



The Regulation and  
Quality Improvement  
Authority

## **Primary Announced Care Inspection**

**Service and Establishment ID: Anniscliff House (1340)**

**Date of Inspection: 9 December 2014**

**Inspector's Name: Bronagh Duggan**

**Inspection No: IN017290**

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

<b>Name of Home:</b>	Anniscliff House (1340)
<b>Address:</b>	141 Moneysharvin Road Maghera BT46 5HZ
<b>Telephone Number:</b>	02879642729
<b>Email Address:</b>	<a href="mailto:bernie@magherafencing.co.uk">bernie@magherafencing.co.uk</a>
<b>Registered Organisation/ Registered Provider:</b>	Anniscliff House Mrs Bernadette McGilligan and Mrs Jacqueline Davies
<b>Registered Manager:</b>	Mrs Bernadette McGilligan
<b>Person in Charge of the Home at the Time of Inspection:</b>	Mrs Bernadette McGilligan
<b>Categories of Care:</b>	I ,MP ,MP(E), DE, LD (E)
<b>Number of Registered Places:</b>	17
<b>Number of Residents Accommodated on Day of Inspection:</b>	15
<b>Scale of Charges (per week):</b>	£450 per week
<b>Date and Type of Previous Inspection:</b>	15 September 2014 Enforcement Monitoring Inspection
<b>Date and Time of Inspection:</b>	9 December 2014 10:00 am – 7:30 pm
<b>Name of Inspector:</b>	Bronagh Duggan

## **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 manager / registered provider
- 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	11
Staff	3
Relatives	4
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	10	6

## 6.0 Inspection Focus

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

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

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

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

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

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

## 7.0 Profile of Service

Anniscliff House Residential Care home is situated a few miles outside of Maghera in a rural setting and is surrounded by mature well maintained gardens. The home is located within the Northern Health and Social Care Trust's geographical area.

Mrs Bernadette McGilligan is the joint registered person and registered manager of the home. The residential home is owned by Mrs Rosemary O' Kane.

Accommodation for residents is provided in five single bedrooms on the ground floor, two single and five double bedrooms on the first floor. Facilities in the home also include a communal lounge and dining area, and sitting rooms (one of which is also used as a visitors' room). There are bathing and sanitary facilities, a kitchen and offices. The home maintains a strong spiritual ethos. Access to the first floor is via a passenger lift and stairs.

The home is registered to provide care for a maximum of 17 persons under the following categories of care:

### Residential care

I	Old age not falling into any other category
DE	Dementia
MP	Mental disorder excluding learning disability or dementia
MP(E)	Mental disorder excluding learning disability or dementia – over 65 years
LD(E)	Learning Disability – over 65 years

## 8.0 Summary of Inspection

This primary announced care inspection of Anniscliff House was undertaken by Bronagh Duggan on 9 December 2014 between the hours of 10:00 am and 7:30 pm. Mrs Bernadette McGilligan was available during the inspection and for verbal feedback at the conclusion of the inspection. Mrs Rosemary O'Kane the home owner was also present during feedback at the conclusion of the inspection.

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

Prior to the inspection on 9 December 2014 Mrs McGilligan completed a self-assessment using the standard criteria outlined in the standards inspected. This information was requested to be resubmitted to RQIA in electronic format, this was received following the inspection. The comments provided by Mrs McGilligan in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff and relatives and discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspector also observed care practice, obtained completed staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

The inspector can confirm that following an analysis of care records, additional policy documentation and observation of delivery of care that the home are assessed as being substantially compliant with the standard on responding to resident's behaviour. The inspector assessed the standard on programme of activities and events as compliant. Full details of the findings are recorded in the main body of the report.

During the course of the inspection the inspector met with residents and staff. Some comments received by residents are detailed below:

"We are well looked after here".

"I am happy here, I have all I need".

"The food is good, everyone is very kind".

A number of additional areas were inspected. These included:

- Care Practices
- Environment
- Fire Safety
- Pre-inspection returns regarding care reviews, the management of complaints' information in relation to resident dependency levels, guardianship, finances, and vetting.

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.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a satisfactory standard.

