



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Edenmore (1336)
Date of Inspection: 28 October 2014
Inspector's Name: Ruth Greer
Inspection No: IN017758

The Regulation And Quality Improvement Authority
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1.0 General information

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| Name of Home: | Edenmore Residential Care Home |
| Address: | 41 Castlerock Road Coleraine BT51 3HR |
| Telephone Number: | (028) 7035 3330 |
| E mail Address: | edenmoreprh@hotmail.co.uk |
| Registered Organisation/ Registered Provider: | Mrs Ella O'Reilly Mrs Florence Dhand |
| Registered Manager: | Mrs Florence Dhand |
| Person in Charge of the home at the time of Inspection: | Mrs Dhand and Mrs O'Reilly were both on duty |
| Categories of Care: | RC - I RC - MP (E) RC - PH (E) |
| Number of Registered Places: | 15 |
| Number of Residents Accommodated on Day of Inspection: | 13 |
| Scale of Charges (per week): | £441 +£15 top up fee |
| Date and type of previous inspection: | 5 November 2013 Primary announced inspection |
| Date and time of inspection: | 28 October 2014 from 10.00am to 3.30pm |
| 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 registered provider, Mrs O'Reilly and Mrs Dhand
- Discussions with the registered manager,
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff

- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

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

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| Residents | 9 |
| Staff | 3 |
| Relatives | 1 |
| Visiting Professionals | 1 |

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

| Issued To | Number issued | Number returned |
|-----------|---------------|-----------------|
| Staff | 19 | |

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 | | |
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| 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

Edenmore Residential Care home is situated in a residential area on the outskirts of Coleraine. The residential home is an old former rectory and is owned and operated by Mrs Dhand and Mrs O'Reilly. The current registered manager is Mrs F Dhand.

Accommodation for residents is provided in 12 single and 2 double rooms on both the ground and first floor. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided on the ground floor.

The home also provides for catering and laundering services. A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 16 persons under the following categories of care:

Residential care

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| I | Old age not falling into any other category |
| MP(E) | Mental disorder excluding learning disability or dementia – over 65 years |
| PH(E) | Physical disability – over 65 |

8.0 Summary of Inspection

This primary announced care inspection of Edenmore was undertaken by Ruth Greer on 28 October 2014 between the hours of 10:00am and 3:30pm. Mrs Dhand and Mrs O'Reilly were available during the inspection and for verbal feedback at the conclusion of the inspection.

There were no requirements or recommendations made as a result of the previous inspection of the home.

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

During the inspection the inspector met with residents, staff, one relative, one visiting professional, 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 resident's behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff training in behaviours which challenge has not been provided and a recommendation is therefore included in the quality improvement plan. 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 Edenmore 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 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 although a recommendation has been made in regard to the name of the person leading the activity. The evidence gathered through the inspection process concluded that Edenmore is compliant with this standard.

Resident, representatives, staff and visiting professionals consultation

During the course of the inspection the inspector met with residents, one relative, staff and one visiting professional. 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 complemented 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, adequately heated and fresh smelling throughout. Décor and furnishings were found to be satisfactory.

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 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, one relative, the visiting professional, registered manager, registered provider 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 5 November 2013

No requirements or recommendations resulted from the primary announced inspection of Edenmore which was undertaken on 5 November 2013.

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. | |
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| 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 members involved in resident care have access to and become familiar with individual resident's care plans and daily kardex in which details of usual conduct/means of communication are contained. The home manager ensures that such conduct is explained to staff in order that an understanding of the nature and reasons for individual conduct is achieved. | Compliant |
| Inspection Findings: | |
| The home had 2 policies in place Managing Challenging Behaviours dated 23 June 2014 and Restraint dated 3 August 2014. A review of the policies identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policies included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used. Observation of staff interactions, with residents, identified that informed values and knowledge of individual residents ensured that interventions were appropriate and did not involve restrictive practices. A review of staff training records identified that care staff had not received training in behaviours which challenge. A recommendation has been included in the quality improvement plan appended to this report. A review of six residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed. | Substantially compliant |

