



The Regulation and  
Quality Improvement  
Authority

## **Announced Primary Care Inspection**

**Name of Establishment:** The Cottages  
**RQIA Number:** 1224  
**Date of Inspection:** 27 November 2014  
**Inspector's Name:** Ruth Greer  
**Inspection ID:** IN017770

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

<b>Name of Home:</b>	The Cottages
<b>Address:</b>	Shepherds Way Dungiven Road Derry BT47 5GW
<b>Telephone Number:</b>	028 7134 4484
<b>E mail Address:</b>	marie.mullan@westerntrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Western Health and Social Care Trust Elaine Way
<b>Registered Manager:</b>	Ms Marie Mullan
<b>Person in Charge of the Home at the Time of Inspection:</b>	Ms Mullan
<b>Categories of Care:</b>	RC-LD ,RC-LD(E)
<b>Number of Registered Places:</b>	8
<b>Number of Residents Accommodated on Day of Inspection:</b>	7
<b>Scale of Charges (per week):</b>	Trust rates
<b>Date and type of Previous Inspection:</b>	29 April 2014 Secondary unannounced inspection
<b>Date and Time of Inspection:</b>	27 December 2014 10:00-15:15
<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; and
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011).

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

## **4.0 Methods/Process**

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

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

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

- analysis of pre-inspection information;
- discussions with the registered manager;
- examination of records;
- observation of care delivery and care practice;
- discussions with staff;
- discussion with one resident in the home at the time;
- inspection of the premises; and
- evaluation of findings and feedback.

## 5.0 Consultation Process

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

Residents	1
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		5

## 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

The Cottages Residential Care home is situated in Londonderry off a main arterial route into the city centre.

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

The home provides respite accommodation on a “rolling” planned basis for a number of clients who live in the community. There are no permanent residents in the home.

Accommodation for residents is provided in single and double rooms in a single storey building.

Communal lounge and dining areas are provided.

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 8 persons under the following categories of care:

### Residential care

<i>LD</i>	<i>Learning Disability</i>
<i>LD(E)</i>	<i>Learning Disability – over 65 years</i>

## 8.0 Summary of Inspection

This primary announced care inspection of The Cottages was undertaken by Ruth Greer on 27 November 2014 between the hours of 10:00 and 15:15. Ms Mullan was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of inspections on 26 November 2013 and 28 April 2014 were also examined. It should be noted that the unannounced inspection on 28 April 2014 was undertaken while the home was in temporary accommodation while renovation was being undertaken in the registered premises.

Review of documentation demonstrated that the home is compliant with three of four requirements made and substantially compliant with one. The home is compliant with one of the two recommendations and not compliant with one. The detail of the actions taken by the manager can be viewed in the section following this summary.

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

During the inspection the inspector met with one resident, 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 not used in the home and would only be considered as a last resort if a resident was in danger.

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. Ms Mullan 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 their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that The Cottages was substantially 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. 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 The Cottages is substantially compliant with this standard.

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

During the course of the inspection the inspector met with the one resident in the home and staff. There were no professionals nor families in the home on the day of the inspection. Questionnaires were also completed and returned by staff.

In discussions with the resident he indicated that that he was happy and content with his stay in the home, with the facilities and services provided and his 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 the resident 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 resident with dignity and respect taking into account his views. Good relationships were evident between resident and staff.

## **8.5 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 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.



Two requirements and two recommendations (one restated from the previous inspection) 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 resident, 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 28 April 2014**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Regulation 27 (4)(b) The Residential Care Homes Regulations 2005 (NI)	Fire doors should not be wedged open at any time.	Magnetic fire door openers linked to the fire alarm system have been fitted	Compliant