Two requirements and four 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/ provider, the owner 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 15 September 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	Regulation 15.1 (e)	The registered manager must ensure the home only accommodates residents within the categories for which the home is registered. Any resident in the home assessed as requiring nursing care must have the suitability of their placement reviewed by the commissioning Trust.	The registered manager confirmed the home can meet the needs of all residents accommodated in the home and that the suitability of placements are reviewed regularly by the commissioning Trust.	Compliant
2.	Regulation 19 (2) Schedule 4.13	The registered manager must ensure that records of food provided to residents are recorded in detail to include any deviations from the set menu and the reasons for these deviations.	The inspector examined records of food provided these were found to include all relevant information.	Compliant
3.	Regulation 13.4 (a)	<p>The registered manager must ensure that all medicines in the home are stored appropriately.</p> <p>This specifically relates to the controlled medicines which were not being stored in accordance with the Misuse of Drugs (Safe Custody ) (Northern Ireland) Regulations 1973 relating to the storage of any controlled medications.</p>	The registered manager confirmed to the inspector that all medicines were stored appropriately in the home. Records were available to show regular contact with the home and the dispensing pharmacist to clarify medication issues.	Compliant



No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	27.8	The closing device on the door in the main sitting/living room needs to be repaired or replaced to address the issue of it slamming.	The registered manager confirmed this has been addressed, the door was evidenced to close properly during the inspection.	Compliant
2	25.6	<p>A record should be retained of staff working over a 24 hour period and the capacity in which they worked.</p> <p>Reference to this includes changes made to duty and staff covering shifts including for short periods should be reflected on the duty rota.</p>	The inspector examined the staff duty rota which recorded staff working over a 24 hour period and the capacity in which they worked.	Compliant

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider’s Self-Assessment</b>	
Staff have knowledge and understanding of each individual residents usual conduct, behaviour and means of communication through the residents individual care-plans.	Compliant
<b>Inspection Findings:</b>	
<p>The inspector can confirm that the home had a Responding to Residents Behaviour (2014) and Residents Rights/Restriction (2014) policy and procedure in place. The policy and procedure included the need for HSC Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used. A recommendation has been made that the policy and procedure should be developed further to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).</p> <p>Observation of staff interactions with residents identified that informed values of dignity and respect and implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge entitled Challenging Behaviour Training on 2 December 2014 which included a human rights approach. A review of three residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident’s usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	Substantially Compliant

<b>Criterion Assessed:</b> 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
When a residents behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour, take necessary action, report the matter to the manager and monitor the situation. Where necessary, the manager makes contact with their social worker and where appropriate the residents representative.	Compliant
<b>Inspection Findings:</b>	
<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>Three 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 discussions with visitors confirmed that they had been informed appropriately.</p>	Compliant

<p><b>Criterion Assessed:</b>                      10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident’s care plan. Where appropriate and with the resident’s consent, the resident’s representative is informed of the approach or response to be used.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>When a resident needs a consistent approach or response from staff, this is detailed in the residents care-plan and where appropriate and with the residents consent the residents representative is informed.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were generally signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager. See section 10.7</p>	<p>Substantially Compliant</p>

<b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident’s care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b> When a resident has a specific behaviour management programme, this has been approved by an appropriate trained professional and forms part of the residents care-plan.	Compliant
<b>Inspection Findings:</b> A review of Responding to Residents Behaviour (2014) policy and procedure identified that it included the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident’s care plan, as necessary.  A review of four behaviour management programmes identified that one had been approved by an appropriately trained professional; two others had been introduced in agreement with the residents care manager  A recommendation was made that when a resident requires a specific behaviour management programme this should be completed on an individual basis and be approved by an appropriately trained professional. The behaviour management programme should be kept under review.	Substantially Compliant

<b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b> Yes, all staff have been provided with the necessary training, guidance and support to assist residents who may have a behaviour management programme in place.	Compliant
<b>Inspection Findings:</b> A review of staff training records evidenced that staff had received training in behaviours which challenge titled Challenging Behaviour Training in December 2014  Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, de-brief sessions, and staff meetings. Discussions with staff indicated that they were knowledgeable in regard to the behaviour management programmes in place.	Compliant

<b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
Where any incident is managed outside the scope of a residents care plan, this is recorded and reported if appropriate to the residents representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the residents care plan.	Compliant
<b>Inspection Findings:</b>	
<p>A review of the accident and incident records from July 2014 to November 2014 and discussions with staff identified that no behavioural incidents had occurred outside of the scope of a resident’s care plan.</p> <p>Care 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. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	Compliant

