Improvements identified included; training for staff, improving care plans, the statement of purpose and the relevant policies and procedures.

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, staff and visitors, confirmation was obtained that the programme of activities was based on the assessed needs of residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided.

There was no programme of activities displayed. Records identified that activities were provided throughout the course of the week and were age and culturally appropriate. Activities 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. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that any staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Records were maintained but were in need of improvement. The evidence gathered through the inspection process concluded that 80 Malone achieved moving towards compliance with this standard. Improvements identified included developing a programme of activities and displaying it within the home, improving records and activity resources.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 14 May 2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	11.1	<p>The registered manager should provide an update in regard to;</p> <p>The home participates in review meetings organised by the referring trust responsible for the resident's placement in the home.</p>	<p>The registered manager stated that she continues to organise and chair annual care reviews. The registered manager stated that day centre staff, family and community professionals involved are invited. This is not addressed.</p>	Moving towards compliance
2	11.3	<p>The registered manager should provide an update in regard to;</p> <p>The registered manager should ensure that pre-review reports include the area of finance.</p>	<p>One record reviewed evidenced that this has been addressed.</p>	Compliant
3	19.2	<p>The registered manager should provide an update in regard to;</p> <p>The registered manager should ensure that a checklist and or verification for staff is held in the home.</p>	<p>Records reviewed evidenced that the human resources department have provided confirmation and the RM confirmed documents are reviewed at interview including their birth certificate. This is addressed.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
4	19.2	<p>The registered manager should provide an update in regard to;</p> <p>The registered manager should ensure that confirmation of all records for all agency staff should be held in the home including photographic identification.</p>	<p>The registered manager confirmed that this is in place and one record evidenced that the completes a standardised checklist for each agency staff and confirms that the agency sends updated info on mandatory training and the registered manager confirmed that their induction includes action to be taken in the event of a fire. This is addressed.</p>	Compliant
5	24.2	<p>A review of policies and procedures pertaining to staff supervision and appraisals should be undertaken to include consideration of (NISCC) Codes of Practice for Social Care Workers and Employers of Social Care Workers (2002) and guidance published by SCIE, Effective supervision in a variety of settings (May 2013).</p>	<p>A review of the policy, due for review in October 2014 evidenced that this has not been addressed. The registered manager confirmed that she has a copy of the NISCC guidance in the home. This is not addressed.</p>	Moving towards compliance
6	27	<p>A review should take place in regard to the arrangements in place to dry clothes and sleeping systems which cannot be tumble dried.</p>	<p>The registered manager confirmed that residents using sleep systems have two systems each to enable washing and drying and efforts are made to plan washing arrangements in order to ensure adequate space is available. This is addressed.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
7	27	<p>A schedule should be developed to confirm:</p> <ul style="list-style-type: none"> • Completion of all upgrading work including treatment of damp • Replacement of identified bedroom carpet • Sensory room in use • Start and completion dates of remaining redecorating 	<p>A review of the schedule of the capital bid submitted and discussions with the registered manager confirmed that there is on-going liaison with the trust business manager. The registered manager confirmed that a decision is pending regarding the re-decoration of the home. The damp issue is resolved, some flooring has been improved and the two lounges and corridors have been painted. This is partly addressed.</p>	Substantially 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
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	
All staff have knowledge and understanding of each individual resident's usual conduct, behaviour and means of communication. This is documented in care plans, monthly/daily reports and evidenced at daily staff handovers.	Compliant
Inspection Findings:	
<p>The home had a policy and procedure dated 2010 in place entitled ‘Use of Physical Intervention by Staff in Mental Health and Learning Disability Services’ and Use of Restrictive Practices in Adults (2011). The registered manager confirmed that both are currently being reviewed. The latter policy and procedure reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy did not detail that RQIA must be notified on each occasion restraint is used and a recommendation has been made. Observation of staff interactions, with residents, and discussions with staff identified that informed values and implementation of least restrictive strategies are implemented.</p> <p>A review of care records identified that individual resident’s usual routines, behaviours and means of communication were recorded but improvements are needed including how staff should respond and meet assessed needs. Risk assessments were appropriately completed. Evidence reviewed did not demonstrate that standard 5 was met and a recommendation has been made. 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>	Moving towards compliance

