



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Drumary House (1152)

Date of Inspection: 16 October 2014

Inspector's Name: Alice McTavish

Inspection No: IN016960

The Regulation And Quality Improvement Authority
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1.0 General information

Name of home:	Drumary House
Address:	Knockmore Road Derrygonnelly BT93 6GA
Telephone number:	02868641736
Email address:	drumaryhouse@potensial.co.uk
Registered Organisation/ Registered Provider:	Potensial Ltd, John Farragher
Registered Manager:	Michelle Wright, acting
Person in charge of the home at the time of inspection:	Michelle Wright
Categories of care:	RC-LD, RC-LD(E)
Number of registered places:	17
Number of residents accommodated on day of Inspection:	13
Scale of charges (per week):	As negotiated with commissioning Trust
Date and type of previous inspection:	Secondary Unannounced Inspection 30 April 2014
Date and time of inspection:	Primary Announced Inspection 16 October 2014 10am – 5pm
Name of Inspector:	Alice McTavish

2.0 Introduction

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

This is a report of a primary 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 acting 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	9
Staff	2
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	10	3

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

Drumary House Residential Care home is situated in the village of Derrygonnelly in Co. Fermanagh close to all local amenities. The residential home is owned and operated by Potensial Ltd. Ms Michelle Wright has been acting manager of the home since July 2014 whilst a permanent manager is being recruited. Michelle Wright has worked in Drumary House for approximately 14 years in a variety of positions including deputy manager.

Accommodation for residents is provided both single and double rooms across the ground and first floors of the building. Access to the first floor is via stairs and stair lift. Communal lounges and dining areas are provided on the ground floor with one lounge containing with multi-sensory equipment. The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home. Drumary House is set within pleasant gardens and there is car parking space to the front and side of the building.

The home is registered to provide care for a maximum of 17 persons under the following categories of care:

Residential care

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

8.0 Summary of Inspection

This primary announced care inspection of Drumary House was undertaken by Alice McTavish on 16 October 2014 between the hours of 10:00am and 5pm. Acting manager Michelle Wright was available during the inspection and for verbal feedback at the conclusion of the inspection. Area manager Mark Warwick was also available during the inspection.

The requirements made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that these requirements have been addressed within the timescales specified by RQIA. The detail of the actions taken by Michelle Wright can be viewed in the section following this summary.

Prior to the inspection, on 9 July 2014, Michelle Wright completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Michelle Wright 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 returned staff questionnaires, 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 residents' behaviour. The home had a policy and procedure in place, however, this did not reflect best practice guidance in relation to restraint, seclusion and human rights, nor did it include the need for Trust involvement in managing behaviours which challenge. It did not detail that RQIA must be notified on each occasion restraint is used. A recommendation is made in this regard. See section 10 of the report.

Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. 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 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 acting manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team. A recommendation is made that the home's Statement of Purpose and Resident's Guide are updated to describe any restrictions which are currently used and the circumstances under which any future restrictions may be employed. See section 10 of the report.

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 Drumary 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 did not have a policy and procedure relating to the provision of activities. A recommendation is made in this regard. See section 10 of the report.

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. A selection of materials and resources were available for use during activity sessions. Appropriate records were maintained. A recommendation is made that the names of the residents who participate in activities is recorded. See section 10 of the report.

The evidence gathered through the inspection process concluded that Drumary 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 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 good standard.

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

No requirements and four recommendations 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, the acting manager, area 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 30 April 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	27 (4) (d) (i)	<p>The registered person shall –</p> <p>(d) make adequate arrangements – (i) for detecting, containing and extinguishing fires.</p> <p>Reference to this is made in that –</p> <ul style="list-style-type: none"> • The storage of combustible items such as a lawnmower and tins of paint in the basement area of the home must cease. Other items of storage must be removed from the vicinity of the boiler and if items are to be stored at all in this area, this must be done in consultation with the home’s fire safety advisor. • The location of zone three must be clearly labelled / displayed in the home’s fire zoning map. 	<p>Inspection of the basement area confirmed that the area in which the boiler is housed is now cleared of all combustible items.</p> <p>Examination of the fire zoning map confirms that the location of zone three is clearly displayed. An RQIA Estates Inspection was completed on 12 June 2014.</p>	Compliant

