



The Regulation and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Service and Establishment ID: Guardian Residential Home (10736)

Date of Inspection: 22 December 2014

Inspector's Name: Bronagh Duggan

Inspection No: IN017599

**The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501**

1.0 General information

Name of home:	Guardian Residential Home
Address:	28 Moor Road Coalisland Dungannon BT71 4QB
Telephone number:	02887746361
Email address:	guardiancentre@btconnect.com
Registered Organisation/ Registered Provider:	Jacqueline Ryan
Registered Manager:	Jacqueline Ryan
Person in charge of the home at the time of inspection:	Jacqueline Ryan
Categories of care:	RC-I, RC-PH, RC-PH(E), RC-DE
Number of registered places:	5
Number of residents accommodated on day of Inspection:	5 + 2 day care attendee's
Scale of charges (per week):	£461 per week
Date and type of previous inspection:	Complaints Investigation Inspection 4 September 2014
Date and time of inspection:	22 December 2014 10:15 am – 4:30 pm
Name of Inspector:	Bronagh Duggan

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 provider / registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents (including day care users)	6
Staff	2
Relatives	0
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	5	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

Guardian Day Centre and Residential Care Home is situated in a rural location close to the village of Coalisland. The residential home is owned and operated by Mrs Jacqueline Ryan who is also the registered manager. Mrs Ryan is also the proprietor of Jackie's Domiciliary Care Agency which is based on the same site.

Accommodation for residents is provided in single rooms in a single storey domestic type bungalow. Four of the bedrooms provide hand washing facilities, one of the bedrooms includes an en suite area.

The home consists of a communal lounge area which is situated at the centre of the home, a domestic style kitchen / dining area, visitors / quiet room , hairdressing salon, shower room, toilet's and office accommodation

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

Residential Care

I	Old age not falling into any other category
DE	Dementia
PH	Physical disability other than sensory impairment
PH(E)	Physical disability other than sensory impairment - over 65 years

Day care

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of three residents.

8.0 Summary of Inspection

This primary unannounced care inspection of Guardian Residential Home was undertaken by Bronagh Duggan on 22 December 2014 between the hours of 10:15 am – 4:30 pm. Mrs Ryan was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that the five requirements made during the previous inspection had been addressed. The detail of the actions taken by Mrs Ryan can be viewed in the section following this summary.

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

During the inspection the inspector met with residents and staff, 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, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

The inspector can confirm that following an analysis of care records, additional policy documentation and observation of delivery of care that the home are assessed as being 'substantially compliant' with the standard on 'responding to resident's behaviour. The inspector assessed the standard on programme of activities and events as 'moving towards compliance'. Further actions are required to achieve compliance in this important area. Full details of the findings are recorded in the main body of the report.

During the course of the inspection the inspector met with residents, and staff. Some comments received by residents are detailed below;

"I am happy here"

"I'm doing ok, the staff are kind"

"I like having some company"

Whilst questionnaires were issued to staff it was disappointing that none of these were returned.

A number of additional areas were inspected. These included;

- Staff Induction Programme
- Care Practices
- Environment
- Staff Duty Rosters
- Staffing Levels
- Fire Safety
- Pre inspection returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, and vetting.

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

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 tired and dated though fit for purpose.

Two requirements and six recommendations were made as a result of this 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, the registered manager / provider, and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 4 September 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	Regulation 13, Schedule 3, Standard 11 (Domiciliary Care) Regulation 20, 21, Schedule 2, and Standard 19 (Residential Care)	The registered manager must revise the policy and procedures in relation to the recruitment of staff ensuring compliance with regulations and minimum standards in relation to the functioning of the residential care home, day care and domiciliary care services.	The policy and procedures in relation to the recruitment of staff have been revised and updated in keeping with regulations and minimum standards in relation to the functioning of the residential care home, day care and domiciliary care services.	Compliant
2.	Regulation 13, Schedule 3, Standard 11 (Domiciliary Care) Regulation 20, 21, Schedule 2, and Standard 19 (Residential Care)	The registered manager must implement the revised procedures for all new staff recruited from 4 September 2014 within the residential home, day care and domiciliary care services.	Discussion with the registered manager and a review of files of the three most recently recruited members of staff showed that the new procedures were being followed.	Compliant
3.	Regulation 16(5), Standard 12 (Domiciliary Care) and Regulation 20, Schedule 2, and Standard 23 (Residential Care)	The registered manager must ensure all staff employed to work in the residential home, day care and domiciliary care services complete a full induction, including mandatory training, and are registered with the appropriate regulatory or occupational body.	The induction programme for all new staff has been reviewed and expanded upon to ensure all mandatory training is included and staff are registered with the appropriate regulatory or occupational body.	Compliant

