



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Colebrooke House (1334)
Date of Inspection: 18 November 2014
Inspector's Name: Ruth Greer
Inspection No: IN017768

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Home:	Colebrooke House
Address:	111 The Roddens Larne Co Antrim BT40 1PY
Telephone Number:	028 2827 2696
Email Address:	No email
Registered Organisation/ Registered Provider:	Mrs AM Rowan
Registered Manager:	Mrs AM Rowan
Person in Charge of the home at the time of Inspection:	Mrs Rowan, Mrs C Lockwood, deputy manager was also in attendance to facilitate the inspection
Categories of Care:	RC-I RC-DE for four identified residents
Number of Registered Places:	12
Number of Residents Accommodated on Day of Inspection:	12
Scale of Charges (per week):	£440
Date and type of previous inspection:	17 April 2014 Secondary unannounced inspection
Date and time of inspection:	18 November 2014 10.00 am to 3.30 pm
Name of Inspector:	Ruth Greer

2.0 Introduction

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

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

3.0 Purpose of the inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

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

- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

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

Residents	10
Staff	4
Relatives	2
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	17	3 in time for inclusion in this report

6.0 Inspection Focus

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

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

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

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

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

Guidance - Compliance Statements		
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

Colebrook Residential Care home is situated in a residential area of Larne. The residential home is owned and operated by Mrs Anne Marie Rowan who is also the registered manager.

Accommodation for residents is provided single and double rooms on the ground and first floor access to the first floor is via a stair lift and stairs.

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 12 persons under the following categories of care:

Residential care

I	Old age not falling into any other category
DE	dementia (for 4 residents)

8.0 Summary of Inspection

This primary announced care inspection of Colebrook was undertaken by Ruth Greer on 18 November 2014 between the hours of 10 00 am and 3 30 pm. Mrs Rowan was available during the inspection and for verbal feedback at the conclusion of the inspection.

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

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

During the inspection the inspector met with residents, staff, relatives (if appropriate), visiting professionals (if appropriate) 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.

Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which provides guidance for staff. The guidance needs to be reviewed to ensure it reflects 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 imminent danger of harm to himself or others. 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 were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

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

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home did not have a policy and procedure relating to the provision of activities and a recommendation has been made accordingly. 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. The home does not employ an activity therapist and activities are provided by care staff. A selection of materials and resources were available for use during activity sessions. Appropriate records were maintained. The evidence gathered through the inspection process concluded that name of home is substantially compliant with this standard.

Resident, Representatives, Staff Consultation

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

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complimented staff in this regard.

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

Comments received from residents, 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.

Environment

The areas of the environment viewed by the inspector presented as clean, organised and adequately heated. 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.

Five recommendations were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, 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 17 April 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 25.3	The registered manager should undertake a competency and capability assessment on any person left in charge of the home.	Competency assessments have been undertaken on all staff who manage the home in the absence of the manager/deputy manager	compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 25.8	Staff meetings should be held at least quarterly and the minutes available for reference and inspection.	Minute of staff meetings were available for inspection for 5 May 2014, 20 August 2014 and 13 November 2014	Compliant
2	Additional Matters	The annual fire risk assessment was found to be out of date (last undertaken in March 2013) The registered manager should inform the RQIA of the date when the assessment has been up dated.	The home had an HTM assessment undertaken on 30 June 2014. An RQIA estates inspection on 1 July 2014 reviewed the HTM 84 risk assessment and is following any issues under separate cover.	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	
Each residents usual conduct, behaviour and means of communication is recorded in their care plan; all staff have knowledge of each residents and an understanding of action required should their be any deviation from what is normal for each resident. Staff are trained to report any concerns promptly so that help and assistance can be sought and a positive outcome achieved.	Compliant
Inspection Findings:	
<p>The home had a Responding to Residents Behaviour policy in place the policy was dated October 2014 A recommendation has been made in regard to a review of the policy to incorporate reference to DHSSP and best practice guidance. The policy and procedure included the need for Trust involvement in managing behaviours which challenge.</p> <p>Observation of staff interactions, with residents, identified that informed values and knowledge of residents as individuals ensures that care is delivered to residents in a manner which suits the needs of each.</p> <p>A review of six residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Residents who have been assessed as requiring a profiling bed had risk assessments for the use of bedrails. Smaller, "domestic style" bedrails were noted on other divan beds. No risk assessments were in place for the use of these rails. The use of any bed rails should only be considered after a risk has been identified and a needs assessment undertaken with a copy held in the care file.</p> <p>A recommendation is also made that daily notes should not be made on loose leaf and attached to the record. It was noted that several of these additional pages were not signed and some entries were recorded in pencil.</p>	Substantially compliant

