



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Service and ID: Redford (1321)
Date of Inspection: 7 October 2014
Inspector's Name: John McAuley
Inspection ID: IN017534

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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General Information

Name of Home:	Redford (1321)
Address:	15 Redford Road Cullybackey BT43 5PR
Telephone Number:	02825880671
E mail Address:	redfordcare@gmail.com
Registered Organisation/ Registered Provider:	Redford Residential Home Mr William James Wallace
Registered Manager:	Mr Trevor Gillen
Person in Charge of the home at the time of Inspection:	Mr Trevor Gillen
Categories of Care:	RC-I, RC-PH(E),and maximum of 6 residents in RC -DE
Number of Registered Places:	18
Number of Residents Accommodated on Day of Inspection:	16
Scale of Charges (per week):	£460
Date and type of previous inspection:	Unannounced inspection 14 May 2014
Date and time of inspection:	7 October 2014 10.15am – 2.45pm
Name of Inspector:	John McAuley

2.0 Introduction

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

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

3.0 Purpose of the inspection

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

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

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

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

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

4.0 Methods / Process

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

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

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents and one visiting relative

- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

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

Residents	16
Staff	5
Relatives	1
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	10	4

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of service

Redford Residential Care home is situated on the Redford Road, a rural location outside the village of Cullybackey and the town of Ballymena.

The residential home is owned and operated by Mr William James Wallace. The current registered manager is Mr Trevor Gillen, who is been in this position, for just over one year.

Accommodation for residents is provided single rooms on a ground floor level.

Communal lounges and a dining area are provided in a central location.

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 18 persons under the following categories of care:

Residential Care;

I – Old age not falling into any other category

MP (E) – Mental disorder excluding learning disability or dementia – over 65 years

DE – Dementia, for up to 6 residents.

8.0 Summary of Inspection

This unannounced primary care inspection of Redford Residential Care home was undertaken by John McAuley on 7 October 2014 between the hours of 10:15am and 2:45pm. The registered manager Mr Trevor Gillen and the deputy manager Mrs Perdita Kerr were available during the inspection and for verbal feedback at the conclusion of the inspection.

The one requirement and two recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that these have been attended to within timescales specified. The detail of the actions taken by the registered manager Mr Trevor Gillen can be viewed in the section following this summary.

Prior to the inspection, the registered manager Mr Trevor Gillen completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, and one visiting relative, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued ten staff questionnaires examined a selection of records and carried out a general inspection of the residential care home environment.

Standards Inspected:

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

Inspection findings

Responding to residents' behaviour – Standard 5

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy and procedure on responding to residents' behaviours which included a policy on restrictive practices. However reference to restraint and restrictive practices was limited and brief and did not detail the human rights implications of such practices. A recommendation has been made for this policy and procedure to be devised and put in place, and which reflects best practice guidance in relation to restraint and human rights. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that restrictive practices are 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 is recorded in the resident's care records. However a requirement was made in lieu of how one resident's assessed need which was not clearly recorded in detail and subsequent care / treatment given, with effect of same.

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

The evidence gathered through the inspection process concluded that the home is overall substantially compliant with this standard.

Programme of activities and events – Standard 13

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

Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was 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. Appropriate records were maintained. The evidence gathered through the inspection process concluded that the home is overall compliant with this standard.

Stakeholder consultation

During the course of the inspection the inspector met with residents, staff and one visiting relative. Questionnaires were also completed and returned by staff.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. The visiting relative confirmed his / her satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

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

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

Care Practices

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

General environment

The home was presented as clean and tidy throughout. The general décor and furnishings in many areas of the home were dated in appearance but fit for purpose.

Arrangements were in place to upgrade the kitchen facilities, which is good to note.

A number of additional areas were also examined these include the management of complaints, information in relation to resident dependency levels and fire safety. Further details can be found in section 11.0 of the main body of the report.

Conclusion

The findings of this inspection evidenced that the delivery of care to residents was of a good standard. There were processes in place to ensure the management of the standards inspected.

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

One requirement and one recommendation were made as a result of the primary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, staff and management 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 14 May 2014.

