



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment and ID: Hob Green Country Home (1337)
Date of Inspection: 19 December 2014
Inspector's Name: John McAuley
Inspection ID: IN017523

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Hob Green Country Home (1337)
Address:	41 Kirk Road Ballymoney BT53 8HB
Telephone Number:	02827662620
Email Address:	hobgreencountryhome@yahoo.co.uk
Registered Organisation/ Registered Provider:	Hob Green Country Home Mrs Elizabeth Lisk
Registered Manager:	Mrs Elizabeth McVicker
Person in Charge of the Home at the Time of Inspection:	Mrs Elizabeth McVicker
Categories of Care:	RC-I ,RC-MP(E), RC-DE
Number of Registered Places:	9
Number of Residents Accommodated on Day of Inspection:	9 plus 1 day care
Scale of Charges (Per Week):	£461 plus £10 top up
Date and Type of Previous Inspection:	29 July 2014 Secondary Inspection
Date and Time of Inspection:	18 December 2014 10:30am – 2:00pm
Name of Inspector:	John McAuley

2.0 Introduction

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

This is a report of a primary unannounced 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 manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents
- 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	9
Staff	2
Relatives	0
Visiting Professionals	0

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 DHSSPS Residential Care Homes Minimum Standard 9 - Health and social care. The health and social care needs of residents are fully addressed.

A view of the management of residents' 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

Hobgreen Residential Care home is situated on the Kirk Road on a rural area outside the town of Ballymoney County Antrim.

The residential home is owned and operated by Mrs Elizabeth Lisk. The registered manager is Mrs Elizabeth McVicker, who has been so for approximately ten years.

Accommodation for residents is provided seven single and one double room on a ground floor level.

A communal lounge and a dining room are provided in a central position in the home.

The home also provides for catering and laundry services.

A number of communal sanitary facilities are available throughout the home.

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

Residential Care

I – Old age not falling into any other category

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

DE - Dementia

Day care

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including four services users per day.

8.0 Summary of Inspection

This unannounced primary care inspection of Hobgreen was undertaken by John McAuley on 18 December 2014 between the hours of 10:30am and 2pm. The registered manager Mrs Elizabeth McVicker was in charge of the home and was available during the inspection and for verbal feedback at the conclusion of the inspection.

The previous inspection, on 29 July 2014, resulted in one requirement and one recommendation being made. A review of these found that the requirement had been addressed satisfactorily. The one recommendation made in relation to terminology used in progress records has been stated for a second time as there was not satisfactory progress with same. The details of this follows this summary.

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

During the inspection the inspector met with residents and staff, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

8.1 Standards Inspected:

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

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

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

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

8.2 Inspection Findings

8.2.1 Responding to Residents' Behaviour – Standard 5

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home has guidance for staff in place which reflected good practice guidance in relation to restrictive practice and human rights. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that restraint was not used in the home, other than a locked door for dementia care needs. Residents' care records outlined their usual routine, behaviours, and means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information is recorded in the resident's care records.

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

8.2.2 Programme of Activities and Events – Standard 13

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home has good guidance in place relating to the provision of activities. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities.

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

8.3 Stakeholder Consultation

During the course of the inspection the inspector met with all residents and staff.

In discussion with residents they indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties, and spoke highly regarding the provision of care.

Comments received from residents and staff relatives are included in section 11.0 of the main body of the report.

8.4 Care Practices

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

8.5 Environment

The areas of the environment viewed by the inspector presented as clean and tidy. Residents' bedrooms were observed to be homely and personalised.

The general décor and furnishings were found to be of a good standard, although the communal lounge and dining room would benefit from an upgrade, which plans were reported to be in place to do so.

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

One recommendation as stated for a second time was made as a result of this primary unannounced inspection.

The inspector would like to acknowledge the level of support and assistance received throughout this inspection from residents, staff and the registered manager.

