

Primary Announced Care Inspection

Name of Service and ID: Beechway House (1110)
Date of Inspection: 27 January 2015
Inspector's Name: Laura O'Hanlon
Inspection ID: IN016732

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
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1.0 General information

Name of home:	Beechway House
Address:	Shepherds Way Dungiven Road Derry BT47 2AL
Telephone number:	028 7131 2627
Email address:	d.mccurry@apexhousing.org
Registered Organisation/ Registered Provider:	Apex Housing Association
Registered Manager:	Ms Delma McCurry
Person in charge of the home at the time of inspection:	Ms Delma McCurry
Categories of care:	RC-LD RC-LD(E)
Number of registered places:	16
Number of residents accommodated on day of Inspection:	16
Scale of charges (per week):	£461.00
Date and type of previous inspection:	17 April 2014 Secondary Unannounced
Date and time of inspection:	27 January 2015: 10am – 3.15pm
Name of Inspector:	Laura O'Hanlon

2.0 Introduction

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

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

3.0 Purpose of the inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

- Analysis of pre-inspection information
- Discussions with the 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	8
Staff	4
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	8	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

Beechway House is purpose built and is situated on Shepherd's Way in the Waterside area of Londonderry, convenient to local shops, recreational facilities and within easy reach of the city centre.

The accommodation includes 16 single bedrooms, six with en-suite facilities, bathroom and shower facilities, dining room, kitchen and three lounges.

There is an enclosed garden with a seating area to the rear of the home and adequate car parking space for visitors to the front.

The registered provider is Apex Housing Association. The registered manager, Ms Delma McCurry has been in this post for four years.

The home is registered to provide care under the following categories:

Residential Care LD	Learning Disability
Residential Care LD (E)	Learning Disability - over 65 years.

8.0 Summary of Inspection

This primary announced care inspection of Beechway House was undertaken by Laura O'Hanlon on 27 January 2015 between the hours of 10am and 3.15pm. Ms Delma McCurry registered manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

One requirement and two recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that the requirement and recommendations have been addressed within the required timescales. The detail of the actions taken by Ms Delma McCurry can be viewed in the section following this summary.

Prior to the inspection in January 2015, Ms Delma McCurry registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Ms Delma McCurry in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents and staff, 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.

Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy in place which reflected human rights legislation. A recommendation has been made to ensure that the policy is reviewed to reflect the DHSS Guidance on Seclusion and Restraint.

Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is not used within this home. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs.

Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records.

The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Beechway House was compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

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

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

Activities are undertaken by designated care staff. A selection of materials and resources were available for use during activity sessions. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Beechway House is compliant with this standard.

Resident and staff consultation

During the course of the inspection the inspector met with residents and staff. Questionnaires were also completed and returned by seven staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

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

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

Care Practices

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

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a high standard.

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

Three requirements and one recommendation were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, registered manager 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 17 April 2014

No.	Regulation Ref.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	27 (4) (a)	<p>The registered person shall –</p> <p>(a) Have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the risk has changed.</p> <p>Reference to this is made in respect of the home fire safety assessment dated 7 November 2013. An action plan must be submitted in writing to the home's aligned estates inspector, detailing how the recommendations made on this assessment will be dealt with, including timescales.</p>	The inspector verified that an action plan was submitted in writing to the home's aligned estates inspector following the last inspection.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20.18	<p>There is a written policy on “whistle blowing” and written procedures that identify to whom staff report concerns about poor practice.</p> <p>Reference to this is made, in that the home’s policy needs to be reviewed to include contact details for a range of relevant organisations to whom staff may report concerns about poor practice.</p>	<p>The whistle blowing policy was available on the day of inspection and has been reviewed to include contact details for a range of relevant organisations to whom staff may report concerns about poor practice.</p>	Compliant
2	9.3	<p>The general health and welfare of residents is continually monitored and recorded. Referrals are made to, advice is sought from, primary health care services and social services when necessary and documented in the resident’s records.</p> <p>Reference to this is made, in that the daily progress records needs give account for the resident’s well-being as oppose to repetitive statements relating to care planning interventions.</p>	<p>Examination of care files evidenced that detail has been improved on resident’s progress notes. The registered manager confirmed that this is continually discussed with staff at team meetings to reinforce the importance.</p>	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment Through the initial pre admission assessment, social worker report and family information, staff are provided with knowledge and understanding of each individual resident's usual conduct, behaviour and means of communication. From this and staff observations a care plan and risk assessment are produced which provide staff with the necessary information to assist each resident in these areas, The care plan also provides staff with information and any actions that they may be required to take to ensure that each individual resident's needs are being addressed appropriately. Staff are then knowledgeable in what actions they must take and this promotes a better rapport with the residents. They feel more secure in the staff assisting them and promotes the development of good working relationships between them. Challenging behaviour training is part of the induction programme and ongoing regular programme of refresher training.	Compliant
Inspection Findings: The home had a policy in place named Understanding and Management of challenging behaviour dated September 2014. A review of the policy identified that it reflected the Human Rights Act (1998) but did not refer to the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005). A recommendation has been made to address this. The policy and procedure included the need for HSC Trust involvement in managing behaviours which challenge staff. It detailed that RQIA must be notified on each occasion physical restraint is used. Observation of staff interactions, with residents, identified that informed values and implementation of least restrictive strategies were demonstrated.	Substantially compliant