### 9.1 Follow Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 26 November 2013

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Regulation 14 (2) (c) and Regulation 27 (2) (a)	Confirmation should be sent to the RQIA that the numbers of residents accommodated at any one time will be restricted (where indicated by an assessment of need) to ensure their individual safety and welfare.	Ms Mullan confirmed that if required by the needs of the residents numbers accommodated at any one time may be less than the registered eight places.	compliant
2	Regulation 15 (1) (a)	Confirmation should be sent to the RQIA that individual risk assessments are undertaken before residents are admitted. The risk assessment should reflect the limitations of the premises and the compatibility of the resident with others accommodated at the same time.	The respite service in the Cottages is used by approximately 100 persons. Around 80 of these have had an updated assessment. The remainder are not yet completed as most have no designated community named worker. Ms Mullan confirmed that as these residents are admitted the home is updating the risk assessments.	Substantially compliant
3	Regulation 19 (2) (b) and Schedule 4.6 (g)	Records specified by legislation must be held in the home and available for inspection at all times.	Ms Mullan confirmed this to be the case. All records required by the inspector were in the home.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Standard 11.3	A pre review progress report should be prepared for all reviews and a copy held in the residents' files.	A template has been devised and implemented for this purpose.	Compliant
2	Standard 16.6	A copy of the outcome of any investigation under the abuse of vulnerable adult procedures should be held in the home.	Referrals are made to the Trust safeguarding team for screening when required. There is no process in place to provide the home with the outcome of this process. There is a small number of cases which have no outcome recorded. This matter is re stated.	Not 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> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> When a client is referred to respite services the community keyworker i.e. social worker / community nurse forwards to manager a client profile risk assessment and any other relevant documentation relevant to service area. Staff within respite will complete relevant individual care plans and risk assessment and cascade information through to team members - thus promoting a high level of individual care based on clients assessed needs to ensure a positive outcome.	Compliant
<b>Inspection Findings:</b> The home had a <b><i>Restrictive Practice policy</i></b> in place. The policy was dated November 2011 and had been reviewed and updated in January 2014. There was no policy on Managing Challenging Behaviours available for inspection. A review of the policy on restrictive practice reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It detailed that RQIA must be notified on each occasion restraint is used.  Observation of staff interactions, with residents, identified that informed values and a knowledge of the residents usual behaviours ensured that restrictions were not used.  A review of staff training records identified that all care staff had received training in behaviours which challenge as follows: <ul style="list-style-type: none"> <li>• Restrictive Practice on 11 June 2014;</li> <li>• Human Rights Awareness on 10 June 2014; and</li> <li>• Discovering Diversity in November 2014.</li> </ul>	Substantially compliant

<p>A review of <i>six</i> residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident’s usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	
<p><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>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p>	
<p>When a client presents with unusual behaviours staff document all details, complete ABC charts and if necessary complete incident form and a 1A form to RQIA. Staff will then discuss issues with relevant members of multi-disciplinary teams i.e. GP, Consultant, keyworker, family member, behavioural team. This can be done in a multi-disciplinary team meeting or separate communication can be made often by telephone / email. On the direction from all members a care plan will be further completed to identify interventions should the unusual behaviours re-occur this information is shared with team members.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Staff who spoke with the inspector demonstrated knowledge and understanding in relation to:</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; and</li> <li>• agreed and recorded response(s) to be made by staff.</li> </ul> <p>Six care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p>	Compliant

<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>
<p><b>Provider's Self-Assessment</b></p>	
<p>Any approach or response to a client behaviour will be clearly documented in client's careplans. Staff are ongoing with reviewing of careplans and any details in response to any situation is recorded and discussed on discharge from respite or if necessary via telephone during clients stay in respite. All information is shared with the community keyworker.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of six care plans identified that when a resident needed a consistent approach or response from staff, this was detailed. Residents are admitted to the home for a few days at a time throughout the year. The assessment and care plan for each resident is reviewed pre and post each period of respite.</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>
<p><b>Provider's Self-Assessment</b></p>	
<p>All behavioural plans are written up after assessment is collectively gathered and clear guidelines are documented to share with staff team. This allows the careplan individual to the specific need to be written so clear guidelines are in place. Should any Restrictive Practice Guidelines be required after M.T meeting then a specific Risk Assessment / Restrictive Intervention form is provided so staff can document accordingly any issues which may arise. This information is shared with all relevant members of the MDT. Staff also have received training on Restrictive Practices and are aware of the specific policy in place.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>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.</p>	Not applicable

