



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Service and ID: Oriel House (11119)
Date of Inspection: 9 October 2014
Inspector's Name: John McAuley
Inspection ID: IN017524

The Regulation And Quality Improvement Authority
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General Information

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| Name of Home: | Oriel House (11119) |
| Address: | 30 Oriel Road Antrim BT41 4HP |
| Telephone Number: | 028 94488161 |
| E mail Address: | residentialoriel8@yahoo.co.uk |
| Registered Organisation/ Registered Provider: | Mrs Margaret Teresa Thompson Mr Gary Thompson – registration pending |
| Registered Manager: | Ms Morag Wylie |
| Person in Charge of the home at the time of Inspection: | Ms Morag Wylie |
| Categories of Care: | RC-I, RC-MP, RC-PH and RC-DE – for two identified residents. Residents accommodated in the two upstairs bedrooms are suitably assessed in terms of mobility. |
| Number of Registered Places: | 8 |
| Number of Residents Accommodated on Day of Inspection: | 7 plus 1 resident at day care placement |
| Scale of Charges (per week): | £460 plus £5 top up |
| Date and type of previous inspection: | 3 April 2014 Unannounced inspection |
| Date and time of inspection: | 9 October 2014 9.45am – 2pm |
| Name of Inspector: | John McAuley |

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 an unannounced primary 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 is 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 include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and with others in groups

- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

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

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| Residents | 7 |
| Staff | 2 |
| Relatives | 0 |
| Visiting Professionals | 0 |

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

| Issued To | Number issued | Number returned |
|-----------|---------------|--|
| Staff | 8 | None in time for inclusion to this report. |

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 | | |
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| 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

Oriel House Residential Care home is situated Oriel Road in the town of Antrim.

The residential home is owned and operated by Mrs Margaret Teresa Thompson, with her son Gary Thompson awaiting registration as registered provider. The registered manager is Ms Morag Wylie, who has been in this position for approximately one year..

Accommodation for residents is provided six single rooms and one double room over two floors. Access to the first floor is via stairs and there is a condition on the registration that any resident accommodated in either of these two first floor bedrooms needs to be assessed for mobility in terms of safe use of stairs.

A communal lounge and dining room are provided in the ground floor area..

The home also provides for catering and laundry services.

A number of communal sanitary facilities are available throughout the home.

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

Residential Care:

- I – Old age not falling into any other category
- MP – Mental disorder excluding learning disability or dementia
- PH – Physical disability other than sensory impairment – for two identified residents only
- DE – Dementia – for two identified residents only

8.0 Summary of Inspection

This unannounced primary care inspection of Oriel House was undertaken by John McAuley on 9 October 2014 between the hours of 9:45am and 2pm. The Registered Manager Ms Morag Wylie was available during the inspection and for verbal feedback at the conclusion of the inspection.

The three requirements made as a result of the previous inspection were also examined. Observations and discussion demonstrated that these have been attended to on a satisfactory basis within the specified timescale. The detail of the actions taken by registered manager can be viewed in the section following this summary.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager 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, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Standards Inspected:**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.

Inspection Findings**Responding to resident's behaviour – Standard 5**

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had not a policy and procedure in place for responding to resident's behaviours or for restraint and restrictive practices. Requirements have been made for these policies to be devised and put in place and that these reflect best practice guidance in relation to restraint, and human rights. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that restraint is not used other than a baffle type lock to an external door and sensor alarm to another, which needs to be reflected in the development of the home's policy. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff training in dementia and behaviours which challenge was not in place for which a requirement was made to put in place.. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information is recorded in the resident's care records. Care records were generally well maintained other than a requirement made to be more descriptive in progress records of incidents where the resident's behaviour is uncharacteristic. The registered manager is 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 the home is overall moving towards compliance with this standard.

Programme of activities and events – Standard 13

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussion 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 not displayed at the time of inspection with a recommendation for this to be put in place. 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, however the frequency of the residents' meetings forum needs to increase to at least a quarterly basis. A selection of materials and resources were available for use during activity sessions. Records of activity provision were maintained. The evidence gathered through the inspection process concluded that the home is overall substantially compliant with this standard.

Stakeholder consultation

During the course of the inspection the inspector met with residents and staff.

In discussion 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.

Staff confirmed that they felt a good standard of care was provided for and they felt supported in their roles.

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 home was found to be clean and tidy with a nice homely standard of décor and furnishings being maintained.

A number of additional areas were also examined these include the management of complaints, fire safety and night duty staffing levels. Issues of improvement have been identified with fire safety and staffing levels as detailed in the attached quality improvement plan. Further details can be found in section 11.0 of the main body of the report.

