



The Regulation and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Service and Establishment ID: 611 Ormeau Road (1012)
Date of Inspection: 14 August 2014
Inspector's Name: Kylie Connor and Alice McTavish
Inspection No: 16636

The Regulation And Quality Improvement Authority
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1.0 General information

Name of home:	611 Ormeau Road
Address:	611 Ormeau Road Belfast BT7 3JD
Telephone number:	(028) 9504 0589
Email address:	catherine.major@belfasttrust.hscni.net
Registered Organisation/ Registered Provider:	Colm Donaghy Belfast Health and Social Care Trust
Registered Manager:	Catherine Major
Person in charge of the home at the time of inspection:	Catherine Major
Categories of care:	RC-LD(E), RC-LD
Number of registered places:	13
Number of residents accommodated on day of inspection:	12 (9 permanent residents and 3 respite residents)
Scale of charges (per week):	Trust Rates
Date and type of previous inspection:	30 July 2013 Primary Announced Care Inspection
Date and time of inspection:	14 August 2014 9:30am to 4:40pm
Name of Inspector:	Kylie Connor and Alice McTavish

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year 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
- 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	4
Staff	5
Relatives	0
Visiting Professionals	1

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

Issued To	Number issued	Number returned
Staff	14	7

6.0 Inspection Focus

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

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

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

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

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

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

7.0 Profile of service

611 Ormeau Road Residential Care Home is situated three miles from Belfast city centre on a main road. The home is convenient to local facilities, public transport and a shopping centre.

The residential home is owned and operated by Belfast Health and Social Care Trust. The current registered manager is Catherine Major who has been registered with the Authority from December 2005.

Accommodation for residents is provided in single bedrooms in a two storey detached home. There are two communal lounges, three bedrooms, a dining room, kitchen, laundry and an office located on the ground floor. Communal toilet/bathroom facilities are located throughout the home. Access to the first floor is via a passenger lift and stairs where ten bedrooms and an office are located.

The home is registered to provide care for a maximum of thirteen persons and the home currently accommodates eleven permanent beds and two respite beds which may vary according to permanent occupancy levels, 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 611 Ormeau Road was undertaken by Kylie Connor and Alice McTavish on 14 August 2014 between the hours of 9:30am and 4.40pm. Catherine Major, Registered Manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

One requirement and five recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that all but one recommendation had been addressed. This was in regard to care reviews and is stated for the second time. The detail of the actions taken by Catherine Major 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 by the registered manager in the self-assessment were not altered in any way by RQIA. Questionnaires were also completed and returned by seven staff.

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

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

A review of the returned staff questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties. Comments received from residents, staff and a visiting professional are included in section 11.0 of the main body of the report.

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

The areas of the environment viewed by the inspector's presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings in general were found to be well maintained but a recommendation has been made in regard to residents' furniture.

Additional information submitted prior to the inspection was considered. Further details can be found in section 11.0 of the main body of the report regarding returned information on the management of complaints, care reviews, information in relation to resident dependency levels/ guardianship, vetting of staff and fire safety. An issue has been stated for the second time in regard to care reviews and the registered manger re-submitted the return pertaining to permanent residents only.

Two requirements and seven 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's would like to thank the residents, the visiting professional, registered manager and staff for their assistance and co-operation throughout the inspection process.

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

One inspector reviewed the arrangements in place for responding to resident's behaviour. The home had policies and procedures 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 physical restraint is rarely used and only as a last resort by appropriately trained staff.

Residents' care records outlined their usual routines, 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.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. Improvements have been identified in the areas of notification of accidents and incidents and relevant policies and procedures. The evidence gathered through the inspection process concluded that 611 Ormeau Road was substantially compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

One inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home did not have a policy and procedure relating to the provision of activities and a recommendation has been made. 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 appropriate to meet the needs of residents. Evidence demonstrated that activities were provided throughout the course of the week and were age and culturally appropriate and took account of residents' spiritual needs and facilitated inclusion in community based events.

Residents were given opportunities to make suggestions regarding 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 but this was in need of improvement and a recommendation has been made.

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 and records were maintained. An improvement was identified in regard to consents for photography and other forms of media. The evidence gathered through the inspection process concluded that 611 Ormeau Road is compliant with this standard.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 30 July 2013.