<p><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.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Staff have had a one day training session on (MAPA) Management of Actual or Potential Aggression. This training provides staff with the guidance of what physical intervention skill to deal with the situation. Staff are also aware of policies in place. This training is at present being rescheduled for all teams as it's a mandatory once a year training course. All staff are made aware of the behavioural plans in place and best ways of dealing with potential / actual incidents. Staff are also aware of the protocol regarding reporting incidents. On-call support is provided 8pm - 8am by Cottages senior staff and there is also a senior management on call available for staff regarding support. During the day there is also an on-call duty social worker to liase with based at Lakeview Hospital.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, de-brief sessions, and staff meetings. Discussions with staff indicated that they were knowledgeable in regard to the care plans in place and have the opportunity to familiarise themselves of any changes since a residents previous admission to the home.</p>	Compliant
<p><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.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Any situations that arise outside of the residents care plan is discussed with family / NOK during clients stay in respite or on discharge. Other members of MDT are made aware of issues to enable support and direction to be given to ensure staff are competent to deal with presenting issue. Should any further guidelines be sought the keyworker will discuss with behavioural team.</p>	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 about any incident outside of the care plan for example a fall, or illness.</p> <p>Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	Compliant
<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>As per restraint / intervention policy all staff are aware that any restrictive practice is a last resort. There are many different forms of restraint so mandatory training informs team of forms / causes / needs and so promotes restraints as a last strategy approach and other diversions must be used firstly. All documentation details are noted i.e. daily care plan. Any required interventions are all noted in relevant forms to be shared with keyworker and all issues discussed on discharge with families.</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 is not used in the home and would only be considered as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful.</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>
	Substantially 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>	<b>COMPLIANCE LEVEL</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>Provider's Self-Assessment</b>	
<p>Within the unit we have a scheduled programme of activities. This simply gives some structures to a plan of varied activities. Whilst each group changes every week all activities organised need to be appropriate to likes and wishes of client. On a weekly basis clients have the opportunity to meet to talk about their week stay in the unit. The schedule is not restrictive as it can change depending on requests. Clients are transported to and from their place of work. The majority of service users like to maintain this important routine to their day for the exception of a small number of clients who may wish that during stay they have a break / holiday from their work. Two days per week of recent, Derry City Council have made provision for music sessions within the service. This was a huge success - DCC will be hoping for this to continue as clients absolutely loved this music session. Social activity books are completed daily by staff for inspection purposes. Recently clients attended a local charity event at Beechill Hotel which they enjoyed.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The home did not have a policy on the provision of activities. A review of six care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussions with the resident 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><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>
<b>Provider’s Self-Assessment</b>	
<p>All activities organised are age appropriate, specific to needs and likes of the service user. A number of clients specifically request to attend mass/church when they come in to respite for a short break. The staff accommodate these requests and attend local mass/church. Other structured activities allow for integration to community such as local bowling alley and meals out in local restaurants. Clients recently attended a local charity event at Beechill Hotel. Another facility they attend is at Artspace Eglinton which is a local excellent social activity unit which organises many functions. Clients are given choices / preferences as to what they wish to do whilst in respite.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Examination of the programme of activities identified that social activities are organised every evening and at weekends. Most residents continue to attend their day care placements while in the home for respite.</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>	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>
<b>Provider’s Self-Assessment</b>	
<p>Any client who wishes to stay in their room are of a small number and staff need to be vigilant in case of any isolation that could occurs from this. These clients likes are met by staff providing their likes such as tv, radio, specific music CDs. Supervisions and encouragement is still provided to these service users so that they also have opportunity to integrate in group settings also. Families and keyworkers also share information with staff on admission to likes / dislikes.</p>	Compliant

<b>Inspection Findings:</b>	
<p>A review of the record of activities provided identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Each Monday evening the residents admitted for that week meet to discuss the activities for their week's stay. Minutes of these meetings showed that residents choose what they want to do and staff, as far as possible, organise.</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>Programme of activities are displayed clearly so clients and families are aware of what is scheduled. Families also share pocket monies with staff. All receipts on expenditure spent are available so families are aware of what activities / events they use monies on and any monies not spent are returned home to family on day of discharge. These activities are scheduled into the statement of purpose within unit. All families are informed of events / social activities that happen. Pictorial and written schedule is on display on activity chart in kitchen area.</p>	Compliant
<b>Inspection Findings:</b>	
<p>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.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs both written and pictorial</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>All necessary equipment and support is provided by staff to assist clients e.g. some clients enjoy to participate in cooking - equipment and support to assist clients with task, shopping, arts and crafts and beauty therapy. All items required are purchased as dictated via budget.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Activities are provided for residents each evening and at week ends.</p> <p>The care staff confirmed that there was an acceptable supply of activity equipment available. This equipment included supplies for artwork, craft, beauty sessions. Many activities are community based for example cinema, bowling and shopping.</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>All activities that are structured within the unit are age appropriate, relevant to all clients inclusive of their personal choice. All activities are planned activities i.e. in accordance with schedule of daily routine of unit. This routine can vary according to needs of client group using the service. Any new ideas are added to the schedule such as music therapy and in the short immediate future art therapy. DCC have confirmed that we may be able to avail of various therapies.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The 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>Only person contracted into home of recent was Derry City Council. These persons are local musicians. At present funding being sought for further provision of service, scheduled for January. This service is available in every residential and nursing home in Derry and Strabane, all sessions are monitored with staff and are fantastic. The background is a project set up by DCC. The persons who provide the music therapy have experience in community work, working in deprived areas of the community, working in rehabilitation in prisons, others have psychology degrees and masters in community performance.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The registered manager confirmed that there were monitoring processes in place to ensure that any outside entertainers had the necessary knowledge and skills to deliver the activity.</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>All music sessions involve clients and staff within the service. No one is left unattended at any point. These persons are made aware of any relevant issues of clients in relation to musical sessions happening, and communication is shared to the musicians regarding those who can communicate verbally, those without communication, those who can partake in physical activity or those who quietly sit back and enjoy the music.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The registered manager confirmed that any outside entertainers are at all times accompanied by staff who are well able to monitor and assess the tolerance level if each resident.</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>
<b>Provider's Self-Assessment</b>	
<p>Social activity books are completed daily by staff. All client activities are noted on a daily basis. This record is kept for inspection purposes. The largest percentage of clients attend local places of work and staff transport clients to and from their work to maintain continuity at the request of the client.</p>	Compliant
<b>Inspection Findings:</b>	
<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>
<b>Provider's Self-Assessment</b>	
<p>The activity programme is reviewed twice yearly and any new choice or idea is added to the planner. Any other functions of interest outside of the planner are organised for clients to attend.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Due to the nature of the service of this home activities are reviewed on a weekly basis. See inspector's comments at point 13.3.</p> <p>It should be noted that for many of the residents having a respite period in the home constitutes an activity in itself and something to be looked forward to.</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>
	Substantially compliant