Conclusion

The findings of this inspection evidenced that the delivery of care to residents was of a satisfactory standard. However there were a number of issues identified than need to be put in place to ensure the effective management of the standards inspected.

The home's general environment was well maintained and residents were observed to be treated with dignity and respect.

Six requirements and two recommendations were made as a result of the primary unannounced inspection, details 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, staff and registered manager 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 3 April 2014.

| No. | Regulation Ref. | Requirements | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|-----------------|--|--|--------------------------------------|
| 1. | 14 (4) | <p>The registered person shall make arrangements, by training persons employed or by other measures, to prevent residents being harmed or suffering abuse or being placed at risk of harm or abuse.</p> <p>Reference to this is made in that the home's policy and procedure must be made available and accessible to staff at all times.</p> <p>The policy and procedure must contain clear contact details of points of referrals, including contact details of the out of hours duty social worker.</p> | <p>A policy and procedure on the protection of vulnerable adults has been put in place and made accessible to staff. The contact details of the out of hours duty social worker are included in this policy and procedure.</p> | Compliant |
| 2. | 15 (2) (a) | <p>The registered person shall ensure that the assessment of the resident's needs is –</p> <p>(a) Kept under review</p> <p>Reference to this is made with the resident(s) identified at inspection that do not have an up to date review with their aligned social worker. A request must be made in writing to the resident(s) social worker to arrange such a review.</p> | <p>The registered manager has taken steps to ensure that residents' care reviews with their aligned care manager are maintained on an up to date basis.</p> | Compliant |

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| 3. | 30 (1) (d) | <p>The registered person shall give notice to the RQIA without delay of the occurrence of-</p> <p>(d) Any event in the home which adversely affects the care, health, welfare or safety of any resident.</p> <p>Reference to this is made in that at the time of this inspection there were two incidents of challenging behaviour in December 2013 that should have been notified to the RQIA and were not.</p> | <p>A review of the home's accident / incident records confirmed that due notification had been put in place.</p> | <p>Compliant</p> |
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| 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. | |
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| 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 | |
| Having a small committed , long-serving staff team and only 8 residents has benefitted the knowledge and understanding of each individual and also provides opportunity for a reliable consistency of approach and communication which ultimately benefits residents, other staff and family to manange effectively and efficiently | Compliant |
| Inspection Findings: | |
| The home has not a policy and procedural guidance for staff on how to respond to resident's behaviours and behaviours that challenge. A requirement has been made for this to be devised and put in place with staff. Discussions with the registered manager and the one other staff member on duty confirmed they had knowledge and understanding of individual resident's needs and the responses and interventions prescribed. Evidence was also available from general observations of care practices that found residents to be cared for in a positive manner. | Moving towards compliance |
| Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative. | COMPLIANCE LEVEL |
| Provider's Self-Assessment | |
| Staff are quick to respond to uncharacteristic behaviour and are competent and professional in taking the necessary actions by responding, reporting and documenting to the relevent people within the bounds of confidentiality. | Compliant |

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| Inspection Findings: | |
| <p>A review of a sample of three residents' care records, together with discussions with the registered manager confirmed that issues of assessed need are dealt with and there is a recorded statement of care / treatment prescribed, including referral to the resident's aligned health care professional.</p> <p>However a number of progress record entries contained statements that the resident was "unsettled". Such terminology needs to be clearly descriptive in detail and have subsequent detail of the care / treatment given and effect of same. A requirement has been made for this to be reviewed with staff and such to be clearly reference in the development of the policy and procedural guidance as identified in criterion 10.1.</p> | <p>Substantially 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. | |
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| 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 | |
| All Careplans are re-evaluated when situations arise in relation to an individual's care and also reviewed on a monthly basis thus maintaining consistency of approach laid out for all staff to follow. These care plans and changes to care plans are also discussed at staff meetings and yearly reviews alongside resident representatives . Communication lines are kept open between family and/or representatives | Compliant |
| Inspection Findings: | |
| A review of three residents' care plans found that the interventions prescribed were informative and specific. Evidence was in place of consultation and consent with the resident, through a signature. A review of a resident's care record also confirmed that there was an appropriate continence care assessment and this had multi-disciplinary support, and provision of aids. | 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 | |
| We seek advice and approval from appropriately trained professionals. All care plans are ammended accordingly | Substantially compliant |
| Inspection Findings: | |
| There are no residents in the home who have a specific behaviour management programme. However evidence from discussions with the registered manager would indicate if this were to be the case the appropriate trained | Compliant |

