



The **Regulation and  
Quality Improvement  
Authority**

## **Announced Primary Care Inspection**

**Name of Establishment:** Rectory Field  
**RQIA Number:** 1220  
**Date of Inspection:** 4 November 2014  
**Inspector's Name:** Ruth Greer  
**Inspection ID:** IN017766

**The Regulation And Quality Improvement Authority  
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**1.0 General Information**

<b>Name of Establishment:</b>	Rectory Field
<b>Address:</b>	19b Limavady Road Londonderry BT47 6JU
<b>Telephone Number:</b>	028 7134 7741
<b>E mail Address:</b>	dolores.moran@westerntrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Western HSC Trust Ms Elaine Way
<b>Registered Manager:</b>	Ms Dolores Moran
<b>Person in Charge at the time of Inspection:</b>	Ms Dolores Moran
<b>Categories of Care:</b>	RC-I
<b>Number of Registered Places:</b>	35
<b>Number of Residents Accommodated on Day of Inspection:</b>	15
<b>Scale of Charges (per week):</b>	Trust Rates
<b>Date and Type of Previous Inspection:</b>	16 April 2014 Secondary unannounced inspection
<b>Date and Time of Inspection:</b>	4 November 2014 10.00 to 15.30
<b>Name of Inspector:</b>	Ruth Greer

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

Any other information received by RQIA about this registered provider and/or the service delivery has also been considered by the inspector in preparing for this inspection.

## 5.0 Consultation Process

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

Residents	12
Staff	3
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	22	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:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	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.
<b>3 – Moving towards compliance</b>	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.
<b>4 - Substantially compliant</b>	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.
<b>5 - Compliant</b>	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

Rectory Fields Residential Care home is situated on the Waterside area of Londonderry.

The residential home is owned and operated by The Western Health and Social Care Trust. The current registered manager is Ms Dolores Moran.

Accommodation for residents is provided in single bedrooms in this single storey building.

Communal lounge and dining areas are provided in various locations throughout the home.

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 35 persons under the following categories of care:

### Residential care

*RC 1 Old age not falling into any other category*

## 8.0 Summary of Inspection

This primary announced care inspection of Rectory Fields was undertaken by Ruth Greer on 4 November 2014 between the hours of 10.00 am and 3.30 pm. Ms Moran was available during the inspection and for verbal feedback at the conclusion of the inspection.

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

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

### 8.1 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 which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that 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 also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

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

## **8.2 Standard 13 - Programme of Activities and Events**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. In the absence of a designated activity coordinator activities are provided by designated care staff or are contracted in. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Rectory Fields was compliant with this standard.

## **8.3 Resident, Representatives, Staff and Visiting Professionals Consultation**

During the course of the inspection the inspector met with residents and staff. There were no visiting professionals or visitors during the course of the inspection. Questionnaires were also completed and three were returned by staff in time for inclusion in this report.

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.

## **8.4 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.

## **8.5 Environment**

The areas of the environment viewed by the inspector presented as clean, organised and adequately. Décor and furnishings were found to be tired and dated in parts but remain fit for purpose.

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

No requirements and no recommendations were made as a result of the primary announced inspection.

The inspector would like to thank the residents, registered manager and staff for their assistance and co-operation throughout the inspection process.



**9.0 Follow Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 16 April 2014**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 25.4 Regulation 20 (1) (a)	Staffing levels should comply with the RQIA guidance.	Since the previous inspection the WHSCT have increased staff hours to address the deficit noted.	Compliant
2	Regulation 27 (1) (b)	Fire doors should not be propped open at any time.	Additional fire training has been provided for staff. On the day of the inspection no fire hazards were noted in the home.	Compliant

## 10.0 Inspection Findings

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>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.</p>	
<b>Provider's Self-Assessment</b>	
<p>Information regarding each individual resident's usual conduct, behaviours and means of communication is gathered from a variety of different sources i.e. initial assessment of potential resident, care manager, relatives, carers. This information is provided on initial admission and monitored regularly which ensure that staff have a full understanding of these needs and how to respond in positive ways to promote positive outcomes for individual residents.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The home had a Responding to Residents Behaviours policy and a Restraint and Restrictive Practice policy in place. A review of the policies identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policies included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on any occasion restraint is used.</p> <p>Observation of staff interactions, with residents, identified that informed values and an in depth knowledge of residents as individuals ensured that restrictive strategies were not needed/used in the home.</p> <p>A review of staff training records identified that care staff had received training in behaviours which challenge in 2014. The content of the training showed that it included a human rights approach.</p> <p>A review of six residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p>	Compliant