4.	Regulation 19 (2) Schedule 4 7 (Residential Care)	The registered manager must ensure that the staff duty rota is current, accurate and reflective of staffing levels at all times.	Review of the staff duty rota showed that it was reflective of the staff on duty in the home on the day of the inspection.	Compliant
5.	Regulation 19 (2) Schedule 4 6 (Residential Care)	The registered manager must return the next six staff recruitment and induction records to RQIA for review. The registered manager must ensure this information is password protected.	Three staff recruitment files were reviewed, these related to recently recruited staff at the home. The staff files contained all relevant information relating to recruitment and induction. The registered manager is aware of her responsibility to return the next three recruitment and induction records to RQIA for review.	Moving towards compliance

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	
Staff have knowledge and understanding of individual residents conduct, behaviour and means of communication. Demonstrated & recorded in care plan, risk assessments, staff training, policy & procedures and hand over reports. Staff document any unusual conduct and referrals are made to appropriate teams.	Provider to complete
Inspection Findings:	
<p>The home had a policy and procedure relating to the management of challenging behaviour titled Responding to Residents Behaviour (2012). A recommendation is made that the homes policy and procedure is developed further to examine what constitutes challenging behaviour, and reflect DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure should include the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used.</p> <p>Observation of staff interactions with residents identified that informed values of dignity and respect and implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge on 10 October 2014.</p> <p>A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p>	Substantially Compliant

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.	
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<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>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Staff observe behaviour patterns on a daily basis and take necessary action. Report to senior staff, monitor and contact relevant professionals involved, record and document.</p>	<p>Provider to complete</p>
<p>Inspection Findings:</p>	
<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 uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Three care records were reviewed and identified that they contained the relevant information regarding the care for residents identified.</p> <p>A review of the records and discussions with staff confirmed that representatives had been informed appropriately.</p>	<p>Compliant</p>

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: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment When a resident requires consistent approach from staff this is detailed in the residents care plan. Consent is obtained and representative informed.	Provider to complete
Inspection Findings: A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed in two care plans. One care plan reviewed was found to require updating as it was noted that there had been a significant change in the resident's presentation from when they were first admitted to the home until the day of the inspection. A requirement is made that the assessment of residents needs should be revised at any time when needs change this should be clearly documented in the residents care plan. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.	Substantially Compliant

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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
When a resident has specific behaviour, management programmes are discussed with trained professionals and forms part of the care plan.	Provider to complete
Inspection Findings:	
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.	Not applicable

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: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Staff have relevant training in challenging behaviour and have guidance and support.	Provider to complete
Inspection Findings:	
A review of staff training records evidenced that staff had received training in managing challenging behaviours. Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, and staff meetings.	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 Any incidents managed outside the scope of the residents care plan is recorded and reported to the relevant representative and to the relevant professional services. A review with multi-disciplinary team is obtained regarding care plan and risk assessment.</p>	<p>Provider to complete</p>
<p>Inspection Findings: A review of the accident and incident records from April 2014 to December 2014 and discussions with staff identified that no incidents had occurred outside of the scope of a resident’s care plan. Staff confirmed during discussions that when any incident was managed outside the scope of a resident’s care plan, this was recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	<p>Compliant</p>