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| professional(s) would be duly consulted in this process. | |
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| 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. | |
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| Criterion Assessed: | COMPLIANCE LEVEL |
| 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support. | |
| Provider's Self-Assessment | |
| Staff are provided training, guidance and support to ensure Residents receive appropriate consistent good practice. | Compliant |
| Inspection Findings: | |
| Discussions with staff on duty at the time of this inspection, confirmed that they felt they are the necessary skills, training, support and supervision in place to meet the assessed needs of residents accommodated. However it was identified that staff have not received training in dementia nor with caring for behaviours that challenge. A requirement has been made for this training to be put in place for all staff. | Moving towards compliance |

| <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> |
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| <p>Provider's Self-Assessment</p> | |
| <p>Staff are aware of the importance of good recording and reporting skills whether to the senior person on duty or to relevant professionals</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | |
| <p>A review of accident and incident records from April 2014 to date of inspection evidenced that notification was made as appropriate, to the resident's representative, the trust and RQIA.</p> <p>A review of care plans confirmed that they were updated and reviewed with involvement from the trust and appropriate health care professionals. Discussions with the registered manager evidenced that 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>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. | |
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| Criterion Assessed: | COMPLIANCE LEVEL |
| <p>10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> | |
| Provider's Self-Assessment | |
| <p>Restraint has not been experienced within the home, however staff are aware of the requirement of record keeping and reporting in any instance it may have to be used as a last resort.</p> | Compliant |
| Inspection Findings: | |
| <p>The home has not a policy and procedure on restraint. A requirement has been made for such to be devised and put in place.</p> <p>General observations and discussions with the registered manager confirmed that there are no aspects of restraint used in the home other than the external door which has an unobtrusive baffle type lock, and another external door than has an alarm sensor. Advise and direction was given to ensure than such were recorded in the development of home's policy and procedural guidance on restraint and restrictive practices and for same to be kept under regular review.</p> | Moving towards compliance |

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

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| INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | 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. | |
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| 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 | |
| The programme of activities and events are specifically drawn up to be individually enhancing to meet residents needs. | Compliant |
| Inspection Findings: | |
| The home has and a policy and procedure on the provision of activities. A review of three residents' care records confirmed that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents at the time of this inspection, revealed they were complimentary on such provision and that they felt comfortable about raising suggestions with staff. | Compliant |
| Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events. | COMPLIANCE LEVEL |
| Provider's Self-Assessment | |
| Programmes are chosen specifically with individual's needs central to the choices of activities taking place. | Compliant |
| Inspection Findings: | |
| A review of the programme of activities showed that social activities are organised 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 in community based events. Discussions with staff confirmed that residents were provided with enjoyable and meaningful activities on a regular basis. | Compliant |

| STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents. | |
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| Criterion Assessed: 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 activities are created and developed with the assistance of residents... sometimes the suggestions arise from group discussions at our residents' meetings or at individual care planning reviews., where individual needs are focused and activities planned. | Compliant |
| Inspection Findings: A review of the record of activities provided and observation of residents who generally preferred not to participate in activities, confirmed that residents were given opportunities to put forward suggestions for inclusion in the programme of activities, and that their assessment of social and spiritual needs was duly assessed and cared for. Residents were also invited to express their views on activities by means residents' meetings although a recommendation has been made for the frequency of these meetings to increase to at least a quarterly basis, as the meeting was in April 2014. | Substantially 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 |
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| Provider's Self-Assessment | |
| While we often share scheduled activities on the notice board in the dining area and also on the activity sheets, we occasionally allow opportunity for unscheduled activities, and changes in planned activities depending on circumstances such as weather, changing needs of individuals , | Substantially compliant |
| Inspection Findings: At the time of this inspection, there was no programme of scheduled activities on display. A recommendation has been made for this to be put in place. | Not compliant |

| STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents. | |
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| Criterion Assessed: 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 | |
| All residents are enabled to participate as we ensure there is good provision and safe working equipment aids and support from others | Compliant |
| Inspection Findings: | |
| The home designates member of staff each day with for inclusion with these duties. General observations made at the time of this inspection, found that there was a good provision of equipment, and aids to support the provision of activities. These included craft materials, games, musical items, and dvds appropriate to age group. | Compliant |

| Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating. | COMPLIANCE LEVEL |
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| Provider's Self-Assessment | |
| The duration of the activities are gauged around the needs of the residents and their abilities. Also depending on the environment depending if it is conducive with the activity planned | Compliant |
| Inspection Findings: | |
| Discussion with care staff and residents evidenced 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 any activity. | Compliant |

| STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents. | |
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| Criterion Assessed: 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 | |
| Currently all of our activities are provided by the residential home staff which is closely monitored and or delivered by the home manager also as she is encouraging and developing staff skills through example and constructive feedback | Compliant |
| Inspection Findings: | |
| The senior care assistant confirmed that any person who is contracted in to provide activity, such as a visiting entertainer is supervised and assisted by staff during such provision. | Compliant |
| 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 | |
| All activities are provided by the staff team who would be aware of changing needs of residents | Substantially compliant |
| Inspection Findings: | |
| In discussion with the senior care assistant, the inspector was informed that such a person contacted in to bring activity to the home would be supervised and assisted by staff, so that the needs of residents were duly met at the same time. | Compliant |

| STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents. | |
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| Criterion Assessed: 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 | |
| Records are kept of all activities that have taken place and the names of residents participating | Compliant |
| Inspection Findings: | |
| A review of the record of activities confirmed that this record was maintained in accordance with this standard criterion. | 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 | |
| Our programmes are reviewed by residents at their residents meetings which are held monthly, or more often as necessary | Compliant |
| Inspection Findings: | |
| A review of the record of residents' meetings confirmed that activity provision and events is a standing item of agenda were such can be reviewed, however as detailed in criterion 13.3 the frequency of residents' meetings need to increase to at least a quarterly basis, as recorded. 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. | Compliant |

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

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

10.0 Inspection Findings

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with all the residents in the home at the time of this inspection. 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.

Some of the comments received included;

- "Everyone is very kind"
- "All is wonderful"
- "You couldn't be any better looked after"
- "No complaints"

No concerns were expressed or indicated.

11.2 Relatives/representative consultation

There were no visiting relatives in the home at the time of this inspection.

11.3 Staff consultation

The inspector spoke with one other member of staff on duty at the time of this inspection. This member spoke on a positive basis about the provision of care, the workload, the provision of training and managerial support.

No concerns were expressed.

11.4 Visiting professionals' consultation

There were no visiting professionals to the home at the time of this 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 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. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought. The last recorded complaint was in December 2013.

11.7 Environment

The home was found to be clean and tidy with a nice homely standard of décor and furnishings being maintained.

11.8 Guardianship Information

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.

11.9 Fire Safety

The inspector examined the home's most recent fire safety risk assessment dated September 2013. A requirement has been made for the annual assessment of such to be put in place and to submit in writing to the home's aligned estates inspector an action plan with timescales detailing how any recommendations from it will be met.

A review of the fire safety records evidenced that fire training, had been provided to staff on June 2014. The records also identified that an evacuation had been last undertaken on September 2013, for which a requirement has been made that the frequency of same must be at least twice yearly

Records confirmed that different fire alarms are tested weekly.

There was no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

No issues of concern were identified from the fire safety questionnaire completed by the registered manager, as submitted before this inspection.

11.10 Staffing

It was identified during this inspection that the night staffing arrangements are a sleep in provision of one member of staff. Given the number and needs of residents and the layout of the home this provision is considered inadequate and needs to be replaced with a wakened member of staff. A requirement has been made for this to be duly attended to.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with the Registered Manager Ms Morag Wylie, 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:

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



Quality Improvement Plan

Primary Unannounced Care Inspection

Oriel House

9 October 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with the Registered Manager Ms Morag Wylie 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. | 14(4) | <p>The registered person shall make arrangements, by training persons employed or by other measures, to prevent residents being harmed or suffering abuse or being placed at harm or risk of abuse.</p> <p>Reference to this is made in that;</p> <ul style="list-style-type: none"> • A policy and procedural guidance for staff on how to respond to resident's behaviours and behaviours that challenge must be devised and put in place. • A policy and procedural guidance on restraint and restrictive practices in keeping with good practice guidance and human rights must be devised and put in place, and for same to be kept under regular review. | <p>One</p> <p>One</p> | <p>A Policy and procedural guidance for staff on how to respond to resident's behaviour has been revised and updated and is currently in place. * see attached.</p> <p>A policy and procedural guidance on restraint and restrictive practices in keeping with good practice guidance and human rights has been devised.</p> | <p>9 December 2014</p> <p>9 December 2014</p> |
| 2. | 19(1) (a) Schedule 3(3)(k) | <p>The registered person shall –</p> <p>(a) Maintain in respect of each resident a record which includes the information, documents and other records specified in Schedule 3 relating to the resident;</p> <p>Schedule 3(3)(k) a contemporaneous</p> | One | All staff have been informed as to the importance of accurate and factual documentation, Adopting the "SMART" framework: | 9 November 2014 |