<p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> <p>A review of the returned staff questionnaires identified that residents were well cared for and staff feel supported in their roles.</p>	
<p>Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>This is the procedure that we follow should there be any cause for concern with regards residents behaviour. Concerns are reported promptly to a senior who will endeavour to uncover the reason for uncharacteristic behaviour; relevant professionals and or services will be involved also as is necessary.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The Responding to Residents Behaviour policy included the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust, relatives and RQIA. . Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Six care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p>	Compliant

A review of the records and discussions with visitors confirmed that they had been informed appropriately.	
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	
This is the procedure that we follow.	Compliant
Inspection Findings:	
<p>A review of six care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant
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	
Any concerns regarding a residents behaviour which require a specific behaviour management programme would be reported to the relevant professionals and any advice which is given by them would form part of the resident's care plan.	Compliant
Inspection Findings:	
The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.	Not applicable

<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Any training which is necessary to support and guide our staff when a behaviour management programme is in place will be provided.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of staff training records evidenced that staff had received training in specific areas in relation to the needs and categories of the residents for whom they care.</p>	Compliant
<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>It is our policy to record and report as is appropriate any incidents managed outside the scope of a residents care plan; a review of the residents care plan would follow as necessary.</p>	Compliant
<p>Inspection Findings:</p>	
<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 when a resident was unwell or had a fall/accident.</p> <p>A review of six of care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p> <p>Visitors and staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services.</p>	Compliant

Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment As a residential care home less restrictive strategies would always be used.	Not applicable
Inspection Findings: Discussions with staff, visitors, a review of returned staff questionnaires and an examination of care records confirmed that restraint is not used in the home. In regard to practice which could be seen as restrictive please refer to inspector's comments at point 10 .1 in regard to bedrails.	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
	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	
We use residents meetings and informal discussions with our residents to identify the activities and events which they will be most interested in and find most enjoyable and fulfilling.	Compliant
Inspection Findings:	
The home did not have had a policy on the provision of activities , a recommendation has been made. A review of six care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	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	
Our residents meetings and one on one discussions allow us to identify activities which will be interesting to our residents. The activities that we facilitate are age appropriate and hopefully enjoyable to our residents.	Compliant

Inspection Findings:	
<p>Examination of the programme of activities identified that social activities are organised each week day either in the morning or after lunch.</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
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	
Any resident who is unable to attend a group meeting would be given the opportunity to contribute suggestions during a one to one meeting.	Compliant
Inspection Findings:	
<p>A review of the record of activities provided and discussions with residents, including one resident who generally stayed in her rooms identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents were also invited to express their views on activities by means of, resident meetings, one to one discussions with staff and care management review meetings.</p>	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	
Our activity programme is on display in our entrance hall. We use a written programme of events as well as pictorial references. All upcoming events are displayed on a blackboard in our entrance hall.	Compliant

Inspection Findings:	
On the day of the inspection the programme of activities was on display in the entrance hall of the home. This location was considered appropriate as the area was easily accessible to residents and their representatives. Discussions with residents and representatives confirmed that they were aware of what activities were planned.	compliant
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	
Our staff provide support as is necessary to our residents. Equipment necessary to participate is available and maintained.	Compliant
Inspection Findings:	
Activities are provided each week day by designated care staff. The care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included quoits, bingo, craft material etc. There was confirmation from the deputy manager that a designated budget for the provision of activities was in place and that the home finance any outside entertainers brought into the home.	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	
This is a consideration when planning our timetable, we try to be as flexible as is possible and attempt to meet the needs and abilities of residents participating.	Compliant

Inspection Findings:	
The deputy manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant
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	
This is the procedure which we follow when persons contracted-in are providing activities to our residents.	Compliant
Inspection Findings:	
The deputy manager confirmed that there were monitoring processes in place to ensure that any musicians who come to entertain the residents had the necessary knowledge and skills to deliver the activity. Other outside visits include a small animal zoo company which bring small animals to the home.	Compliant
Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Any changes are passed on as appropriate to the person contacted in.	Compliant
Inspection Findings:	
The deputy manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity. There are always staff present when any outside person (s) are in the home	Compliant