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	3 (1) Schedule 1	The registered manager should provide more detail regarding the areas identified in the report and ensure all areas listed in Schedule 1 are included.	Review evidenced that this has been addressed. The inspector sought clarification in regard to adults with a learning disability who visit the home as detailed in the statement of purpose. There was confirmation that the home does not provide a day service and two respite residents' visit the home for around one to two hours at a time. The registered manager confirmed that the statement of purpose would reflect this.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	1.2	The registered manager should ensure that residents meetings take place bi-monthly, in line with the residents guide.	Evidence reviewed confirmed that six residents meetings had taken place from January 2014 to the date of the inspection. This is addressed.	Compliant
2	27	The registered provider should consider and make efforts to have en-suites installed in a number of residents' bedrooms as suggested by relatives and provide a designated shower for staff.	There was confirmation that this suggestion has been reviewed and is not possible. One additional toilet has been installed on the ground floor. The inspector drew the registered manager's attention to update this change on the fire plans and will liaise separately in regard to the need for a variation application. This is addressed.	Compliant
3	11.1	The registered manager should ensure that the home participates in review meetings organised by the referring Trust responsible for the resident's placement in the home. This refers to the need for the involvement of staff from the community learning disability team in organising and facilitating the meetings	The registered manager confirmed that the trust have plans for an identified person in the community learning disability team to undertake this role but arrangements are not yet in place. This has not been addressed.	Moving towards compliance
4	19.2	The registered manager should ensure that verification is obtained from human resources regarding and a recruitment checklist completed and held in all staff files in the home.	The registered manager confirmed that human resources had provided confirmation to the home that all recruitment processes are compliant with legislation. This is addressed.	Compliant

5	19.6	Residents, or where appropriate their representatives, are involved in the recruitment process where possible. Further efforts should be made by the home in regard to this criterion.	The registered manager confirmed that this has been discussed with relevant managers and a designated group has been set up within the Trust to take this forward. This is addressed.	Compliant
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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 an understanding of each resident's usual conduct, behaviours and means of communication. These will be written up in their care plans. Any changes in behaviour are discussed at daily handovers and written up in care plans. Our interventions and responses to negative behaviours are based on positive approaches, that is being person centred, trying to understand the function of the behaviour, promoting choice and control for the resident and promotion of skills and positive outcomes for the resident.	Compliant
Inspection Findings:	
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 were employed. A review of two residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed. Staff who met with the inspector demonstrated knowledge and understanding of resident’s usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.	Substantially 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
Provider's Self-Assessment	
Any uncharacteristic behaviour which causes concern will always be handled in the following manner:- staff will take the necessary action to safeguard residents' wellbeing while seeking to understand the reason for the behaviour. The matter will be reported immediately to the supervising staff who will monitor the situation and make an initial assessment- there is often an obvious cause for the behaviour. If necessary, the matter will be referred to any relevant professional and to the resident's representative with the permission of the resident.	Compliant
Inspection Findings:	
<p>Use of 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 and relatives. • 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 or the person in charge.</p> <p>Two care records were reviewed and identified that they contained the relevant information regarding the resident's identified uncharacteristic behaviour. A review of the records also confirmed that visitors and professionals had been informed appropriately.</p>	Compliant

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident’s care plan. Where appropriate and with the resident’s consent, the resident’s representative is informed of the approach or response to be used.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>Should a particular consistent approach from staff to a behaviour be warranted, this will be detailed in the resident's care plan. Furthermore, the approach will be discussed at handover and staff meetings. Where appropriate and with the resident's consent their representative and other staff such as day centre staff will be informed of the approach being used.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>A review of one care plan identified that when a resident needed a consistent approach or response from staff, this was detailed within a comprehensive Behaviour Management Plan which included potential triggers, positive approaches and reactive strategies. There was evidence of written records being maintained, including ABC charts and liaison with Behaviour Nurse Specialist and with specialist Speech and Language Therapist.</p> <p>Care plans and reviews were signed by the resident (or stated if resident is unable) or their representative where appropriate, the staff member drawing it up and the registered manager.</p> <p>Interviews with staff members indicated that unusual behaviours and resultant actions were discussed with the manager, with the staff team at shift handovers, with the multi-disciplinary team if necessary and with representatives if appropriate. There was also clear evidence that good communication existed between day centre and residential home staff in order to achieve maximum consistency of care.</p>	<p>Compliant</p>