<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><b>Criterion Assessed:</b>          10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>If a resident presents with behaviours that are uncharacteristic and concerning, staff will seek to understand any reasons for this behaviour i.e. such as infection or environmental changes, report to manager on duty. Staff recognise that uncharacteristic behaviour and causes of concern are also multi-factoral and can be triggered by and contributed to by mental/physical illness, communication difficulties, emotional and cultural differences. The manager will monitor the situation and If necessary, will seek advice and guidance with relevant professionals such as G.P.,Challenging Behaviour Team, Psychogeriatrician to ensure appropriate interventions and responses. Equally the manager will liaise with family members / representatives where appropriate.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The policy in place included the following:</p> <ul style="list-style-type: none"> <li>. Identifying uncharacteristic behaviour which causes concern</li> <li>. Recording of this behaviour in residents care records</li> <li>. Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>. Reporting to senior staff, the trust, relatives and RQIA.</li> <li>. Agreed and recorded response(s) to be made by staff</li> </ul> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Six care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b> 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>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>If a resident is assessed and needing a consistent approach from staff, it would be detailed in the residents care plan. Every effort would be made to ensure the response would be appropriate and consistent. Good communication between staff, residents and their representatives and any other professionals involved with a resident is vital to ensure continuity of care and a consistent approach.</p>	Compliant
<b>Inspection Findings:</b>	
<p>A review of six 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
<p><b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>When a resident requires a specific behaviour management programme, it would be compiled by and followed under the advice and direction of relevant appropriate trained professional such as Challenging Behaviour Nurse. This management programme would be incorporated into the residents care plan and communicated to all relevant staff to ensure a consistent approach.</p>	Compliant

<b>Inspection Findings:</b>	
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
<b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
If a specific behaviour management programme has been put in place by a professional for any resident, staff are given appropriate support, guidance and training by Challenging Behaviour Team to ensure plan is implemented correctly and consistently. This is then monitored by both manager within the home and Challenging Behaviour Team.	Compliant
<b>Inspection Findings:</b>	
There is no specific multi-disciplinary behavioural modification plan in place for any resident. One care plan evidenced that the home had worked with the community team in respect of a specific element in the behaviour of one resident. The community professional provided advice and monitored the matter for some weeks. After review it was agreed that the home is managing the issue effectively. Records showed that the community team have discharged the resident's case but continue to provide an advice service should this be required for staff .	Compliant
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
If an incident was managed outside a residents agreed care plan, this would be recorded and reported to all relevant professionals such as Care Manager, Challenging Behaviour Team, RQIA etc and to residents representative. Following any such incident the residents individuals care plans and risk assessments would be updated on advice following a multi-disciplinary review.	Compliant

<b>Inspection Findings:</b>	
<p>A review of the accident and incident records from the date of the previous inspection and discussions with staff identified that residents’ representatives, Trust personnel and RQIA had been appropriately notified.</p> <p>A review of 6 care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p>	
<p><b>Criterion Assessed:</b> 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>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>All staff would adhere to the Trust's and regional policies on the use of restraint. Restraint is not being used in the care of any resident currently in Rectory Field.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Discussions with staff, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint was never used in the home and would only be considered as a last resort by staff to protect the residents or other person when other strategies had proved unsuccessful.</p> <p>There are four residents who have bedside pressure mats. Documentation examined showed that the care files contain falls risk assessments undertaken by an OT in respect of these residents and that the residents and their families have been informed of the identified risk and agreed to the use of the alarm mats.</p> <p>There are no residents who have been assessed as requiring bed rails.</p> <p>A review of records, discussions with residents and staff and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home’s Statement of Purpose.</p>	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

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

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
There is a flexible programme of activities within Rectory Field. This programme takes into account the various interests of the current group of residents. Staff have identified interests through individual activity assessments and strive towards ensuring these interests are provided for, as much as possible, within current activity programme.	Compliant
<b>Inspection Findings:</b>	
<p>The home had a policy on the provision of activities. The policy states that "an activity assessment is carried out for every resident within the first four weeks of admission". A review of six care records evidenced that individual social interests and activities assessments were in place in the needs assessment and the care plan.</p> <p>Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant



<p><b>Criterion Assessed:</b> 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>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>The current programme of activities strives to include the criterion set out in this standard. It includes activities requested by residents and fully involves community groups to ensure residents are an integral part of the local community.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Examination of the programme of activities identified that social activities are organised each afternoon on week days.</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. The programme showed that in the two weeks prior to the inspection activities included bingo, crafts, sing a longs, pamper sessions, bowls and a Halloween party.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>If a resident prefers to stay in their bedroom then their wish is respected. Each resident including anyone who stays in their bedroom is given the opportunity to contribute to suggestions regarding the programme of activities through residents meetings and residents personal care reviews and their individualised activity assessment.</p>	Compliant

<b>Inspection Findings:</b>	
<p>A review of the record of activities provided and discussions with residents, including residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, resident one to one discussions with staff and care management review meetings.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>The programme of activities are displayed on all communal living areas throughout the home so residents and their representatives know what activity is scheduled.</p>	Compliant
<b>Inspection Findings:</b>	
<p>On the day of the inspection the programme of activities was on display in communal areas throughout the home. These locations were considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>To enable the residents to participate in any activity of their choice, any required equipment, aids or support from staff is always provided.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Activities are provided for approximately an hour each week day by designated care staff.</p> <p>The care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included craft materials, prizes for games etc.</p> <p>There was confirmation from staff/the registered manager that a designated budget for the provision of activities was in place. The activity budget is funded by the Friends of Rectory group and by the organisation in control.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>The duration of each activity and time-table will always take into account the needs and abilities of our residents participating.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The care staff and registered manager confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>The home commissions activities and entertainment from outside providers at times. On these occasions the manager will ensure that these providers are suitably qualified or experienced. A member of the homes staff is always present to supervise and assist with the activity.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The registered manager confirmed that the Waterside Theatre Company is currently providing an inter-generational programme in the home which is in partnership with children from the adjacent primary school. This takes the form of a weekly session for three months and the children come to the home and work alongside the residents.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>If an activity is provided by a contracted provider, prior to the activity, staff will share appropriate information about any needs that may impact on activity to ensure the resident receives the best benefits from the activity. When a resident participates in any activity provided by a non-staff member, staff from the home are always present to monitor the suitability of the activity for any individual participating.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The registered manager confirmed that a system was in place to monitor any sessions provided by any person contracted to provide activities (who was not a member of the home's staff) affect their participation in the planned activity.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>A record is kept in the home of all activities that have taken place. This record details the activity, who participated, who carried out activity and whether or not the resident enjoyed / benefited from activity.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>The programme of activities is reviewed on an ongoing basis and is formally reviewed with residents at resident meetings.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of the programme of activities identified that it is regularly at residents meetings. The records also identified that the programme had been reviewed at least twice yearly.</p> <p>The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

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

## 11.0 Additional Areas Examined

### 11.1 Resident's consultation

The inspector met with 14 residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

*"It's not quite home but it's the next best thing"*

*"I always go to activities I like to join in"*

*"I love the children coming in "*

### 11.2 Relatives/representative consultation

There were no visiting relatives.

### 11.3 Staff consultation/Questionnaires

The inspector spoke with three staff of different grades 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:

*"I have worked here for years and the care has always been good"*

*"We just want to try to make the residents happy and cared for"*

### 11.4 Visiting professionals' consultation

There were no visiting professionals.

### 11.5 Observation of Care practices

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

## 11.6 Care Reviews

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

## 11.7 Complaints

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

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

A review of the complaints records evidenced that one complaint had been received since the previous inspection and this had been investigated in a timely manner and the complainant's satisfaction with the outcome of the resolution was sought.

## 11.8 Environment

The inspector viewed the home Ms Moran 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 satisfactory and although fit for purpose many areas of the home had tired and dated décor and furnishings.

## 11.9 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.

## 11.10 Fire Safety

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

The inspector examined the home's most recent fire safety risk assessment dated 10 February 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 21 February 2014 and 23 October 2014. The records also identified that a mock evacuation had been undertaken on both dates and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

### **11.11 Vetting of Staff**

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

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Dolores Moran, 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:

**Ruth Greer**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



No requirements or recommendations resulted from the **primary announced** inspection of **Rectory Field** which was undertaken on **4 November 2014** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

SIGNED: *Eaine Hay*  
 NAME: Registered Provider  
 DATE 11.12.14

SIGNED: *Dolores Moran*  
 NAME: Dolores Moran  
Registered Manager  
 DATE 27/11/2014

Approved by:	Date
<u><i>Duffree</i></u>	<u>29.12.14</u>