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	20 (1) (a)	<p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents –</p> <p>(a) Ensure that at all times suitably qualified, competent and experience persons are working at the home in such numbers as appropriate for the health and welfare of residents.</p> <p>Reference to this is made in respect of care staff carrying out mixed duties of laundry and catering. This practice must cease and care staffing hours must not be diluted for these roles. Adequate ancillary cover must be put in place.</p>	<p>The practice of care staff having to undertake mixed duties has ceased. There is now allocated hours put in place to accommodate laundry and catering duties.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	20.10	<p>Working practices are systematically audited to ensure they are consisted with the home's documented policies and procedures and action taken when necessary.</p> <p>Reference to this is made in that the registered manager should sign and date all accident / incident records on a regular and up to date basis as reviewed / inspected.</p>	<p>A review of the accident / incident reports from June 2014 found that these reports were signed and dated by the registered manager and / or his deputy as reviewed / inspected.</p>	Compliant
2.	8.	<p>Records are kept in accordance with professional and legislative requirements on each resident's situation, actions taken by staff and reports made to others.</p> <p>Reference to this is made in terms of accident / incident reports, which the format needs to be reviewed to included:</p> <ul style="list-style-type: none"> • The name of the resident as oppose to initials • Large space for entries to be made so that these are legible. 	<p>A review of the accident / incident reports from June 2014 found that these reports included the name of the resident and there were sufficient space for entries to ensure legibility.</p>	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
Staff given knowledge of residents conduct from the care plan which is updated as behaviour and conduct changes.	
Inspection Findings:	
The home's policy and procedure on responding to residents' behaviours as dated 1 October 2014. This policy and procedure gives guidance for staff on dealing with issues of this assessed need. Discussions with the staff on duty at time of this inspection revealed they had knowledge and understanding on how to respond to residents' behaviours and how their interventions had a positive outcome for residents The deputy manager and staff also demonstrated a good knowledge and understanding of residents' assessed needs, which were also found to correspond with the sample of three residents' care records reviewed on this occasion.	Compliant

<p>Criterion Assessed: 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Staff are aware that they should report uncharacteristic behaviour to senior staff on duty and if deemed necessary report to named work and NOK.</p>	
<p>Inspection Findings:</p>	
<p>A review of three residents’ care records confirmed that two of these records had recorded issues of assessed need with a subsequent statement of care / treatment given and effect of same. This included referral as appropriate to the aligned health care professional.</p> <p>One resident’s care record had numerous statements referring to his / her behaviour as being “unsettled” or “very unsettled”, with no other descriptive content on how the behaviour presented itself nor the care / treatment given and effect of same. A requirement was made for the use of such words in describing assessed behaviours to be detailed and concise with a clear statement of care / treatment given and effect of same. There was evidence to confirm that this resident’s aligned health care professional(s) were notified of this assessed need however there was no evidence in place to determine if they should have been notified sooner as the quality of information recorded in respect of this assessed need was insufficient.</p>	<p>Moving towards Compliance</p>

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Yes this is detailed in the care plan if required.	
Inspection Findings:	
A review of residents' care plans found that the interventions prescribed were informative and specific. Evidence was in place of consultation and consent with the resident, through a signature.	Compliant
Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
In the event of a specific behaviour programme being require then this would be approved by the Residents named worker.	
Inspection Findings:	
There was no residents in the home who has a specific behaviour management programme. However evidence indicated from discussions with the registered manager and the deputy manager would indicate if this were to be the case, the appropriate trained professional(s) were duly consulted in this process.	Unable to review

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	
Provider's Self-Assessment	
If the training was over and the above the stat mandatory training then this would be provided.	Provider to complete
Inspection Findings:	
As detailed in criterion 10.4	Unable to review
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment	
Yes and would be followed up with MD meeting.	Provider to complete
Inspection Findings:	
<p>A review of accident and incident records from June 2014 to date of inspection evidenced that notification was made as appropriate, to the resident's representative, the trust and RQIA.</p> <p>A review of care plans confirmed that they were updated and reviewed with involvement from the trust and appropriate health care professionals. Discussions with the deputy manager confirmed that where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan</p>	Compliant

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STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	
Provider's Self-Assessment	
Restraint not used in Redford.	Provider to complete
Inspection Findings:	
The home has not a policy and procedure on restraint. Reference to restraint is made in the home's policy and procedure on responding to residents' behaviour. A recommendation has been made for this specific policy and procedure to be devised and put in place, and to include Human Rights implications of restrictive type practices. Discussions with the registered manager and staff confirmed that there are no aspects of restraint other than a resident with an alarm mat and alarms installed to exit doors. A care plan was in place in respect of this alarm mat. However advice was given to ensure that these types of restrictive practises are included in the home's policy and procedure and that such are subject to regular review. General observations at the time of this inspection identified no other obvious issues of restrictive type practices.	Moving towards compliance