<p>A review of staff training records identified that staff had not received training in behaviours which challenge in three years and a recommendation has been made. The registered manager stated that staff had received training three years ago in SCIP. The registered manager stated that there trust plans to review this training to make it more relevant to the needs of this resident group. Training records of one staff member evidenced that human rights training and training in the area of capacity and consent had been undertaken. Staff confirmed during discussions that they felt supported and this support ranged from the training provided three years ago, supervision, de-briefs and staff meetings.</p>	
<p>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.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>When a resident's behaviour is uncharacteristic staff will report to the manager/person in charge. The situation is monitored and documented in the resident's personal file. If necessary, the relevant professional and the resident's carer is informed.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The Trust has a policy, Physical Intervention by Staff in Mental Health and Learning Disability Services 2010 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>A review of the records and discussions with visitors 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>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Staff are aware that when a resident needs a consistent approach, this is detailed in the care plan. Staff inform the resident's representative by telephone or face to face about any change of approach or responses required to meet the needs of the resident.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of a care plan chosen at random identified that when a resident needed a consistent approach or response from staff, this was not sufficiently detailed. A recommendation has been made.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and 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>Where a specific behaviour management programme is required, this has been approved by the relevant professional and is documented in the resident's care plan.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The registered 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>	Not applicable

<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>The relevant professional will provide training, support and written guidance for staff when a resident is on a specific behaviour management programme.</p>	Compliant
Inspection Findings:	
<p>The registered manger 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. Staff training has been addressed in section 10.1 of the report.</p>	Not applicable
<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>Any incidents outside the scope of the resident's care plan is recorded in their personal file, the Trust's incident report system (DATIX), RQIA, carer/representative and relevant professional. Where necessary the resident's care plan is updated.</p>	Compliant
Inspection Findings:	
<p>A review of the accident and incident records from May to September 2014 and discussions with staff identified that no incidents had occurred outside of the scope of a resident's care plan. Two resident to resident incidents were identified which had not been referred to RQIA and a recommendation has been made. The registered manager confirmed that the trust had been notified. A review of a care plan identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others. Visitors and staff confirmed that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services.</p>	Substantially Compliant

<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>Currently, staff are not involved in any restraint strategies. Where this would be necessary, relevant professionals would be involved to ensure staff are appropriately trained and record this practice.</p>	<p>Not applicable</p>
<p>Inspection Findings:</p>	
<p>Discussions with staff, visitors a review of staff training records and an examination of care records confirmed that physical restraint is not used. Visitors confirmed during discussions that they were aware of decisions that affected their care and they had given their consent to the limitations. Restrictive practices in place include bedrails, locked doors, lap belts and CCTV which is located at the front exterior of the home and is directed towards the car-park. A review of the home’s Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are not described. A recommendation has been made and areas to be considered include: physical; environmental; mechanical; technological; chemical and psychological.</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>
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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>Substantially compliant</p>
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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: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All activities carried out with residents are based on their needs and interests. Staff work with the resident to ensure a positive outcome of each activity.	Compliant
Inspection Findings:	
The home did not have a policy on the provision of activities and a recommendation has been made. A review of care records evidenced that individual social interests and activities were included in the care plan. Discussions with staff and a visitor 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.	Substantially 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	
Staff provide activities that include social community events, i.e. outings, shopping, out for lunch, walks to local park.	Substantially compliant
Inspection Findings:	
There is no programme of activities in place and a recommendation has been made. Discussions with staff evidenced that activities in the evening are individualised and some weekend activities take place in small groups. The activity records evidenced a range of activities taking place. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.	Moving towards compliance

<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>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>One resident stays in her room each day to receive her food via peg tube. This resident has no verbal communication, however, staff have knowledge of her non verbal cues and ensure her individual needs are considered when planning activities</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>Staff confirmed that residents do not generally stay in their room but some enjoy ‘quiet time’ in their rooms. Staff verified residents are asked individually what they would like to do and discussions take place with families about activities in the home and at day care. Staff were knowledgeable about residents likes and preferences in regard to activities. The use of the sensory room was identified by staff as an area of urgent improvement.</p>	<p>Substantially compliant</p>
<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>The home currently does not have a programme of activities displayed in format or location suitable for residents and their representative to view what is scheduled.</p>	<p>Not compliant</p>
<p>Inspection Findings:</p>	
<p>On the day of the inspection there was no programme of activities was on display. Discussions with visitors revealed different levels of knowledge of activity provision within the home. A recommendation has been made.</p>	<p>Moving towards compliance</p>