| 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. | COMPLIANCE LEVEL |
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| Provider's Self-Assessment | |
| Where any uncharacteristic change in a resident's behaviour is observed, care staff are aware of the requirement to note details of any such change and, where evident, any possible reason or trigger leading to the change in behaviour. These observations are then reported to the home provider. This will be recorded in the resident's care plan and daily kardex and the situation monitored. The resident's representative and named worker will be made aware of the situation. In the event that any change in a resident's behaviour continues or raises cause for concern, the situation will be discussed with the resident's GP and named worker, and where appropriate, the resident and his/her representative, to determine if there is a need to involve a multidisciplinary team. The home's staff information leaflet "The Management of Challenging Behaviour" provides guidance on actions by staff. | Compliant |
| Inspection Findings: | |
| <p>The <i>policy on Challenging Behaviour (June 2014)</i> 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> <p>A review of the records and discussion with a relative confirmed that they had been informed appropriately.</p> | Compliant |

| 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 |
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| Provider's Self-Assessment | |
| If there is a requirement for a resident to receive a consistent approach or response from staff, this is discussed with the resident and where appropriate, the resident's representative and other relevant professionals or services. Where any such approach or response is agreed, this is recorded in the resident's care plan and daily kardex and all relevant staff informed. | Compliant |
| Inspection Findings: | |
| A review of six care plans identified that when a resident needed a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager. | 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 |
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| Provider's Self-Assessment | |
| Where a behavioural management programme is required, this will be decided upon by an appropriately trained professional and will form part of the resident's care plan. Prior to the implementation of any such programme, the home manager will discuss this with the person or service approving the programme, obtain all relevant information to fully understand the methodology to be adopted and to obtain details of available support services should they be required. | 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 |

| 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. | COMPLIANCE LEVEL |
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| Provider's Self-Assessment | |
| When a behavioural management programme is required and has been approved by an appropriately trained professional, the home manager, having discussed the programme with the person or service approving programme (Standard 10.4) will provide awareness sessions and guidance for all relevant staff members involved in the residents care. Observations will be recorded in the resident's behavioural chart. | Compliant |
| Inspection Findings: | |
| Staff confirmed during discussions that they felt they were given adequate information in relation to the specific need of residents. There are no behavioural management programmes in place but staff were aware of the individual and specific needs of residents and could easily identify when referral to other professionals was indicated. | 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> | <p>COMPLIANCE LEVEL</p> |
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| <p>Provider’s Self-Assessment</p> <p>In the event that a behavioural issue is managed outside the scope of a resident's care plan, this will only be as a result of an initial uncharacteristic change in a resident's behaviour and to ensure the safety of the resident and others in the home. This will be recorded in the resident's care plan and daily kargex and reported to the resident's GP, the resident's named worker and representative and, where necessary and appropriate, this will be followed by a mulit-disciplinary review of the resident's care plan. This will also be reported to the RQIA on the notifications of incidents form (1a) within 24 hours of the occurrence.</p> | <p>Compliant</p> |
| <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 no incidents had occurred outside of the scope of a resident’s care plan.</p> <p>During the course of the inspection a community nurse was in the home. Care staff were observed liaising with the community nurse to address the needs of a resident who was unwell and required admission to hospital.</p> <p>A review of 6 number of care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p> <p>A relative confirmed during discussions that when any incident was managed outside the scope of his family member’s care plan reported to him.</p> | <p>Compliant</p> |

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| <p>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.</p> | <p>COMPLIANCE LEVEL</p> |
| <p>Provider’s Self-Assessment Our policies; “The Management of Challenging Behaviour” (SOP037A) and “Restraint” (SOP049) clearly demonstrate that the use of any form of restraint is as a last resort and will only be considered for use, by appropriately trained staff, after all other less restrictive methods have been unsuccessful and only for the safety of the resident and others in the home. In the event that restraint is used, this will be recorded on the resident’s care plan and daily kardex and reported to the appropriate services/authorities and the relatives representative.</p> | <p>Provider to complete</p> |
| <p>Inspection Findings: Discussions with staff and residents confirmed that restraint is never used in the home and would only ever 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. 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> | <p>Not applicable</p> |