2	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> <p>Reference to this is made in that the home must submit the most up to date fire safety risk assessment with the fire management plan, together with an action plan to address any recommendation(s) made, to the home’s aligned estates inspector.</p>	<p>Examination of the risk assessment and fire management plan confirms that it is current. Discussion with area manager and email evidence confirms that a copy of the report has been sent to RQIA Estates Inspector. A copy of the Buildings Control Certificate issued by Fermanagh County Council on 7 July 2014 was made available for examination.</p>	Compliant
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10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
Each service user has an assessment of need, care plan and risk assessment which are regularly reviewed and adjusted to meet the needs of each individual service user. Staff are encouraged to read all relevant documentation in relation to the service user so that thorough knowledge and understanding is achieved in relation to the conduct, behaviours and means of communication of the service user. Staff are introduced to the policy in relation to dealing with service users with challenging behaviour. Furthermore, training is given in dealing with challenging behaviour, Values and Principles and communication such as Makaton.	Compliant
Inspection Findings:	
<p>The home had a policy and procedure document dated December 2010 in place. A review of the policy and procedure identified that it did not reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure did not include the need for Trust involvement in managing behaviours which challenge. It did not detail that RQIA must be notified on each occasion restraint is used. A recommendation is made that the policy document is reviewed.</p> <p>Observation of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge entitled 'Managing Challenging Behaviour' in June or August of 2014 which included a human rights approach.</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.</p>	Substantially compliant

<p>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 confirmed that staff had received training in the management of challenging behaviour and distressed reactions.</p>	
<p>Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>There is a procedure in place at Drumary House whereby any incidents are reported to the Registered Manager, details of which are documented on the organisation's data base, communicated in a handover and an incident form sent to RQIA. It is always important to understand why an incident took place and what is underlying. Partnership working and clear communication with other agencies and professionals is very important at this stage so that information can be shared and if possible, a solution can be sought.</p> <p>Furthermore, it is important to monitor uncharacteristic behaviours with the use of ABC charts and other monitoring tools, to discover any triggers or antecedents that have brought about the behaviours.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The policy and procedure document entitled 'Policy to Support People with Behaviour that Challenges (Including Restrictive Physical Interventions)', dated December 2010 included the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff . Agreed and recorded response(s) to be made by staff 	Compliant

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.

Three care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.

A review of the records confirmed that relatives and professionals had been informed appropriately.

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
<p>10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	
Provider's Self-Assessment	
<p>The individual service user's needs, behaviours and forms of communication are all clearly documented in the care plan. A consistent approach or response from staff members is also documented in the care plan, which will enable a positive outcome for the service user. In some cases, the service users behaviours are monitored with ABC charts which gives an indication of antecedents that may have triggered an episode of challenging behaviour - in this way practice can be monitored and evaluated, and adjusted if needs be. Debriefing would also take place between staff to make sure that our responses are correct and appropriate in each situation, furthermore a review should take place on a regular basis to make sure the approach is working.</p> <p>For ABC charts or incentive plans to be used, consent would need to be obtained from the service user and/or their representative. A 'contract' would need to be signed and agreed, so that the approach/response could be put into action.</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> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	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	
Potens has a professional behavioural therapist, Mel Abrahams, who would be communicated with if a specific behaviour management programme needed to be put into place. Overall, Potens has a referral policy which stipulates that partnership working with other professionals with specialist knowledge i.e. SALT, dietician, Chiropodist, O.T. is to be encouraged to bring about the best outcome for a service user.	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

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.5 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	
Potens has a behaviour therapist, Mel Abrahams, who would put together a behaviour management programme for a service user. Mel would take the time to train staff on the programme. Training is also sought from the Trust in the form of challenging behaviour. Guidance and support are given to staff during formal supervision and staff meetings. Debriefing is also important after an incident to offer support to staff.	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. A review of staff training records, however, evidenced that staff had received training in behaviours which challenge entitled ‘Managing Challenging Behaviour’ in June or August of 2014. Staff confirmed during discussions that they felt supported should any instance of managing challenging behaviour arise and this support ranged from the training provided, supervision and staff meetings.	Not applicable