<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment When a resident has a specific behaviour management programme, this will be discussed with and approved by the behavioural team responsible. Should a behavioural management programme be needed before this team, due to work pressures, can become fully involved, they will assist the 611 team with a consultation and approval for a programme devised by 611 staff .</p>	Compliant
<p>Inspection Findings: The use of physical interventions by staff from Mental Health and Learning Disability services is under review and it is recommended that it includes the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan, as necessary. A review of one behaviour management programme identified that it had been approved by an appropriately trained professional. The behaviour management programme formed a part of the resident's care plan and there was evidence that it was kept under monthly and annual review.</p>	Substantially compliant
<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
<p>Provider's Self-Assessment When a behaviour management programme is in place this will be discussed at handovers, staff meetings and training given by the behavioural support team and by the management in the home.</p>	Compliant
<p>Inspection Findings: A review of staff training records evidenced that care staff had received training in behaviours which challenge, Strategies for Crisis Intervention and Prevention (SCIP), during induction and annually and that this training included a human rights approach. The training is appropriate in regard to the home's categories of care. Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, de-brief sessions. Discussions with staff indicated that they were knowledgeable in regard to the behaviour management programme in place for individual residents.</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>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment If there were to be an incident which had to be managed outside the scope of the person's careplan, this would be recorded and reported to relevant professionals such as GP, Community learning Disability Nurse or psychiatrist. The resident's representative will be informed with the consent of the resident. Should a review of the careplan, by the multidisciplinary team, become necessary, the 611 team will ensure this takes place.</p>	<p>Compliant</p>
<p>Inspection Findings: A review of the accident and incident records discussions with staff identified that several incidents had occurred outside of the scope of a resident’s care plan including choking and an incident when restrictive practice was implemented. A requirement has been made. A review of the accident and incident records relating to this incident and discussions with staff identified that residents’ representatives, Trust personnel had been appropriately notified. Staff confirmed during discussions that when any incident was managed outside the scope of a resident’s care plan, this was recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. There was acknowledgement that RQIA had not been informed appropriately. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	<p>Moving towards compliance</p>

<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>Restraints are only ever used as a last resort for the least amount of time and using the least restrictive method in order to protect the resident or others. In practice it is extremely rare for any physical intervention to be used in the home and normally de-escalation techniques are effective. All staff in the home have SCIP training refreshed yearly and are trained in how to and when to use physical interventions. Should a physical intervention of any kind be used, this is recorded in an incident report and a separate form sent off to the behavioural team for their information and for statistical analysis.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Discussions with staff, a review of a returned staff questionnaires, staff training records and an examination of care records confirmed that restraint was only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful.</p> <p>There was confirmation that physical restraint is rarely used and that, within the last three years, it was used on only one occasion; this occurred in May 2014 and was discussed with the registered manager. It was established that a two person escort was used to ensure the safety of others. This incident was recorded and reported to the Trust’s Behaviour Support Team, however, it was not reported to RQIA and a requirement has been made. The registered manager immediately sent a retrospective notification. The registered manager confirmed that all future occasions when restraint is used will be reported to the Authority.</p> <p>A review of the accident and incident records and residents’ care records identified that Trust personnel and the resident’s representative are notified on occasions when any restraint has been used. The circumstances and nature of the restraint were recorded on the resident’s care plan.</p> <p>Some residents within 611 Ormeau Road would be unable to confirm that they were aware of decisions that affect their care. Inspectors were made aware of one situation where a resident uses a profiling bed onto which bed rails are fitted but not used. The care plan did not reflect this and the inspector advised that this is stated on the care plan.</p> <p>Residents within 611 Ormeau Road have unrestricted access to all communal areas. Some residents choose to</p>	<p>Substantially compliant</p>