9.0 Follow Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 29 July 2014.

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	27 (4) (d) (iii)	<p>The registered person shall – (d) make adequate arrangements – (iii) for the evacuation, in the event of fire, of all persons in the home and safe placement of residents.</p> <p>Reference to this is made in that;</p> <ul style="list-style-type: none"> • The issue of how fire safety exit doors are locked must be highlighted with the home's fire safety assessor and a subsequent fire safety management plan put in place. • The recommendations in the fire safety assessments of 2013 and 2012 in respect of lone working on night duty need to be acted on. • The two external fire safety exits must be kept free at all times from any obstruction. 	<ul style="list-style-type: none"> • Consultation has been put in place with the home's fire safety risk assessor and a fire safety management plan has been put in place in respect of fire safety exits. • The recommendations in respect of lone working on night duty have been dealt with. • The fire safety exits were free from obstruction at the time of this inspection. 	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
2	9.3	<p>The general health and welfare of residents is continually monitored and recorded. Referrals are made to, advice sought from, primary health care services when necessary and documented in the resident's records.</p> <p>Reference to this is made in that the use of the word "unsettled" in progress records needs to be clearly defined in detail descriptive terms.</p>	<p>A review of residents' progress records found that the use of the word "unsettled" was still being used on a frequent basis and gave no actual account of the resident's behaviour.</p> <p>This recommendation has been stated for a second time.</p>	Not 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	
A file available to all staff incorporates a full care plan for each resident. This includes a complete risk assessment, highlighting behavioural issues. This is regularly updated to reflect any changes, as per standard practice. Training in challenging behaviour ensures that staff are made fully aware of responses and interventions that are conducive to good practice in promoting positive outcomes for residents.	Compliant
Inspection Findings:	
<p>The home has guidance for staff on responding to residents’ behaviours. Staff has also received training in this. A review of this guidance found it had reference to Human Rights Legislation and implications of restrictive practices.</p> <p>Discussions with the registered manager and care staff on duty at time of this inspection revealed they had knowledge and understanding on how to respond to residents’ behaviours and how their interventions had a positive outcome for residents. Staff also demonstrated a good knowledge and understanding of residents’ assessed needs, which were also found to correspond with the sample of residents’ care records reviewed on this occasion.</p>	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
Provider’s Self-Assessment Relevant professional services are contacted as required by the Home Manager. Staff are made fully aware of the need to report any matter of behavioural or uncharacteristic concerns. The resident is assessed, to endeavour to ascertain the reason for such. GP’s or the psychogeriatrician attend the Home on a regular basis as a consequence. Staff receive training and refresher training in challenging behaviour.	Compliant
Inspection Findings: A review of residents’ care records confirmed in general that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referral as appropriate to the aligned health care professional. However progress records continued to use of the word “unsettled” on a frequent basis and gave no actual account of the resident’s behaviour. A recommendation has been made for a second time for such to be reviewed so that the presentation of the behaviour is descriptive and informative.	Substantially compliant

<p>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.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>Since November 2009 a new procedure was adopted to ensure best practice and ongoing compliance. This is the C.A.P.E. model of Risk Assessment & Behavioural Rating Scale. This is consistently updated to reflect ongoing change in circumstances of residents, and acted upon as necessary.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of residents’ care plans found that the interventions prescribed were detailed, informative and specific. Evidence was in place of consultation and consent with the resident, through a signature.</p>	Compliant
<p>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.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>After consultation with the appropriate professionals such as GP or psychogeriatrician, appropriate action is taken to update care plans and risk assessments and fully implement procedures; such as medications, administering of supplements etc. This is done in consultation with resident’s representatives and with consent of the resident.</p>	Compliant
<p>Inspection Findings:</p>	
<p>There are no residents in the home who have a specific behaviour management programme. However evidence from discussions with the registered manager would indicate if this were to be the case the appropriate trained professional(s) would be duly consulted in this process.</p>	Compliant