<p>A review of staff training records identified that six out of eleven care staff had received training in behaviours which challenge in 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> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> <p>A review of the returned staff questionnaires identified that staff felt supported in their roles.</p>	
<p>Criterion Assessed:</p> <p>10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>When a resident's behaviour becomes uncharacteristic and causes concern, staff will try to identify any triggers for the changes i.e. physical distress, emotional distress, or any environmental factors by speaking to or observing the resident. If none are identified they will then speak to the Person in Charge who will speak to any other individuals involved in the residents care, ie. day care workers, etc. If it is still unclear and no factors are identified, the Officer in Charge will speak to the Care Manager, Social Worker and Family Representative about what actions may be required to assist the resident.</p> <p>If the resident has an untoward incident which endangers others or themselves staff will complete a written report which will be forwarded to the residents representative, Apex Head Office and to the family to ensure residents safety and care needs are monitored and evaluated.</p> <p>The form is also sent to the R.Q.I.A and to the Trust's Designated Officer if it involves another resident. Apex Housing has a policy on Understanding and Management of Challenging Behaviour which is being updated at present.</p>	Compliant

Inspection Findings:	
<p>The policy named Understanding and Management of challenging behaviour dated September 2014 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, HSC trust, relatives and RQIA. • Agreed and recorded response(s) to be made by staff. <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Three care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records confirmed that relatives / representatives had been informed appropriately.</p>	Compliant
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	
<p>Where an identified approach is noted to assist a resident's care this is recorded in their care plans and all staff are made aware of the approach that has been identified. The assessment, care review process and care plan process involves the resident, their families and the residents representatives. They are informed of any care plan action approach or response agreed for use with the resident's consent where appropriate.</p>	Compliant
Inspection Findings:	
<p>A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p>	Compliant

Care plans reviewed were signed by the resident, the staff member drawing it up and the registered manager.	
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	
All residents who have a specific management programme will have been assessed and seen by the Trust behavioural management team at Lakeview. The programme will be developed using information obtained from family members, the multi disciplinary team and the registered manager of the home, staff and residents where applicable. When the programme is introduced staff members will be taken through it by the behavioural team or a scheme based staff member who was involved in the management and development of the programme. The management programme will form part of the resident's individual care plan and will be monitored and reviewed on a regular basis.	Compliant
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
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	
When a behaviour management programme has been put in place for an individual resident the staff from the behavioural team / scheme based staff member meet with the staff in the home and provide them with guidance on implementation of the programme. The manager will then review the programme with staff in staff meetings and during one to one supervision sessions and request behavioural team input if required. Challenging behaviour training is part of the induction process and the organisation's ongoing programme of training.	Compliant
Inspection Findings:	
The registered manager informed the inspector that there were currently no residents who had a specific	Compliant

<p>behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p> <p>A review of staff training records identified that six out of 11 care staff had received training in behaviours which challenge in 2014.</p> <p>Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, individual sessions, and staff meetings. Discussions with staff indicated that they were knowledgeable in regard to the management of behaviour that challenges staff.</p>	
<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>If an incident occurs which is not covered in the residents care plan the person in charge will complete an accident/incident form which will be sent to the relevant Trust representative and to Housing & Care Services Manager and Health and Safety Officer in Apex Housing Association. A form will also be completed and sent to the R.Q.I.A. & family members where appropriate agreement is in place and where family have requested to be informed.</p> <p>If a resident is involved in an incident with another resident or staff member a A.V.A referral form will be completed and sent to the designated Trust Officer- Jo Meehan - WHSCT.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of the accident and incident records from September 2014 and discussions with staff identified that residents' representatives, HSC Trust personnel and RQIA had been appropriately notified.</p> <p>A review of three care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p> <p>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.</p>	Compliant