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment We keep an activities log which is recorded on at least a daily basis. The activity, the person or persons leading the activity is provided and the names of participating residents recorded.</p>	<p>Compliant</p>
<p>Inspection Findings: A review of the record of activities identified that records had been maintained. Development of the record is required to fully meet the details set out in this criterion.</p>	<p>Compliant</p>
<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment We review the programme as part of our residents meetings which take place at least twice yearly.</p>	<p>Compliant</p>
<p>Inspection Findings: A review of the programme of activities identified that had been reviewed at least twice yearly most recently on 14 September 2014 The deputy manager confirmed that planned activities were also changed at any time at the request of residents.</p>	<p>compliant</p>

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

11.0 Additional Areas Examined

11.1 Resident's consultation

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

Comments received included:

- "They cater to your every whim"
- "I never hear any complaints"
- "couldn't be better"
- "They work hard to try and please everyone"

11.2 Relatives/representative consultation

Two relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "This place is excellent, every single staff is so good, we are always kept informed of Mum's progress"
- "They are first class here and even arranged grief counselling for X after a bereavement"

11.3 Staff consultation/Questionnaires

The inspector spoke with 3 staff of different grades and 3 staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

"because the home is small there is a family atmosphere"
 "I worked in other homes and the care here is the best I've seen"

11.4 Visiting professionals' consultation

There were no visiting professionals

11.5 Observation of Care practices

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

11.6 Care Reviews

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

11.7 Complaints

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

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

A review of the complaints records evidenced that one complaint had been received since the last inspection. This was investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought. The complaint had been recorded fully and professionally.

11.8 Environment

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

11.9 Guardianship Information

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

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

11.10 Fire Safety

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

The inspector examined the home's most recent fire safety risk assessment dated 30 June 2014. A RQIA estates inspection was undertaken in the home in July 2014 and is following up on any issues raised by the HTM 84 risk assessment.

A review of the fire safety records evidenced that fire training, had been provided to staff on 7 January 2014 and 30 June 2014. The records also identified that an evacuation had been undertaken in January 2014 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 Mrs Rowan. Mrs Rowan confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Rowan and Mrs Lockwood, 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

Ruth Greer
Inspector/Quality Reviewer

Date



The Regulation and
Quality Improvement
Authority



Quality Improvement Plan

Announced Primary Care Inspection

Colebrooke House

18 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 Mrs Lockwood (deputy manager) and Mrs Rowan (registered manager) 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.

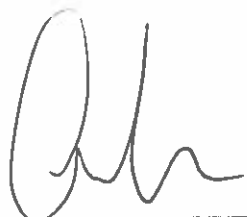
It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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.

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	10.1	The policy on responding to residents behaviours should be reviewed to include reference to legislation and best practice guidance in relation to restraint and human rights.	1	<i>We are in the process of updating this and will have the policy updated by the date specified.</i>	On or before 10 January 2015
2	10.1 and Standard 6.2	Care plans should include a risk assessment for the use of all bedrails.	1	<i>All residents or their representatives have been asked to give their consent for the use of bed rails & cot sides.</i>	On or before 31 December 2014
3	10.2	Daily recordings should meet the minimum professional standards required for all discoverable documents.	1	<i>All persons responsible for daily records have been retrained in line with the minimum professional standards</i>	On or before 31 December 2014 and on going
4	13.1,21.1 and appendix 2	The home should devise and implement an Activities policy.	1	<i>We are in the process of updating the policy and will have it completed by the date specified</i>	On or before 10 January 2015
5	13.9	The record of activities provided should include all details listed in this criterion.	1	<i>A new system for recording activities has been implemented</i>	By 31 December and on going

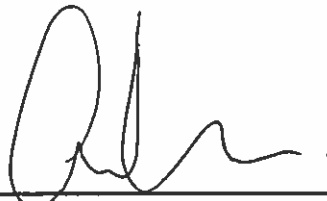
The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: 

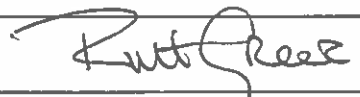
NAME: ANNE MARIE ROWAN
 Registered Provider

DATE 19/12/14

SIGNED: 

NAME: ANNE MARIE ROWAN
 Registered Manager

DATE 19/12/14

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓		7.1.15
Further information requested from provider			