<p>keep their bedroom locked when they are not occupying the room. These residents have a key to their own rooms and can use the room as they wish. Other residents are unable to manage the use of a key or choose not to do so. The doors to these residents’ bedrooms are kept closed but not locked. The main office is usually open but is locked when no staff member is present. The front door is open during the day but secured at night and the gate is closed but not locked.</p> <p>The homes Statement of Purpose describes the types of restraint and restrictive practices used in the home.</p>	
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<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
<p>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.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Residents are encouraged and facilitated to pursue their preferred social activities, hobbies and leisure interests. Residents give their preference for leisure and other activities through discussion their key workers and in their annual reviews. The programme of events is wholly based on the identified needs and interests of residents.</p>	Compliant
Inspection Findings:	
<p>The home did not have a policy on the provision of activities and a recommendation has been made. A review of two care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Substantially 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>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>The home 's ethos is based on an number of values among them choice, communitisation and rights. All activities are discuused at resident meetings and residents are always involved in choosing what they wish to do. Our programme of activities are all age and culturally appropriate and residents tell us that they enjoy them. We</p>	Compliant

<p>try to include activities which promote movement and exercise such as walking, swimming and dance. A lot of our activities are based in the community whether that is using local facilities or travelling to places like Newcastle or Carnfunock. Activities are not set in stone and always include the time of the year, festivals and holidays and residents' birthdays. The home is anxious to facilitate any resident's spiritual needs Whereas a lot of residents do not wish to attend religious services on a regular basis, a number of outings are made to services and ecumenical activities around the main festivals of Christmas and Easter for those interested in attending.</p>	
<p>Inspection Findings:</p>	
<p>Examination of the records of activities and discussions with residents and staff identified that social activities are organised each week. There was evidence that activities were age and culturally appropriate and reflected residents' needs and preferences. There was evidence that activities took into account residents' spiritual needs and residents' inclusion in community based events was facilitated. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Compliant
<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>The views of all residents are actively sought by their keyworker and at resident meetings and satisfaction surveys. Most resident also have a full or part week of activities at their day centres or work placements. Two residents in particular, have decided not to attend day services and their suggestions and wishes for individual day activities are sought on a daily basis.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of the record of activities provided and discussions with staff and residents, including residents who spend a lot of time in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, resident meetings, one to one discussions with staff and 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>Scheduled activities are displayed in a written and a pictorial format in the dining room.</p>	Compliant
<p>Inspection Findings:</p>	
<p>On the day of the inspection the programme of activities as stated above was on display in the office and the dining room. These locations were considered appropriate as the area was easily accessible to residents and their representatives. Discussions with staff and residents confirmed that residents were made aware of what activities were planned.</p>	Compliant
<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Resident's are able to participate in any activities by means of staff and other support and by the use of their individually assessed equipment/aids where this is needed.</p>	Compliant
<p>Inspection Findings:</p>	
<p>Activities are provided daily each week by designated care staff. Care staff confirmed that improvements could be made in the homes range of activity equipment available. Staff stated, "There is not much outdoor stuff." There was acknowledgement that residents might enjoy resources such as skittles and a netball/basketball hoop. Staff stated that residents had a lot of their own equipment and resources. There was evidence that the homes equipment was in need of improvement and a recommendation has been made. There was confirmation from the registered manager that a budget for financial provision for activities was in place. There was evidence that residents also choose to spend their own money on activities and activity resources.</p>	Substantially compliant

<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment Activities and the daily timetable are designed taking into account the needs and abilities of participating residents with regard to duration, frequency and intensity.</p>	Compliant
<p>Inspection Findings: 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. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant
<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment The manager will always check the qualifications of persons contracted to undertake an activity in the home and monitor such activities for competence and effectiveness.</p>	Compliant
<p>Inspection Findings: The registered manager confirmed that an aroma-therapist provides privately arranged therapy to residents. The registered manager confirmed 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 At present we have an aromatherapist coming to the home once a week. Prior to working with residents staff in charge will inform her about any changed needs of residents. Likewise the aromatherapist will feedback immediately should there be any issues arising.</p>	Compliant
<p>Inspection Findings: 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. Staff confirmed positive outcomes for residents who had aromatherapy.</p>	Compliant
<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment The home keeps a separate diary which records the activities that take place, the lead staff involved and the residents involved. Keyworkers will check this record and discuss likes and dislikes with the resident on a regular basis for instance when monthly reports are being completed.</p>	Compliant
<p>Inspection Findings: A review of the record of activities identified that records had been maintained of the nature, of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. The times the activity started and finished was not recorded and a recommendation has been made. The registered manager stated that residents are always asked if they consent to photographs being taken. There was evidence that improvements were needed to put appropriate consents in regard to photography and other forms of media in place. A recommendation has been made.</p>	Substantially compliant