<b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b> The home has never had any reason to use restraint, however all staff have been informed of the restriction policy that operated within the home, and how to record all details.	Not applicable
<b>Inspection Findings:</b> The inspector whilst walking around the home, observed the use of a keypad system at the main entrance. Discussion with the registered manager and review of three records showed that this had been considered in relation to possible defacto detention and deprivation of the residents liberty in one of the three records reviewed. The registered manager confirmed that one resident knew the code giving them access out of the building.  A requirement has been made that this situation is reviewed for <u>all</u> residents. A comprehensive risk assessment must be undertaken to determine the necessity of such restriction, consideration must be given to resident’s individual needs and preferences in relation to keypad access. This information should be included in residents care plans and reviewed regularly. The use of the key pad system should be included in the homes Statement of Purpose if it remains.  Discussion with the registered manager and review of records showed that bedrails were in place for four residents in the home. Care records for these identified residents evidenced the inclusion of relevant risk assessments. Four pressure mats were also in place. A review of care records showed the use of the pressure mats were included in four residents care plans. Residents consent to the use of the pressure mats however was not evidenced in care records, a recommendation is made that residents or where appropriate their representative’s consent should be clearly reflected in care plans regarding the use of the pressure mats.	Moving towards compliance



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

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

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
<b>Provider's Self-Assessment</b>	
Yes, the programme of activities and events provided within the home provide positive outcomes for residents and is based on their individual identified needs and interests.	Compliant
<b>Inspection Findings:</b>	
<p>The home had a policy dated October 2014 on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>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.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant

<b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Yes, the programme of activities within the home include age, cultural, spiritual, purposeful and enjoyable activities and consider all residents individual needs, in order to promote a health life and respond to their changing needs and facilitates social inclusion.	Compliant
<b>Inspection Findings:</b>	
<p>Examination of the programme of activities identified that social activities are organised five times times each week.</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

<b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> All residents including those who like to spend time in their rooms are given the opportunity to contribute in the development of the programme of activities through residents meetings and one to one discussions.	Compliant
<b>Inspection Findings:</b> A review of the record of activities provided and discussions with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.  Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, resident meetings, one to one discussions with staff and care management review meetings.	Compliant

<b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Yes the programme of activities is displayed in a suitable format in the dayroom so that residents and their representatives know what is scheduled.	Compliant
<b>Inspection Findings:</b> On the day of the inspection the programme of activities was on display on the door in the main sitting / living area. This location was considered appropriate as the area was easily accessible to residents and their representatives.  Discussions with residents confirmed that some were not aware of what activities were planned.  A recommendation was made that the programme of activities display should be more visually stimulating this should include more pictorial information with larger print. Clear orientation information should also be displayed in the living area.	Substantially Compliant

<p><b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b> Yes, residents are enabled to participate in the programme through the provision of equipment, aids and support of staff or others.</p>	Compliant
<p><b>Inspection Findings:</b> The care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included board games, playing cards, dominos, arts and crafts materials, daily newspapers music and film dvd’s. Residents can also attend daily mass on site if they so wish.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b> The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	Compliant
<p><b>Inspection Findings:</b> The care staff 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.</p>	Compliant

<b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Where an activity is provided by a person contracted in to do so by the home, the manager either obtains evidence from the person or monitors the activity to confirm that they have the necessary skills to deliver or facilitate the activity.	Compliant
<b>Inspection Findings:</b>	
<p>The registered manager confirmed that choirs and local carol groups visit the home to provide musical entertainment.</p> <p>The registered manager confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.</p>	Compliant

<b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Staff are always involved and on hand throughout activities when a person has been contracted-in, in order to attend to residents changing needs and receive feedback.	Compliant
<b>Inspection Findings:</b>	
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



<b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	Compliant
<b>Inspection Findings:</b> A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Compliant

<b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The programme of activities and events is regularly reviewed to ensure it meets residents changing needs, at least four times yearly.	Compliant
<b>Inspection Findings:</b>	
<p>A review of the programme of activities identified that it had last been reviewed on 1 October 2014. The records also identified that the programme had been reviewed at least twice yearly.</p> <p>The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>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>	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

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

## **11.0 Additional Areas Examined**

### **11.1 Residents' Consultation**

The inspector met with eight 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:

"We are well looked after here".

"I am happy here, I have all I need"

"The food is good, everyone is very kind".

### **11.2 Relatives/Representative Consultation**

Four 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:

"It's like home from home, he/she is very happy here, the staff are very helpful".

"I am very happy, I know here is lovely, and he/she is well looked after".