<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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>The home provides equipment, aids and support from staff to enable the participation in activities.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>Activities are provided each week by designated care staff. Care staff confirmed that there is little communal activity equipment and that the majority of activity equipment available is the property of individual residents. A recommendation has been made. There was confirmation from the registered manager that a budget for the provision of activities was in place. The return to use of the sensory room was identified as an area of urgent improvement.</p>	<p>Moving towards compliance</p>
<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>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>The manager and staff are currently reviewing a daily timetable of activities to take into account the needs and abilities of the residents participating.</p>	<p>Moving towards compliance</p>
<p>Inspection Findings:</p>	
<p>Care staff and the registered manager confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents’ abilities and the possible impact this could have on their participation in activities. Records did not record the duration of the activities, the names of all residents participating and the member of staff leading the activity. A recommendation has been made.</p>	<p>Moving towards compliance</p>

<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>Currently, the home does not have anyone contracted-in to carry out activities.</p>	Not applicable
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion.</p>	Not applicable
<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>Currently, the home does not have anyone contracted-in to carry out activities.</p>	Not applicable
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion.</p>	Not applicable
<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
<p>Provider’s Self-Assessment</p>	
<p>The record of activities is currently under review and the manager has asked staff to record the lead person, activity and names of residents who participate.</p>	Moving towards compliance

Inspection Findings:	
A review of the record of activities identified that records had not been consistently or comprehensively 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. A recommendation has been made.	Moving towards compliance
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All activities carried out with residents is reviewed on an annual basis during the resident's annual review. The manager has asked staff to review activities twice yearly to comply with this criterion.	Moving towards compliance
Inspection Findings:	
The registered manager and care staff confirmed that activities are individualised and were changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with three residents individually and observed and greeted others during a walk around the home. Residents were observed relaxing in the communal lounge and dining areas whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

11.2 Relatives/representative consultation

Three 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.

11.3 Staff consultation/Questionnaires

The inspector spoke with two staff of different grades, observed and greeted others and no staff completed and returned questionnaires. 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.

Comments received included:

- "At supervision you can discuss anything."

11.4 Visiting professionals' consultation

No professionals visited the home during the inspection.

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 no 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. The registered manager confirmed that all residents had received an annual review facilitated by her.

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

11.8 Environment

The inspector viewed the home accompanied by the registered manager or a staff member and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be satisfactory. The registered manager confirmed that redecoration of bedrooms including walls, flooring, the home is considering using money donated from the parents and friends to buy accessories for the home.

The sensory room is not in use at present and risk assessments for staff and residents need to be completed. The registered manager confirmed all equipment has been checked. A recommendation has been re-stated. One new toilet recently installed did not have a toilet seat lid. The registered manager confirmed this will be fitted as part of the upgrading project of fire safety and shower/toilet facilities. It was confirmed that a decision has been made by the trust to use all bedrooms on a single occupancy basis and the relevant variation forms were sent to the registered manager for completion.

11.9 Guardianship Information/Resident Dependency

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 resident dependency return was received and no issues were identified.

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 15 January 2014. The review identified that the recommendations made as a result of this assessment had been duly actioned.

Discussions with staff evidenced that fire training, had been provided, that an evacuation had been undertaken 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 which 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 Finance

Prior to the inspection a finance pro-forma was completed. A number of issues were discussed and the registered manager confirmed that resident finance records in the home include verification from the Social Security Agency regarding appointee arrangements.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Marian Lawther, 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:

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



Quality Improvement Plan

Primary Unannounced Care Inspection

80 Malone Road

16 October 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 Marian Lawther, Registered Manager 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	11.1 (Section 9 of the report refers)	The home participates in review meetings organised by the referring trust responsible for the resident's placement in the home.	Two	The home has held review meetings from 1 st - 11 th Dec '14 which are organised by the referring Trust responsible for the resident's placement in the home	1 March 2015
2	24.2 (Section 9 of the report refers)	A review of policies and procedures pertaining to staff supervision and appraisals should be undertaken to include consideration of (NISCC) Codes of Practice for Social Care Workers and Employers of Social Care Workers (2002) and guidance published by SCIE, Effective supervision in a variety of settings (May 2013).	Two	The Belfast HSCT staff supervision policy has been reviewed and operational from March 2014. The Registered Manager will update the local procedures to include NISCC Codes of Practice for Social Care Workers and Employers of Social Care Workers (2002) and guidance published by SCIE Effective Supervision in a variety of settings (May 2013).Timescale 1 March 2015	1 March 2015
3	27 (Section 9 of the report refers)	The responsible person should ensure that the appropriate actions and risk assessments are completed in order to enable the sensory room to be used.	Two	A risk assessment has been completed by the registered manager to enable the use of the multi sensory room. Actioned 21/11/14	By return of QIP

4	10.1 10.4	The responsible person should ensure that a review of relevant policies and procedures includes that RQIA is notified of each occasion restraint is used and includes the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan.	One	Records are maintained of all incidents when restraint is used as detailed in the Residential Care Standards 10.7. Any incident that is managed outside of the care plan is recorded and reported to the residents representative, where appropriate, and to the relevant professional staff. Notifying RQIA each time restraint is used, is currently being addressed during the review of the Physical Intervention Procedure.	1 February 2015
5	5 (Section 10.1 of the report refers)	The responsible person should ensure that each resident has an up to date assessment of their needs which is compliant with Standard 5 of the DHSSPS Residential Care Homes Minimum Standards (updated 2011).	One	Staff will have all assessments of need on all residents. Completed by 31/1/15	1 February 2015
6	10.1 10.3	The responsible person should ensure that care plans are improved to state how behaviours' present and the agreed responses staff should make.	One	The Registered manager will ensure that care plans include a statement how behaviours present and how staff manage these behaviours. This will be completed by 1/2/15	1 February 2015
7	10.1	The responsible person should ensure that staff receive training in behaviours which challenge.	One	The registered manager will have a training plan in place by 1 st March 15	1 March 2015

8	20.15 (section 10.6 of the report refers)	<p>All accidents, incidents, communicable diseases, deaths, and events occurring in the home which adversely affect the wellbeing or safety of any resident are reported promptly to the Regulation and Quality Improvement Authority and other relevant organisations in accordance with legislation and procedures. A record is maintained of all adverse incidents.</p> <ul style="list-style-type: none"> Resident to resident incidents should be notified to RQIA 	One	<p>All accidents, incidents communicable diseases, deaths and events occurring in the home which adversely affect the wellbeing or safety of any resident are reported promptly to RQIA and other relevant organisations in accordance with legislation and procedures.</p> <p>All outstanding incidents have been reviewed by the registered manager and forwarded to RQIA. Actioned on 21/10/14</p>	From the date of the inspection and ongoing
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9	10.7	The registered person should ensure that all types of restrictive practices which may be used in the home are described in the statement of purpose with consideration of the Human Rights Act (1998).	One	All types of restrictive practices uses in the home, ie bedrails, wheelchair straps and use of CCTV in car park have been recorded in the Statement of Purpose under the heading Restraint/Restrictive practice and a copy sent to RQIA. Consideration has been given to The Human Rights Act (1998)	1 March 2015
10	13.1	The responsible person should develop a policy and procedure on the provision of activities and events.	One	The registered manager has developed a procedure on the provision of activities and events for the home. Actioned 25/11/14.	1 February 2015
11	13.4 13.2 13.6	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.	One	A 'wipe board' has been put in place, so that residents and their representatives can see what has been scheduled. Actioned on 25/11/14	1 January 2015
12	13.5	The responsible person should review and improve the range of resources for use by residents and respite users rather than relying on residents own resources.	One	The registered manager has purchased a range of resources to be used during activities for use by residents and respite users. Actioned 26/11/14	1 January 2015

13	13.9 13.6	The responsible person should record the duration of the activities, the names of all residents participating/observing and the member of staff leading the activity.	One	The registered manager has reviewed the recording of activities and all recordings now include the duration of activities, name of resident/respice user participating in the activity and name of staff member leading the activity. Actioned 24/11/14	By return of QIP
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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	Marian Lawther
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	martin dillon

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Kylie Connor	16/1/15
Further information requested from provider			