<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment The programme is reviewed very regularly and at least every two months at resident meetings. Individual activities are reviewed on an ongoing basis.</p>	<p>Compliant</p>
<p>Inspection Findings: A review of the programme of activities identified that it had last been reviewed on during residents meetings. The records also identified that the programme had been reviewed at least twice yearly. The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspectors confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL 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 Compliant</p>
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11.0 Additional Areas Examined

11.1 Resident's consultation

The inspectors' met with five residents individually. Residents were observed relaxing in the communal lounges, dining room or their bedroom and others were getting ready to go out to day care. 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 like doing my arts and crafts, big posters and jigsaws. I do drawings at home, I love doing drawings and photography."
- "It doesn't bother me. (respite service in the home) A chance to meet with old friends and make new ones."
- "They are very nice to me." (Staff and respite users)

11.2 Relatives/representative consultation

There were no relatives who visited the home/spoke to the inspectors during the inspection.

11.3 Staff consultation/Questionnaires

The inspectors' spoke with five staff of different grades and seven staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

Two staff questionnaires raised an issue in regard to some residents not "getting on" with some respite users and having "no choice" regarding this arrangement. A number of residents were asked about this and their comments are stated in section 11.1. A recommendation has been made to ensure that if residents' expresses dissatisfaction in regard to the respite service provision or another resident, whether permanent, respite or visitor, this should be responded to as a complaint.

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

Comments received included:

- "In the evenings we ask what they would like to do. Some like to walk to the duck pond, go to Forestside or watch the soaps."
- "Activities are very individualised."
- "There is always something going on."
- "Very open communication between residents and staff."
- "611 provides quality care...promotes independence alongside professional standards of healthcare and nutrition in a safe and homely environment."

11.4 Visiting professionals' consultation

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

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff members were observed to be interacting appropriately with residents. 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 did not indicate that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 1 April 2013 and 31 March 2014.

11.7 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. The inspectors recommended that 'expressions of dissatisfaction' made by residents are responded to in line with the complaints policy and procedure.

11.8 Environment

The inspector's viewed the home both individually and together and one resident showed the inspectors' their bedroom. 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 in the main well maintained. Furniture in one identified bedroom needed to be repaired, the new walk in shower did not have a non-slip surface and a grab-rail had not been fitted. A recommendation has been made.

11.9 Resident Dependency/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. There were no identified issues regarding resident dependency levels.

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.

The inspector was informed that the home's most recent fire safety risk assessment had been completed the day before the inspection. A copy was forwarded to the inspector and also made available to the estates inspector following the inspection. A number of issues were identified, which were communicated to the registered manager and a requirement has been made.

A review of the fire safety records evidenced that fire training had been provided to staff on 12 March 2013, 20 April 2014 and 17 September 2014. The records reviewed identified that an evacuation was overdue and the registered manager confirmed that this would take place without delay. The records identified 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 Catherine Major who confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

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

611 Ormeau Road

14 August 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 Catherine Major, Registered Manager 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.

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	30 (1) 14 (6) (Section 10.6 and 10.7 of the report refers)	<p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of -</p> <p>any serious injury to a resident in the home;</p> <p>any event in the home which adversely affects the care, health, welfare or safety of any resident;</p> <p>On any occasion on which a resident is subject to restraint, the registered person shall record on the resident's care plan the circumstances and nature of the restraint. These details should also be reported to the Regulation and Improvement Authority as soon as is practicable.</p> <ul style="list-style-type: none"> Review the system to audit accidents and incidents to ensure RQIA is informed of all occasions when residents choke, when medical attention is sought and when restraint is used. Retrospective notification should be made. 	One	<p>The system for reviewing and auditing accidents and incidents in Six Eleven, has been reviewed and now includes a checklist for all actions needed following an accident or incident in the home.</p> <p>RQIA is to be notified without delay of all accidents or incidents causing any serious injury to a resident in the home; including those when residents choke; when medical attention is sought and when restraint is used.</p> <p>Retrospective notification has been made to RQIA regarding two incidents mentioned at the inspection</p>	From the date of the inspection and on-going