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| <p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL Compliant</p> |
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| <p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL Substantially compliant</p> |
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| 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. | |
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| Criterion Assessed: | COMPLIANCE LEVEL |
| 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents. | |
| Provider’s Self-Assessment | |
| The programme of activities & events is planned to meet the needs, interests and, where appropriate, requests of residents. This is achieved by gathering information from post admission assessments, discussion with residents (informally and at resident’s meetings) and discussion with family members/representatives. | Compliant |
| Inspection Findings: | |
| The home had a policy dated 20 May 2014 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. 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 |

| <p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.</p> | <p>COMPLIANCE LEVEL</p> |
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| <p>Provider’s Self-Assessment Activities & events are planned to be, first and foremost enjoyable. Activities are such that they are within the scope of individual resident’s ability to participate and perceived as being appropriate for all cultures within the home. The home will assist, where possible, individual resident’s attendance at external social, community and spiritual events. Local church groups are invited to provide additional spiritual support in the form of hymn singing and prayers that are appropriate to all cultures within the home. Activities & events are monitored to ensure that they continue to meet the needs and interests of residents. Any event that fails to meet resident’s needs will be adapted or discontinued.</p> | <p>Compliant</p> |
| <p>Inspection Findings: Examination of the programme of activities identified that social activities are organised each day either in the morning or after lunch. The programme included activities which were age and culturally appropriate and reflected residents’ needs and preferences. The programme took into account residents’ spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p> | <p>Compliant</p> |

| Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities. | COMPLIANCE LEVEL |
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| Provider's Self-Assessment | |
| All residents are encouraged to put forward suggestions for inclusion in the activities & events held within the home. Although formal resident's meetings are held, at which activities & events are discussed, residents may put forward suggestions at any time, either directly to the management or during day to day interaction with staff. Those residents who generally stay in their rooms are canvassed for their opinions and suggestions by management regarding activities and events. | Compliant |
| Inspection Findings: | |
| <p>A review of the record of activities provided and discussions with residents, including one resident who generally stayed in her room, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, residents meetings, one to one discussions with staff and care management review meetings.</p> <p>Minutes of resident meetings held on 6 March 2014 and 18 September 2014 showed that activities were reviewed and discussed.</p> | Compliant |

| Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled. | COMPLIANCE LEVEL |
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| Provider’s Self-Assessment | |
| Details of activities & events are displayed on the notice board. Residents are also informed of such activities & events by staff on the day they take place and are encouraged to attend. | Compliant |
| Inspection Findings: | |
| On the day of the inspection the programme of activities was on display in the hallway. This location was considered appropriate as the area was easily accessible to residents and their representatives. | Compliant |

| <p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p> | <p>COMPLIANCE LEVEL</p> |
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| <p>Provider’s Self-Assessment</p> | |
| <p>It is important that all residents have the opportunity to fully participate in activities & events. In order to facilitate such inclusion, the home will provide appropriate support from staff. Relatives are also encouraged to attend to provide additional support and to add to the enjoyment of the event. It is also important that individual resident’s choice not to participate is respected.</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | |
| <p>The home does not employ activity co coordinator.</p> <p>Activities are provided for each day by designated care staff.</p> <p>The care staff confirmed that there was an acceptable supply of activity equipment available. This equipment included DVDs, board games etc.</p> <p>There was confirmation the registered provider that a designated budget for the provision of activities.</p> | <p>Compliant</p> |

| <p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p> | <p>COMPLIANCE LEVEL</p> |
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| <p>Provider’s Self-Assessment Our experience, coupled with routine activities occurring within the home, has shown that, in the main, activities & events are best held in the afternoon. The duration of activities & events are planned to be between one and two hours, depending on the type of activity, to ensure they do not become beyond the abilities of those participating.</p> | <p>Compliant</p> |
| <p>Inspection Findings: The care staff and registered manager confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents’ abilities and the possible impact this could have on their participation in activities.</p> | <p>Compliant</p> |