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

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

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Needs and interests are recorded on the care plan, which in turn informs the activity programme.	Provider to complete
Inspection Findings:	
The home has and a policy and procedure on the provision of activities. A review of residents' care records confirmed that individual social interests and activities were included in the needs assessment and the care plan.	Compliant
Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Yes.	Provider to complete
Inspection Findings:	
A review of the programme of activities showed that social activities are organised daily basis. The programme also included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in in community based events. Discussions with residents and care staff confirmed that activities and events were provided for in a enjoyable and meaningful manner.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.3 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.	
Provider's Self-Assessment	
Information sought at meeting with residents.	Provider to complete
Inspection Findings:	
A review of the record of activities provided and discussion with staff, confirmed that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. These included provision for those residents who liked to prefer time on their own. A review of a care plan relating to a resident who had this particular need found evidence to confirm that his / her social needs were being duly catered for. Residents were also invited to express their views on activities by means of a three monthly meeting with residents were their views and contributions are sought on this provision.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment	
Programme is displayed in 3 locations.	Provider to complete
Inspection Findings:	
On the day of the inspection the programme of activities was on display in an appropriate format to meet the residents' needs.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Any assistance the resident would require to participate in activities would be provided by staff.	Provider to complete
Inspection Findings:	
The home designates members of staff each day with for inclusion with these duties. General observations made at the time of this inspection, found that there was a good provision of equipment, and aids to support the provision of activities. These included craft materials, games, musical items, and dvds appropriate to age group.	Compliant
Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Yes, group and individual care provided.	Provider to complete
Inspection Findings:	
Discussion with care staff and residents evidenced that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. These normally took place on the afternoon and / or early evening periods. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in any activity.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Yes manager/deputy manager kept informed by SCA responsible for activities, also care assistant is present for the duration of the activity.	Provider to complete
Inspection Findings:	
In discussion with the registered manager, the inspector was informed that such a person contacted in to bring activity to the home would be supervised and assisted by staff, so that the needs of residents were duly met at the same time. Such activities contracted in the home, presently include a visiting entertainer.	Compliant
Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	
Provider's Self-Assessment	
Care assistant is present for the activity and would inform the person contracted in of any changes.	Provider to complete
Inspection Findings:	
As detailed in criterion 13.7	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Yes, attendance at activities is monitored weekly by SCA.	Provider to complete
Inspection Findings:	
A review of the record of activities evidenced that records had been maintained of the nature of the activity, the name of the person leading the activity and the residents who had participated in the activity.	Compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Activities are reviewed 3 monthly at resident meeting.	Provider to complete
Inspection Findings:	
A review of the record of residents' meetings confirmed that activity provision and events is a standing item of agenda were such can be reviewed. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

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

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with all the residents in the home at the time of this inspection. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Comments received included:

- "I am very happy here, if I wasn't they would sure know"
- "They are all very kind here"
- "This is a home from home"
- "It couldn't be any better"

No concerns were expressed or indicated.

11.2 Relatives/representative consultation

The inspector met with one visiting relative at the time of this inspection. This relative expressed satisfaction with the provision of care and life afforded to his / her relatives and complimented staff in this regard.

No concerns were expressed or indicated.

11.3 Staff consultation/Questionnaires

The inspector spoke with five members of staff of various grades on duty and also distributed ten staff questionnaires for to be returned.

Discussions with staff were all very positive in that staff confirmed that the morale, teamwork and support had improved since the previous inspection, and that there was a good standard of care provided for.

A review of the returned completed questionnaires and discussion with staff identified that staff were supported in their respective roles.

No concerns were expressed.

11.4 Visiting professionals' consultation

The inspector did not meet any visiting professionals at the time of this inspection.

11.5 Observation of Care practices

Discreet observations throughout this inspection evidenced residents being treated with dignity and respect. Care duties and tasks were organised at an unhurried pace. The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting with residents in a kind, friendly, warm supportive manner. Residents were observed to be comfortable, content and at ease in their environment and interactions with staff.

11.6 Complaints

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

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

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

The last recorded complaint was dated 7 April 2014.

11.7 General environment

The home was presented as clean and tidy throughout. The general décor and furnishings in many areas of the home were dated in appearance but fit for purpose. Arrangements were in place to upgrade the kitchen facilities, which is good to note.

The grounds to the home were maintained, with good accessibility for residents to avail of.

11.8 Guardianship Information

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

11.9 Fire Safety

The inspector examined the home's most recent fire safety risk assessment dated 8 January 2014. There was corresponding evidence that the recommendations made from this assessment had been attended to.

A review of the fire safety records evidenced that the most recent fire training, had been provided to staff on 29 September 2014 and that different fire alarms are tested weekly with records retained of such.

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

A review of the pre inspection fire safety questionnaire completed by the registered manager identified no concerns with same.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Trevor Gillen and Mrs Perdita Kerr, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Primary Unannounced Care Inspection

Redford Residential Care Home

7 October 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with the registered manager Mr Trevor Gillen either during or after the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	19(1)(a) Schedule 3(3)(k)	<p>The registered person shall –</p> <p>(a) Maintain in respect of each resident a record which includes the information, documents and other records specified in Schedule 3 relating to the resident;</p> <p>Schedule 3(3)(k)</p> <p>A contemporaneous note of all care and services provided to the resident, including a record of his condition and any treatment or other intervention.</p> <p>Reference to this is made in that, in recording of a resident's condition the use of terms such as "unsettled" and "very unsettled" must be recorded in clear detail on how the behaviour actually presented, and what care / treatment was given and effect of same.</p> <p>The progress records must be reviewed with staff to ensure staff has knowledge and understanding of same.</p>	One	All staff have been advised that more detail should be recorded in relation to how the behaviour presented, what action was taken and the outcome of same. SCA's have been asked to review file notes to ensure this standard is maintained.	7 November 2014

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	10.7	<p>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> <p>Reference to this is made, in that a policy and procedure on restraint and restrictive practices needs to be put in place that reflects current guidance, legalisation and human rights. This policy and procedure once developed needs to be shared for learning with all staff.</p>	One	Policy in place and has been shared with all staff.	7 December 2014

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Trevor Gillen
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mr William Wallace.

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	John McAuley	5 February 2015
Further information requested from provider			