2	27 (4) (a) (f) (Section 11.10 of the report refers)	<p>The registered person shall -</p> <p>have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed;</p> <p>to ensure, by means of fire drills and practices at suitable intervals, that the persons working at the home and, so far as practicable, residents, are aware of the procedure to be followed in case of fire, including the procedure for saving life.</p> <ul style="list-style-type: none"> • The remaining items identified for attention in the action plan for this fire risk assessment should be addressed. All items should be signed off by the registered manager and confirmation of progress should be forwarded to the estates inspector • Portable heaters should not be used in the home. This issue should be reviewed and actioned • Day and night time fire drills should be completed without delay • The fire safety training records should be reviewed and updated 	One	<p>There is a current fire risk assessment in place in the home dated 13/08/14 which replaces the previous fire risk assessment dated 03/09/13. At no time was the home without a current fire risk assessment.</p> <p>All items identified for attention in the Trust's Fire Officer's action plan have been actioned and signed off by the registered manager. Confirmation of progress has been sent to the estates inspector Mr Kieran Monaghan.</p> <p>There are no portable heaters used in the home. The report refers to an artificial coal insert for the fireplace in the living room. This is used for aesthetic purposes only.</p> <p>Day time and night time drills are being carried out four times annually. Furthermore, the fire evacuation procedures are discussed at regular intervals in both staff and resident meetings as evidenced by the minutes of these meetings.</p>	By return of QIP
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				All fire safety training records have been reviewed and updated.	
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Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	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	The policy and procedure on the use of restraints, 'Use of Restrictive Interventions for Adults and Children's Services', is currently being reviewed. It will include the processes for referring and engaging the multidisciplinary team and any other professionals involved in the resident's care plan. The reviewed policy will include procedures for notifying the RQIA of each occasion restraint is used.	1 November 2014
2	13.1	The responsible person should develop a	One	The registered manager and	1 December

		policy and procedure on the provision of activities and events.		team at Six Eleven, have developed a protocol for the provision of activities and events in the home along with the residents in the home. Ideas for activities and events are discussed at every resident meeting. Records maintained for inspection.	2014
3	13.5	The responsible person should review and improve the provision of activity equipment.	One	The provision of activity equipment in the home has been reviewed with the residents and staff and has been improved. Equipment now includes board games, playing cards, jigsaws, increased amounts of arts and craft materials, a Karaoke machine with several cds, a laptop computer for residents use, a range of items for makeup, nail varnish and beauty sessions. We continue to review activities and the necessary equipment needed.	By return of QIP
4	13.9	The responsible person should ensure appropriate consents in regard to photography and other forms of media in place.	One	A consent proforma for photographs and any other type of media is now in place. Documentation available for inspection. Oral consent is always sought	1 November 2014

				before residents' photographs are taken at parties, holidays and other events.	
5	17	The responsible person should ensure that all expressions of dissatisfaction in regard to the respite service or other residents are recorded and actioned in accordance with the complaints policy and procedure.	One	All expressions of dissatisfaction in regard to respite and other service users continue to be recorded. Those mentioned by the inspector were recorded as complaints and action taken as per complaints policy to the satisfaction of those involved.	From the date of the inspection and on-going
6	27.3	Furniture, fittings and any equipment or mobility aids in areas accessed by residents are positioned to take into account the mobility and overall needs of the residents, including those with sensory impairments. <ul style="list-style-type: none"> The responsible person should ensure that the furniture in the identified bedroom is made good and all others are reviewed; that a non-slip surface and grab-rail is provided in the new shower. 	One	The manager has ensured that the bedroom furniture mentioned in the report has been made good. Furthermore the new shower has been fitted with a non-slip surface and grab-rails . Please note that the shower in question was not operational at the time of the inspection.	By return of QIP
7	11.1 (section 9.0 of the report refers)	The registered manager should ensure that the home participates in review meetings organised by the referring Trust responsible for the resident's placement in the home. This refers to the need for the involvement of staff from the community learning disability	Two	The home organises and participates in review meetings for all permanent service users of 611 Ormeau Road. Where a permanent resident has a member of the community team	1 November 2014

		<p>team in organising and facilitating the meetings</p>		<p>involved with them they will participate in the review. Minutes are available for inspection. A member of staff has now been appointed to the care management team to conduct the annual reviews and will be responsible for organising and facilitating review meetings.</p>	
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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	Catherine Major
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	MICHAEL MCBRIDE

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	K.Connor	18/12/14
Further information requested from provider			