<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>The procedure is that all incidents/accidents are reported to Registered Manager who makes sure a Form 1(a) is completed and sent to RQIA. Contact is made and information communicated to the Area manager, next of kin, statutory key worker. It is always important to review the situation as to why the incident occurred, and therefore a multi-disciplinary review of the service user's care plan and risk assessment would be carried out, with a clear plan as to how to resolve the situation.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>A review of the accident and incident records from 29 April 2014 to 4 September 2014 and discussions with staff identified that no incidents had occurred outside of the scope of a resident’s care plan.</p> <p>Staff confirmed during discussions that where any incident was managed outside the scope of a resident’s care plan, this was recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	<p>Compliant</p>

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment	
Potens has a Challenging Behaviour Policy in place which contains references to restraint and reflects the appropriate legislation. Restraint is only used as a last resort with staff being responsible and maintaining the dignity and respect of the service user. Staff are regularly trained in dealing with challenging behaviour and MAPPA. Records are kept of all incidents where restraint has been used, and a form (a) will be sent to RQIA with a description of any restraint holds that have been used. Debriefing will take place amongst staff which is recorded. The Statement of Purpose describes the types of restrictive practices that may be used.	Compliant
Inspection Findings:	
Discussions with staff, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint was only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful.	Substantially compliant
A review of the accident and incident records and residents' care records identified that RQIA, Trust personnel and the resident's representative are notified on occasions when any restraint has been used. The circumstances and nature of the restraint were recorded on the resident's care plan.	
Residents confirmed during discussions that they were aware of decisions that affected their care and they had given their consent to the limitations. A review of the minutes of the residents meeting indicated that residents had initiated discussion and had reached agreement that the front door should be locked and that visitors should ring the doorbell for admission.	
A review of individual care records identified that some forms of restriction were employed. These included the use of bed rails with protective bumpers for one resident.	

<p>Appropriate assessments had been completed by District Nursing and Occupational Therapy staff.</p> <p>A review of the home’s Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are described. A recommendation, however, is made that the Statement of Purpose and the Residents Guide are updated to include that the front door is locked, also to describe how any future restraint or restrictive practice will only be employed following appropriate assessments and that the use of any restrictions will be regularly reviewed and reduced in line with best practice guidelines.</p>	
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<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

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

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider's Self-Assessment	
The Statement of Purpose and Residents' Guide indicates there is a procedure in place to organise structured activities for the service users based upon their needs, interests and hobbies. The service users hobbies and interests are recorded in their assessment of need and their care plans, which are reviewed regularly to monitor successful outcomes for the service users.	Compliant
Inspection Findings:	
<p>The home did not have a policy on the provision of activities. A recommendation is made that a policy on the provision of activities is developed.</p> <p>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>	Substantially compliant

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>Potens have just launched a new service the "Oasis Club" which includes activities for all ages and all interests. It promotes social inclusion for service users within the wider community, from ice skating at Dundonald to an enjoyable day at the Lammas Fair. Exercise is also encouraged with the creation of a walking group. The programme of activities are evaluated with the use of minutes of service user meetings, quality assurance questionnaires and reviews. The service users' spiritual needs are accommodated with regular attendance facilitated and church and chapel.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Examination of the programme of activities identified that social activities are organised on a daily basis.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents’ needs and preferences. The programme took into account residents’ spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	<p>Compliant</p>

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Regular feedback is sought from our service users by means of service user meetings, quality assurance questionnaires, reviews and monthly summaries, whereby our service users are invited to comment on the quality of the service provided. The service users are regularly asked for their contribution in the creation of a programme of activities, so that their needs are being met.	Compliant
Inspection Findings:	
A review of the record of activities provided and discussions with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of Quality Assurance Surveys issued annually by the home, in residents meetings, in one to one discussions with staff and in care management review meetings.	Compliant

Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Service user meetings evidence that the service users are asked for their contributions and thoughts in relation to creating a structured activities programme. The activities programme is displayed in the dining room on a notice board which contains a variety of newsletters, events etc.	Compliant
Inspection Findings: On the day of the inspection the programme of activities was on display in the dining room. This location was considered appropriate as the area was easily accessible to residents and their representatives. Discussions with residents confirmed that they were aware of what activities were planned. The daily programme of activities was presented in an appropriate format to meet the residents' needs.	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:	COMPLIANCE LEVEL
13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	
Provider's Self-Assessment	
There are a range of activities available in the home that take into account cognitive impairments and sensory needs. A comfort fund has been recently set up that has provided the home with a sensory room and sensory equipment, particularly for service users who are at home during the day. There are also a selection of games, puzzles, arts and crafts which take place in the dining room and lounge areas. Support is offered to service users who require it.	Compliant
Inspection Findings:	
Activities are provided for on a daily basis by care staff and include a wide range of outings and social events. Care staff and residents confirmed that there was an plentiful supply of activity equipment available. This equipment included arts and crafts equipment, puzzles, board games, magazines, CDs, DVDs. Much of the equipment is supplied by Drumary House. The Friends of Drumary House group engaged in fundraising activities and the proceeds were used to purchase and supply the multi-sensory equipment.	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
Provider's Self-Assessment	
The programme of activities aims to be as inclusive and as varied as possible. Some activities are made quite short for service users whose concentration and attention span is limited, other service users like to sit and concentrate playing board games such as draughts, chess etc.	Compliant
Inspection Findings:	
Care staff, the registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Occasionally, volunteers/befrienders take our service users out to social events etc. The activities are monitored and written up in daily notes to provide a record of events. The service users also go to events such as FVAD, the Oasis Club and Gateway. Records are written up in the daily notes as a record of activities.	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	
Clear communication is used with outside agencies who are providing activities to service users. Staff are informed of any changed needs in relation to the service users, usually in the form of a communication book. Feedback is generally given as a response in the communication book when it returns to the home.	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

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
The service users' daily notes are completed each day and include any activities that have taken place. The record also documents the time and place and which staff member took the individual service user. The record also reflects how well the activity went.	Compliant
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity and the name of the person leading the activity; the names of the residents who had participated in or observed the activity were not routinely recorded. A recommendation is made in this regard.	Substantially compliant

Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The Programme is reviewed at least twice yearly, but the service users have the opportunity during service user meetings, quality questionnaires, reviews, monthly summaries or general discussion to review the activity programme and adjust it to meet their changing needs and levels of support.	Compliant
Inspection Findings:	
A review of the programme of activities identified that it had last been reviewed on 6 October 2014 following the residents meeting in which activities are discussed and agreed on a monthly basis. The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	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 three residents individually and with others in groups. Residents were observed relaxing in the communal lounges, in the dining area or in the large dining kitchen. 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:

'I couldn't complain about anything...I like living here.'

'They (the staff) are all very good.'

'The staff look after me well. I get plenty of chances to go out and there is plenty to keep me busy. I do cookery with the staff, go dancing, go to the social clubs and I am going to the Gala Ball.'

11.2 Staff consultation/Questionnaires

The inspector spoke with two staff members, a senior care assistant and a care assistant and three 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:

'If my family member had to live in a care home, this is the place I would choose. I would recommend here to anyone as they (the staff) give 100 per cent'

'I enjoy working with all the staff here. The residents are very content living here.'

11.3 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.

11.4 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.

11.5 Complaints

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

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

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

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

11.6 Environment

The inspector viewed the home accompanied by Ms Michelle Wright and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard.

11.7 Guardianship Information

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

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

11.8 Fire Safety

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

The inspector examined the home's most recent fire safety risk assessment dated 9 July 2014.

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

A review of the fire safety records evidenced that fire training had been provided to staff on 29 May 2014 and on 21 September 2014. The records also identified that an evacuation had been undertaken on 11 October 2014. Night time evacuations are also practiced; the last night time evacuation was on 19 April 2014. 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.

11.9 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Ms Michelle Wright who confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Michelle Wright as part of the inspection process.

The timescales for completion commence from the date of inspection.

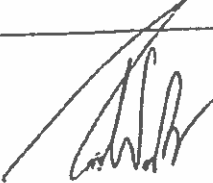
The registered provider/manager is required to record comments on the Quality Improvement Plan.

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:

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

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	Michelle Wright
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	YES.	Alicia McGaugh	8 Dec. 2014
Further information requested from provider			