## **11.0 Additional Areas Examined**

### **11.1 Resident's consultation**

The inspector met with one resident who was in the home during the inspection. He was at times relaxing in the communal lounge and resting in his bedroom. In accordance with his capabilities he indicated/expressed that he was happy and content in the home. No concerns were expressed or indicated.

Comments received included:

- "I like it, a wee holiday"

### **11.2 Relatives/representative consultation**

No family members were in the home.

### **11.3 Staff consultation/Questionnaires**

The inspector spoke with all staff on duty of different grades reviewed the 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:

- "This is a busy unit but we try to make sure the residents have a good time while they're here"
- "I really think the residents enjoy coming here"

### **11.4 Visiting professionals' consultation**

No visiting professionals were in the home.

### **11.5 Observation of Care practices**

The atmosphere in the home was friendly and welcoming. Staff interactions with the resident were observed to be respectful, polite, warm and supportive.

### **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 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 there were 11 complaints recorded since the previous inspection, 10 of these related to families dissatisfaction with the amount of respite they receive. The manager confirmed that the issue had been raised with line management of the Trust. It was noted that several entries had not been dated.

## **11.8 Environment**

The inspector viewed the home accompanied by Ms Mullan and inspected residents' bedrooms and communal areas. 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.

## **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.

A review of the fire safety records evidenced that fire training, had been provided to staff in line with legislative requirements 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 Mullan. Ms Mullan 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 Mullan, 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**



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

### Announced Primary Care Inspection

#### The Cottages

27 November 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Ms Mullan either during or after the inspection visit.

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

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

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

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

<b>Statutory Requirements</b>					
<b>This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	Standard 10.1	The home should devise and implement a policy on Challenging Behaviour.	One	Currently an update of policies is being reviewed and managed through Trust Governance processes. This will include a policy on Challenging Behaviour. In terms of ongoing practice the Home Manager will continue to ensure that the review of the needs and behaviours of individuals who challenge, are addressed through a multidisciplinary process in consultation with the Behaviour Team, family, next of kin and the key worker in adherence to best practice and the existing Trust policy. Staff receive ongoing support through Supervision and consultation with the Behaviour Support Team.	On or before 31 December 2014
2	Standard 13.1	The home should devise and implement a policy on the Provision of Activities.	One	This policy is work in progress and will be available for viewing at next inspection.	On or before 31 December 2014
3		Any records made of complaints should be signed and dated at the point of entry.	One	This has been corrected and will remain ongoing.	Immediate and on going

<b>Recommendations</b>					
<b>These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.</b>					
<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	Standard 22 point 11.7 of this report	Records of complaints should be signed and dated at the point of entry	One	This has been corrected and will remain ongoing.	Immediate and on going
1 re stated from previous		The outcome of the screening of referrals made by the home to the Trust to the safeguarding team should be held in the home.	Two	Correspondence has been issued to relevant keyworkers requesting writing confirmation of closure to VA1referrals	By 31 December 2014 and on going

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	<i>Maie Muller</i>
Name of responsible person / identified responsible person approving QIP	<i>Maie Hay</i>

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	<i>Ruth Green</i>	<i>12.2.15</i>
Further information requested from provider			