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 Restraint can and will only be used if it has been identified as a requirement for a resident and has been assessed and agreed by the behavioural team and other professional members of the multi disciplinary team. Family will also be involved. If restraint is used it will be recorded in the individual care plan and all incidents of its use will be documented and reviewed regularly with the resident, family members, and the multi disciplinary team. Staff will be trained in the method of restraint to be used and this will be reviewed through observation of all incidents by the person in charge. At present restraint is not used on this scheme. Apex Housing have a policy on Restraint which all staff are aware of and staff receive MAPA training to assist them to deal with incidents in a safe manner	Compliant
Inspection Findings: Discussions with staff, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint is not used within this home. Residents confirmed during discussions that they were aware of decisions that affected their care and decisions were made with their consultation. A review of records, discussions with residents and staff and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home's Statement of Purpose.	Compliant

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

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

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	
<p>Before admission each resident is provided with a guide which informs them of the activities that the home provides. During the pre assessment the manager will enquire about the activities the individual enjoys. This information will be obtained from the resident, family members and any other individual who has knowledge of the residents activities.</p> <p>An assessment is then undertaken by staff through questioning, observing and monitoring each resident during an activity and a programme of activities developed for each individual resident.</p> <p>The assessment is ongoing and staff record any new activity identified or tried at least 6 monthly.</p>	Compliant
Inspection Findings:	
<p>The home had a policy dated January 2015 on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant
Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents'	COMPLIANCE LEVEL

changing needs and facilitates social inclusion in community events.	
Provider's Self-Assessment	
Staff identify activities which provide enjoyment, are purposeful, age and culturally appropriate for the residents. Staff continuously source out events which are taking place locally and further afield. This is recorded in each residents activity sheet records and photos are taken when appropriate and with consent and displayed for residents.	Compliant
Inspection Findings:	
Examination of the programme of activities identified that social activities are organised on a daily basis. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.	Compliant
<p style="text-align: center;">STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</p> <p style="text-align: center;">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: 13.3 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 are encouraged to contribute their suggestions and be involved in the development of the programme of events /activities. This information is obtained through residents meetings, individual discussions and from suggestion boxes. Family members and key workers often advocate on the residents behalf. In April 2014 an activities survey was distributed seeking information as to what activities would be favoured by residents and when completed the results will be analysed and action plans will be developed.	Compliant
Inspection Findings:	
A review of the record of activities provided and discussions with residents identified that residents were given	Compliant

<p>opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, residents meetings and individual discussions with staff.</p>	
<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>The programmes of activities are displayed in a suitable and accessible location on the notice boards in the dining area and are in written and picture form. All residents are aware of the schedule. Family members may enquire about the activities being programmed and will be shown the programme by staff or by the resident.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>On the day of the inspection the programme of activities was on display in the dining area. This location was considered appropriate as the area was easily accessible to residents.</p> <p>Discussions with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	<p>Compliant</p>
<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Appropriate equipment is provided to aid and support the resident in participating in the programme of activities. Staff ensure that all required equipment is available to undertake the activities, co ordinate the activities and provide the support that the resident requires. Requests and suggestions for additional or therapeutc equipment can be made to the Community Involvement Co -ordinator who sources funding and makes applications where appropriate. .</p>	<p>Compliant</p>

Inspection Findings:	
<p>Activities are provided by designated care staff for one - two hours daily depending on the needs of the residents.</p> <p>Care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included games, jigsaws and manicure sets.</p> <p>There was confirmation from the registered manager that the provision of activities is financed from the comfort fund within the home.</p>	Compliant
<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
Ten residents in the home have a daycare placement and this ranges from three days to five days per week. Activities are tailored to each individuals needs and abilities.	Compliant
Inspection Findings:	
<p>The registered manager, care staff and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant
<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
Provider's Self-Assessment	
At present no contracted person comes into the home to provide activities, however, when we have one the manager would ensure that they have the appropriate training to complete the activity. The Housing and Care Services Manager would be informed of the intention to commence an activity programme with the contracted person and staff would be scheduled in to assist the person completing the activity.	Compliant