"This is first class, staff are so kind and caring, and there is always music and activities for the residents"

"I am very pleased it is so homely, he/she is very happy here, he /she has improved since moving here".

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

The inspector spoke with four care staff and six 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. Staffing levels were discussed; a review of the staff duty rota and discussion with staff confirmed the staff numbers on duty were adequate for the number and needs of residents in the home.

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

### **11.4 Visiting Professionals' Consultation**

There were no visiting professionals available to speak with the inspector on the day of the inspection.

### **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 Records**

A review of daily records showed the frequent use of general, non-specific terms relating to the care of residents. This was discussed with the registered manager with regard to the recent condition of one resident in the home in particular. The need to ensure records show all care and services provided, including a record of residents conditions was discussed. A requirement was made in this regard.

### **11.7 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 did not indicate 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 1 April 2013 and 31 March 2014. The registered person must ensure that the referring HSC Trust undertake a review of each residents care on at least an annual basis. Records of requests for annual review should be retained in the home.

### **11.8 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.

### **11.9 Environment**

The inspector inspected the general environment of the home including a number of resident's bedrooms and the communal living areas. All areas of the environment examined 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 satisfactory standard.

## **11.10 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.

## **11.11 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 11 July 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 7 July 2014. The records also identified that an evacuation had been undertaken on 27 November 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.

## **11.12 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs McGilligan. Mrs McGilligan 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 McGilligan, 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:

**Bronagh Duggan**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Announced Care Inspection

#### Anniscliff House

9 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 Mrs Bernadette Mc Gilligan either during or after the inspection visit.

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

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

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

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

**Statutory Requirements**

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	14 (6)	<p>The registered manager must ensure the following;</p> <ul style="list-style-type: none"> <li>• individual risk assessments are completed regarding the use of the key pad system at the entrances to the home</li> <li>• the risk assessment should consider the individual needs and preferences of residents</li> <li>• if the key pad system remains its use should be stated in the homes Statement of Purpose</li> <li>• an updated statement of purpose should be forwarded to the inspector with the return of the QIP.</li> </ul> <p>Ref:10.0 Criterion 10.7</p>	One	<p>The registered manager has completed individual risk assessments regarding the use of the key pad system at the entrances to the home the risk assessment considers the individual needs and preferences of residents. The key pad system has been stated in the home's Statement of purpose. Copy of up to date Statement of Purpose enclosed with the QIP</p>	9 March 2015
2	Regulation 19 (1) (a) Schedule 3. 3 (k)	<p>The registered manager must ensure there is a contemporaneous note of all care and services provided to the resident, including a record of their condition and any treatment or other intervention.</p> <p>Ref: 11.6 Criterion 11.6</p>	One	<p>The registered manager has regularly noted all care and services provided to residents including a record of their condition and any treatment or other interventions in their individual care plans, examined on 4<sup>th</sup> February 2015</p>	From the day of inspection and ongoing.



**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	<p>The homes policy and procedure on responding to resident's behaviour (2014) should be developed further to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).</p> <p>Ref:10.0, Criterion 10.1</p>	One	<p>The homes policy and procedure on responding to resident's behaviour (2014) has been developed further to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).</p>	9 March 2015
2	10.4	<p>When a resident requires a specific behaviour management plan this should be completed on an individual basis and be approved by an appropriately trained professional. The behaviour management plan should be kept under review.</p> <p>Ref: 10.0, Criterion 10.4</p>	One	<p>When a resident requires a specific management programme this will be completed on an individual basis and be approved by an appropriate trained professional. The behavioural management plan will be kept under review.</p>	From the day of inspection and ongoing.
3	6.6	<p>Residents, or where appropriate their representatives consent should be clearly reflected in care plans regarding the use of the pressure mats.</p> <p>Ref: 10.0, Criterion 10.7</p>	One	<p>The home is in the process of obtaining residents, or where appropriate their representatives consent regarding the use of pressure mats, and this will be clearly reflected within their individual care plans.</p>	9 March 2015

4	13.4	<p>The programme of activities display should be made more visually stimulating and include pictorial information with larger print. Clear orientation information should also be displayed this should include day, date, month and other specific information to ensure residents are aware of same.</p> <p>Ref:10.0 , Criterion 13.4</p>	One	<p>The home is in the process of sourcing a new activities display board in larger print.</p>	9 March 2015
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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 and email to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	BERNADETTE Mc GILLIGAN
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	BERNADETTE MC GILLIGAN

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	25.2.15
Further information requested from provider			