<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 Full training is provided for all staff in all areas pertaining to the care of each resident and to enable staff to carry out all duties effectively; bearing in mind their own health & safety at all times. This is ongoing in respect of refresher training etc.</p>	Compliant
<p>Inspection Findings: Discussions with staff on duty, confirmed that they felt they are the necessary skills, training, support and supervision in place to meet the assessed needs of residents accommodated.</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 This has occurred a few years ago, was fully recorded and reported to the relevant professional services, as per ongoing procedures. The file regarding this incident is now archived. The procedures are live and current, should such be required to be implemented in the present, or in the future.</p>	Compliant
<p>Inspection Findings: A review of care plans confirmed that they were updated and reviewed with involvement from the trust and appropriate health care professionals. Discussions with the registered manager gave reassurances that where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	Compliant

<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 The policy document for the NHSCT entitled, "No Restraint, Minimal Restraint" is followed to ensure best practice is followed in line with person centred care. The relevant appendix (appendix 3) is used as the recording tool, with the aide memoir (appendix 1) and the flow chart (appendix 2) being used to ensure compliance with best practice by all staff.</p>	<p>Compliant</p>
<p>Inspection Findings: The home has guidance and information in place to inform staff on restraint and restrictive practices. This guidance and direction includes the implications on human rights with this area of care. There are no restrictive practices in the home other than the security of the doors in relation to dementia which also have been assessed in consultation with the home’s fire safety risk assessor in terms of safety.</p>	<p>Compliant</p>

<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 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.	
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	
A programme of activities is ongoing and such activities are subject to ongoing change, to meet identified needs and interests of residents. These are fully documented, including where residents decline to participate.	Compliant
Inspection Findings:	
The home has and a policy and procedure on the provision of activities. A review of residents’ care records confirmed that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents at the time of this inspection, revealed they were complimentary on such provision and that they felt comfortable about raising suggestions with staff.	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	
A local church representative comes into the Home every two weeks for a sing-a-long and to meet residents' spiritual needs. Also, in addition to this, church ministers visit their parishioners. One of the resident's plays the organ and conducts sing-a-longs on a regular basis. All other activities are tailored to meet the needs of the individual resident or group of residents; such as, physical activities, board games, puzzles, baking, gardening etc.	Compliant
Inspection Findings:	
A review of the programme of activities showed that social activities are organised daily basis. 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 in community based events. Discussions with staff and residents confirmed that residents were provided with enjoyable and meaningful activities on a regular basis.	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.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment Some of the residents will take part in group activities, with the exception of three residents who refuse to do so, preferring to observe the activities etc. Residents are given the opportunity to put forward suggestions for preferred activities and are involved when practicable in the development of the programme. Feedback from activities is sought and welcomed.</p>	Compliant
<p>Inspection Findings: A review of the record of activities provided and observation of residents who generally preferred not to participate in activities, confirmed that residents were given opportunities to put forward suggestions for inclusion in the programme of activities, and that their assessment of social and spiritual needs was duly assessed and cared for. Residents were also invited to express their views on activities by means of quality assurance audit issued annually by the home.</p>	Compliant
<p>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.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment The programme of activities is displayed in the main hallway and this informs all residents of the activities taking place. Where special activities are organised these will be displayed separately. Activities are for fun, stimulation, exercise, manual dexterity, visualisation, imagination etc. Individual calanders are provided to residents at their request.</p>	Compliant
<p>Inspection Findings: On the day of the inspection the programme of activities was on display in communal areas in the home.</p>	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>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment Equipment and aids are provided as required; residents are fully supported by staff and others, to enable them to take part to the best of their ability.</p>	Compliant
<p>Inspection Findings: The home designates staff with these duties. General observations made at the time of this inspection, found that there was a good provision of equipment, and aids to support the provision of activities. These included craft materials, games, musical items, and dvds appropriate to age group.</p>	Compliant
<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>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment The duration of each activity takes into account the resident's attention span and required rest periods. Their assessed needs and abilities are taken into account also. The times are displayed on the main board in the hallway. A daily log is in situ, recording the duration of the activity, who took part, objectives achieved and outcomes.</p>	Compliant
<p>Inspection Findings: Discussion with staff and residents evidenced that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Staff demonstrated an awareness of individual residents’ abilities and the possible impact this could have on their participation in any activity.</p>	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Those other than staff are; professional in the particular service they provide or activity they engage in. The care staff provide all other activities in Hob Green. Those, other than staff carrying out such, are known to the manager and are monitored on an ongoing basis. When anyone is invited into the scheme to entertain, the activity co-ordinator is present throughout the session.	Compliant
Inspection Findings:	
Any person contracted into the home, such as a visiting entertainer is facilitated with staff supervision and assistance with residents during such activity.	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 changing needs are taken into account and the person conducting the activity made aware prior to activities taking place. Feedback is received and is documented if it reflects a changing need in any resident's care or activity preference.	Compliant
Inspection Findings:	
As detailed in criterion 13.7.	Compliant

Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider’s Self-Assessment Activities are documented on a daily basis.	Compliant
Inspection Findings: A review of the record of activities evidenced that records had been maintained of the nature of the activity, the name of the person leading the activity and the residents who had participated in the activity.	Compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.	COMPLIANCE LEVEL
Provider’s Self-Assessment The activity programme changes monthly and a regular review is carried out to ensure residents' changing needs are met.	Compliant
Inspection Findings: Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	Compliant

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

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

11.0 Additional Areas Examined

11.1 Residents' consultation

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

Some of the comments made included statements such as;

- "I am very happy here, no complaints"
- "They all are kind to us"
- "It is a nice peaceful place to be"
- "The home is lovely"

No concerns were expressed or indicated.

11.2 Relatives/representative consultation

There were no visiting relatives at the time of this inspection.

11.3 Staff consultation

The inspector spoke with two members of staff of various grades on duty, other than the registered manager. All spoke positively about their roles and duties, the teamwork, support and the provision of training. Staff also informed the inspector that they felt a good standard of care was provided for and no concerns were expressed.

11.4 Visiting professionals' consultation

There were no visiting professionals in the home at the time of this inspection.

11.5 Observation of Care practices

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting with residents in a polite, friendly, supportive manner. Residents were observed to be comfortable, content and at ease in their environment and interactions with staff. An appetising dinner time meal was provided for and residents were found to assist in an organised unhurried manner with same.

11.6 Complaints

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

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

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

11.7 Environment

The home was clean and tidy. Residents' bedrooms were nicely furnished and personalised. The communal lounge and dining room areas were tired and dated in appearance but it was reported than plans are in place to upgrade.

11.8 Guardianship Information

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

11.9 Fire Safety

The home's most recent fire safety risk assessment as dated 25 April 2014 was previously reviewed on the inspection on 29 July 2014.

Fire safety training including fire safety drills were found to be maintained on an up to date basis and the records of fire safety checks in the environment were similar.

A review of the returned fire safety questionnaire identified no obvious concerns and there were no obvious fire safety risks observed in the environment at the time of this inspection.

11.10 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.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by the registered manager. This 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.

11.12 Monitoring visits

The monitoring visit reports for December and November 2014 were reviewed. These records were maintained in an informative manner and in accordance with legislation.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Elizabeth McVicker, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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

John McAuley
Inspector/Quality Reviewer

Date



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Unannounced Care Inspection

Hobgreen Country Home

19 December 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 Mrs Elizabeth McVicker 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.	9.3	<p>The general health and welfare of residents is continually monitored and recorded. Referrals are made to, advice sought from, primary health care services when necessary and documented in the resident's records.</p> <p>Reference to this is made in that the use of the word "unsettled" in progress records needs to be clearly defined in detailed descriptive terms.</p>	Two	I have spoke to all staff regarding using the word "unsettled"; that staff need to give an actual account of the residents behaviour and clearly define in detailed descriptive terms.	19 January 2015

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: Elizabeth Lish

SIGNED: Betty McVicker

NAME: ELIZABETH LISH
 Registered Provider

NAME: BETTY MC VICKER
 Registered Manager

DATE 6-02-15

DATE 26.01.15

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	<i>Primary</i>	16/02/15
Further information requested from provider			