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	
Not applicable at present. If commenced, staff would provide the contracted person with all relevant information when they would arrive on the scheme to ensure the safety of all in the home and the success of the activity. This information would be recorded.	Compliant
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
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	
A record is kept of all activities that takes place in the home. Each resident has their own individual sheet where the activity they have been involved in is recorded. In keeping with Apex policy and the Community Involvement Strategy & Action Plan in relation to activities – scheme activities are recorded monthly and uploaded to the Community Involvement Coordinator. Annual audits are carried out regarding resources and activities and a report completed. (last audit January 2014 – Report February 2014). Group activity recording diary has been introduced and is signed off by the person leading the activity.	Compliant
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Compliant

There was evidence that appropriate consents were in place in regard to photography and other forms of media.	
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	
Residents meet every month and during these meetings discuss activities/events that they wish to participate in. Staff endeavour to develop the activities programme to meet the residents wishes and needs. The activity programme is reviewed 6 monthly by senior staff.	Compliant
Inspection Findings:	
<p>A review of the programme of activities identified that it had last been reviewed on 14 January 2015. The records also identified that the programme had been reviewed at least twice yearly.</p> <p>The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	Compliant

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

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

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with eight residents either individually or as part of a group. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated 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:

- "Very happy here, staff are very nice, would get anything for you."

11.2 Relatives/representative consultation

No relatives visited the home during the inspection.

11.3 Staff consultation/Questionnaires

The inspector spoke with four 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.

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

Comments received included:

- "The care is very good, residents have a choice in everything from food to activities to clothing."
- "Excellent quality of care, good communication with relatives."
- "Residents are so happy and joyful, if they want to go out it would be down to individual choice."
- "There is flexibility to change an activity."

11.4 Visiting professionals' consultation

No professionals visited the home during the inspection.

11.5 Observation of Care practices

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

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that 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.

11.7 Complaints

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

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

A review of the complaints records evidenced that no complaints have been made since 2011.

11.8 Environment

The inspector viewed the home accompanied by Delma McCurry 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 tastefully personalised. Décor and furnishings were found to be of a very high standard

11.9 Guardianship Information/Resident Dependency

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

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

11.10 Fire Safety

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

The inspector confirmed that the home's most recent fire safety risk assessment was dated 7 November 2013. The registered manager confirmed that any recommendations raised have been appropriately actioned. A requirement has been stated to ensure that an updated fire safety risk assessment is carried out as a matter of urgency.

A review of the fire safety records evidenced that fire safety training was completed once by all staff in 2014. A requirement is made to ensure that all staff members undertake fire safety awareness twice yearly.

Examination of fire training records confirmed that a fire drill took place on 30 December 2014 attended by two staff and 10 December 2014 attended by six staff. This matter is referred to the estates inspector for the home for further review.

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 Delma McCurry. Delma McCurry confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

11.12 Visits by Registered Provider

Examination of these visits confirmed that they are not consistently undertaken monthly. A requirement has been made to ensure that these unannounced visits are undertaken on a monthly basis and a written record is available in the home.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Delma McCurry, 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:

Laura O'Hanlon
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS



Quality Improvement Plan

Primary Announced Care Inspection

Beechway House

27 January 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with Ms Delma McCurry, registered manager either during or after the inspection visit.

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

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

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

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

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	27 (4) (a)	<p>The registered person shall 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> <ul style="list-style-type: none"> The registered person shall ensure that an up to date fire risk assessment is completed. <p>Ref: Section 11.10 (Additional Areas Examined)</p>	One	The existing Fire Risk assessment and action plan were reviewed and received on 9 th March 2015.	Immediate and ongoing
2	29 (2) (3) (4) (c)	<p>The registered person shall ensure that these unannounced visits are undertaken on a monthly basis and a record is available in the home for inspection.</p> <p>Ref: Section 11.12 (Additional Areas Examined)</p>	One	There is a programme in place for a Housing and Care Services Manager to carry out an unannounced visits on a monthly basis. Records of these visits are held on scheme.	From the date of this inspection
3	27 (4) (e)	<p>The registered person shall make arrangements for persons working at the home to receive suitable training, from a competent person, in fire prevention twice yearly.</p> <p>Ref: Section 11.10 (Additional Areas Examined)</p>	One	Staff identified to have Fire Prevention Training attended this on 11 th March 15.	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	Recommendation	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
2	21.1	<p>It is recommended that the registered person should review the policy in relation to the management of behaviours which challenge staff to ensure that it includes the following;</p> <ul style="list-style-type: none"> • DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) <p>Ref: Section 10, Criterion 10.1</p>	One	Challenging behaviour policy has been outsourced to an external body to further develop it.	31 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	Delma McCurry
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Ellen Hall

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Laura O'Hanlon	23 March 2015
Further information requested from provider			