| <p>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.</p> | <p>COMPLIANCE LEVEL</p> |
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| <p>Provider’s Self-Assessment Where activities & events are conducted by contracted-in providers, the home will ensure that any such providers possess the necessary skills and appropriate equipment to do so. Evidence of this can be obtained by contacting other homes in which these providers have operated any by the monitoring of the activity by management. Such monitoring will also confirm that the activity is within the capability of and beneficial to our residents.</p> | <p>Compliant</p> |
| <p>Inspection Findings: The registered manager confirmed that when church groups, schools and contracted entertainers provide any activity this is monitored by staff and feedback received from the residents. This forms the basis of whether the activity/service is repeated.</p> | <p>Compliant</p> |

| 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 |
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| Provider's Self-Assessment It will be necessary to constantly monitor the activities and events to ensure they are appropriate to the changing needs of our residents and to implement alterations to such activities and events as necessary. Where any such changes are required to activities and events provided by contracted-in providers, the providers will be informed of this prior to the next scheduled session and confirmation obtained that any such changes can and will be implemented. Management will monitor subsequent sessions to ensure that any agreed changes have occurred. | Compliant |
| Inspection Findings: The registered 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. | 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> |
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| <p>Provider’s Self-Assessment</p> | |
| <p>A record of all activities and events is maintained and held in the office. The record shows the type of activity, the person leading the activity and the names of those residents participating. The record also shows those residents declining to participate and those out of the home at the time the activity took place.</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | |
| <p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity and the residents who had participated in or observed the activity. The record did not show the name of the person leading the activity. A recommendation has been made in the quality improvement plan appended to this report.</p> | <p>Substantially compliant</p> |

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| <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 A review of activities and events is carried out twice yearly to ensure they continue to meet resident’s needs. The reviews are generally held to coincide with resident’s meetings. The home does however constantly monitor activities and events to take into account the changing needs and interests of our residents. These reviews will also enable the home to establish if the activities and events remain beneficial to our residents. Other indicators of the suitability of the various activities can be; the interest shown in various activities, the record of attendance or refusal to attend and feedback from residents and staff.</p> | <p>Compliant</p> |
| <p>Inspection Findings: A review of the programme of activities identified that it had last been reviewed in March 2014 and September 2014. The registered manager confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p> | <p>Compliant</p> |

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

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

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:

"I enjoy my own company and like the fact that I can relax alone in my room with my books"

"I'm happy here and enjoy my meals very much"

11.2 Relatives/representative consultation

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to his relative and complimented staff in this regard. No concerns were expressed or indicated.

Comments received included:

"The home may be old and not purpose built but that is why we chose it for X and the small number of resident's just suits her needs"

"I call at different times and X is always well cared for and happy"

11.3 Staff consultation

The inspector spoke with 3 staff of different grades and a number of 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:

"There is a family atmosphere in the home and we 9 staff all know the residents and their families"

"I think the residents are well cared for"

11.4 Visiting professionals' consultation

A community nurse was visiting the home. She confirmed to the inspector that staff referred residents, when required, appropriately and timely to community nursing.

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

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

11.8 Environment

The inspector viewed the home Mrs O Reilly and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be satisfactory and although fit for purpose some areas of the home had tired and dated décor.

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 21 March 2014

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

A review of the fire safety records evidenced that fire training, had been provided to staff on 9 and 21 April 2014. The records also identified that a mock evacuation had been undertaken 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 the registered provider Mrs O'Reilly 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 O'Reilly and Mrs Dhand 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



Quality Improvement Plan

Primary Announced Care Inspection

Edenmore (1336)

28 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 and registered provider 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 | Standard 10.1 | Staff should be provided with training on how to manage challenging behaviour | 1 | This training will now be provided by representatives of the Alzheimer's Society. The first session will take place in January 2015. | Before 31 January 2015 |
| 2 | Standard 13.9 | The record of activities provided should include all details in this criterion | 1 | This was put in place on the day of the inspection. The name, rather than the title of the person leading the activity is now recorded. | Immediate 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 | FLORENCE DHAND |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | ELLA O'REILLY |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|------------|------------------|-------------|
| Response assessed by inspector as acceptable | yes | Ruth Greer | 29/12/14 |
| Further information requested from provider | | | |