| | | | | | |
|----|---------------|---|-----|---|-----------------|
| | | <p>note of all care and services provided to the resident, including a record of his condition and any treatment or other intervention.</p> <p>Reference to this is made in that progress record entries that contain statements that the resident was “unsettled”. Such terminology needs to be clearly descriptive of the behaviour and account for the treatment / care given and effect of same.</p> | | <p>Specific Measurable Accurate Relevant Timely</p> <p>This has been discussed and reinforced further through staff meeting and supervisions where we have evaluated staff individual skills, including documentation</p> | |
| 3. | 20(1)(c)(i) | <p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents-</p> <p>(c) ensure that persons employed by the registered person to work at the home receive –</p> <p>(i) Appraisal, mandatory training and other training appropriate to the work they are to perform.</p> <p>Reference to this is made in that all staff must receive training in dementia and with caring for behaviours that challenge.</p> | One | <p>Staff have completed a number of various training days over the past 3 months... including Safe Administering and management of medication, (Boots Pharmacy); Safeguarding Vulnerable adults and Child Protection& Basic Food Hygiene , Dementia and managing challenging behaviours training is in the process of being arranged before 9th Jan through the Dementia Centre of Northern Ireland we are just awaiting confirmation from them of a date.</p> | 9 January 2015 |
| 4. | 27(4)(a) | <p>The registered person shall –</p> <p>(a) Have in place a current written risk assessment and fire management</p> | One | <p>A Fire Risk Assessment and Fire Management Plan was completed on 28/10/14 a copy</p> | 9 December 2014 |

| | | | | | |
|----|----------|---|-----|---|-----------------|
| | | <p>plan that is revised and actioned when necessary or whenever the fire risk has changed.</p> <p>Reference to this is made in that the last fire safety risk assessment is dated September 2013 and needs an annual update. Following completion of this assessment the registered provider must submit in writing to the home's aligned estates inspector an action plan with timescales detailing how any recommendations from it will be met.</p> | | <p>of which has been forwarded to the RQIA Estates Inspector with timescales detailing recommendations and how met. and Fire Management</p> | |
| 5. | 27(4)(f) | <p>The registered person shall – (f) ensure by means of fire drills and practices at suitable intervals, that the persons working at the home and so far as practicable, residents, are aware of the procedure to be followed in case of fire,</p> <p>Reference to this is made in that a review of the fire safety records evidenced that an evacuation had been last undertaken on September 2013, for which a requirement has been made that the frequency to at least twice yearly for staff.</p> | One | <p>A Fire Drill has been arranged for Tues 9th December during the next staff meeting</p> | 9 January 2015 |
| 6. | 20(1)(a) | <p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents-</p> <p>(a) Ensure that at all times suitably</p> | One | <p>All staff employed are suitably qualified and experienced and following a management review of staffing levels, Waking Night Duty is now in place 7 nights</p> | 9 November 2014 |

| | | | | | |
|--|--|--|--|---|--|
| | | <p>qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>Reference to this is made in that given the number and needs of residents and the layout of the home the provision of a sole sleep in arrangement on night duty is considered inadequate and needs to be replaced with a wakened member of staff.</p> | | <p>per week. This commenced on 03/11/2014</p> | |
|--|--|--|--|---|--|

| 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 | 1.2 | Residents' views are taken into account in all matters affecting them, and the home has forums or systems where residents and their representatives can express their views and be consulted about the running of the home. Reference to this is for the frequency of residents' meetings to increase to at least a quarterly basis, as the last meeting was in April 2014. | One | Monthly Resident Meetings arranged and commenced 14/10 /14. Minutes recorded by one of the residents. Activities planned for the next 4 weeks as a result of the meeting. Residents informed of the Programme of Activities Board which would be displayed daily in the dining area . | 9 December 2014 |
| 2. | 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. | One | A pinboard/whiteboard was purchased and is updated daily with daily activities chosen by Residents. It is displayed in the dining room for parusal. | 9 November 2014 |

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

| | |
|---|--------------------------|
| NAME OF REGISTERED MANAGER COMPLETING QIP | Morag Wylie |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | Margaret Teresa Thompson |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|------------|------------------|------------------------|
| Response assessed by inspector as acceptable | Yes | John McAuley | 22 December 2014 |
| Further information requested from provider | | | |