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: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
No restraints is necessary within the home and records would be kept of all instances if restraint was used.	Provider to complete
Inspection Findings:	
<p>The inspector whilst walking around the home, observed the use of a keypad system at the main entrance / exit areas of the home. Discussion with the registered manager confirmed that this system had been recently introduced in the home. The registered manager confirmed that residents did not know the code for access out of the home. A review of three records showed that the use of the key pad system had not been considered in relation to possible defacto detention and deprivation of the residents' liberty.</p> <p>A requirement has been made that this situation is reviewed for <u>all</u> residents. A comprehensive risk assessment must be undertaken to determine the necessity of such restriction, consideration must be given to resident's individual needs and preferences in relation to keypad access. This information should be included in residents care plans and reviewed regularly. The use of the key pad system should be included in the homes Statement of Purpose if it remains.</p> <p>Bedrails were observed on two beds in the home; this issue was discussed with the registered manager who confirmed that the bedrails were not used but were attached to the beds and kept in the down position. The registered manager confirmed that she was aware of the need to have individual risk assessments completed if the bedrails were to be used in any circumstance.</p>	Moving towards compliance

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

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

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
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	
Needs of residents are identified through activity programmes, Life Style Profiles and Map of Life. Programme of activities are monitored and revised regularly to ensure positive outcomes.	Provider to complete
Inspection Findings:	
The home had a policy regarding the provision of activities. A review of three care records evidenced that individual social interests and activities were included in one of the care plans reviewed. A recommendation is made that individual activity assessments are completed for each resident to reflect their preferred interests and hobbies. This information should be used to enhance the current range of activities available in the home. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Moving towards compliance

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Programme of activities are varied and take into account residents spiritual needs. A planner is in place for daily activity programme, this is flexible and responsive to meet individual needs.</p>	<p>Provider to complete</p>
<p>Inspection Findings:</p>	
<p>Examination of the programme of activities identified that social activities are organised five times each week.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	<p>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.	
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All residents take part in activity programme, no residents remain in their rooms and can do so at their own request. Weekly discussions provide information from residents regarding activities for the coming week. Relative/representatives discuss activity programme for each individual.	Provider to complete
Inspection Findings:	
A review of the record of activities provided and discussions with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents were also invited to express their views on activities by means of resident meetings, one to one discussions with staff and care management review meetings.	Compliant

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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Daily activity programme is displayed in suitable format in Dining Area.	Provider to complete
Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display in the main living / dining area. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>A review of the display showed that it had last been updated in November 2014, discussion with the registered manager confirmed that the information could no longer be changed on the display available. A recommendation is made that the display is replaced with a clear visual presentation using pictorial information and larger print this should also include relevant orientation information for residents.</p> <p>Discussions with residents confirmed that they were aware not aware of what activities were planned on the day of inspection.</p>	Moving towards compliance

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: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Residents are supported by staff when participating in programme of activities through provision of equipment and aids.	Provider to complete
Inspection Findings:	
Selections of books were available for residents these are provided by the local mobile library. Residents were observed listening to music cd's in the home. A recommendation is made that additional practical resources should be made available for residents on the basis of information received from residents following completion of activity assessments	Moving towards compliance

Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The duration of each activity and daily timetable takes into account the needs and abilities of residents participating.	Provider to complete
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.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
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.	COMPLIANCE LEVEL
Provider's Self-Assessment There are no contracted persons providing activities for the home. Staff organise and develop activity programmes. If a person is contracted in, all evidence and monitoring would be obtained to ensure those facilitating the activity have the necessary skills to do so.	Provider to complete
Inspection Findings: 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.	Not Applicable

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.	COMPLIANCE LEVEL
Provider's Self-Assessment If a provided person is contracted in, staff would inform them to residents needs prior to programme commencing and feedback would be observed.	Provider to complete
Inspection Findings: The registered manager confirmed that no one is currently contracted in to provide activities. Therefore, this criterion was not applicable on this occasion.	Not Applicable

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: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All documentation of activities is kept by person leading the activity and the names of residents who participate.	Provider to complete
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the activities provided, a recommendation is made that the records should be more detailed include the duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Substantially Compliant

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	
Programmes are review regularly at least twice yearly.	Provider to complete
Inspection Findings:	
A review of the programme of activities identified that it had last been reviewed on 14 November 2014. 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.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

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 six residents individually and with others in groups. Residents were observed relaxing in the communal lounge area. 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 am doing ok here".

"I enjoy the company".

"I like to watch the sport, coming here gets me out".

11.2 Relatives/Representative Consultation

There were no visiting relatives to the home during the inspection.

11.3 Staff Consultation/Questionnaires

The inspector spoke with two staff of different grades during the inspection. Five questionnaires were also distributed for completion by staff during the inspection. No completed questionnaires were returned to RQIA. Discussions with staff identified that they were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

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

11.4 Visiting Professionals' Consultation

There were no visiting professionals to the home during the inspection.

11.5 Photographs

Of three care records reviewed during the inspection, only one was found to include a photograph of the resident. A recommendation is made that all residents' records contain a recent photograph of the resident.

11.6 Observation of Care Practices

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

11.7 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.8 Complaints

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

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

A review of the complaints records evidenced that there had been no complaints made during the period of January 2013 and December 2013.

11.9 Environment

The inspector viewed the home accompanied by the deputy manager and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be although fit for purpose many areas of the home appeared tired and dated.

11.10 Guardianship Information

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

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

11.11 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 30 July 2014.

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

A review of the fire safety records evidenced that fire training had been provided to staff on 16 July 2014. A fire drill was also completed on 16 July 2014. The records also 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.

11.12 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Ryan 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 Mrs Ryan, 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:

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



Quality Improvement Plan

Primary Unannounced Care Inspection

Guardian Residential Home

22 December 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Jacqueline Ryan 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.

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	19. (1) (a)	<p>The registered manager must ensure residents assessment of needs and associated care plan is kept up to date and reflect residents changing needs.</p> <p>Ref: 10, Criterion 10.3</p>	One	Residents assessments of needs and care plans are up to date and reflect any changes in residents needs.	6 February 2015
2	14. (5)	<p>The registered manager must ensure the following;</p> <ul style="list-style-type: none"> • individual risk assessments are completed regarding the use of the key pad system at the entrances to the home • the risk assessment should consider the individual needs and preferences of residents • if the key pad system remains its use should be stated in the homes Statement of Purpose • an updated statement of purpose should be forwarded to the inspector with the return of the QIP. <p>Ref: 10, Criterion 10.7</p>	One	<p>Individual risk assessments are completed regarding the use of keypad systems.</p> <p>Consideration of individuals needs and preferences have been taken into account.</p> <p>The keypad system will remain in use and is now stated in the homes statement of purpose.</p> <p>An updated statement of purpose has been attached.</p>	27 February 2015

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	21.1	<p>The homes policy and procedure on responding to resident's behaviour (2012) should be developed further to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure should include the need for Trust involvement in managing behaviours which challenge.</p> <p>Ref:10.0, Criterion 10.1</p>	One	<p>The policy and procedure has been updated to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) and includes the need for Trust involvement in managing challenging behaviour.</p>	13 March 2015
2	13.1	<p>A recommendation is made that individual activity assessments are completed for each resident to reflect their preferred interests and hobbies.</p> <p>Ref:10.0, Criterion 13.1</p>	One	<p>Individual activity assessments have been completed to reflect residents interests and hobbies.</p>	13 March 2015
3	13.4	<p>A recommendation is made that the activities display is replaced with a clear visual presentation using pictorial information and larger print this should also include relevant orientation information for residents.</p> <p>Ref:10.0, Criterion 13.4</p>	One	<p>A clear visual display using pictorial information and large print has been made available for residents in order to display daily activities.</p>	13 March 2015

4	13.5	A recommendation is made that additional practical resources should be made available for residents on the basis of information received from residents following completion of activity assessments. Ref: 10.0, Criterion 13.5	One	Additional resources have been made available for residents responding to their interests.	13 March 2015
5	13.9	A recommendation is made that the record of activities maintained should be more detailed to include the duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. Ref:10.0, Criterion 13.9	One	A more detailed version of activity records has been put in place and is to be updated daily by staff in response to the activities carried out.	13 March 2015
6.	8.6	A recommendation is made that all residents' records contain a recent photograph of the resident. Ref: 11.5, Criterion 8.6	One	Recent photographs have been placed in all residents care folders.	13 March 2015

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 and email to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Jackie Ryan
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Niamh Mullan & Jackie Ryan

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	25.9.15
Further information requested from provider			