

Primary Announced Care Inspection

Name of Service and ID:	Andena (1341)
Date of Inspection:	23 September 2014
Inspector's Name:	Bronagh Duggan
Inspection ID:	IN017297

The Regulation And Quality Improvement Authority
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General Information

Name of Home:	Andena (1341)
Address:	206-208 Ballymoney Road Ballymena BT43 5HG
Telephone Number:	02825644767
E mail Address:	alan.a.shields@hotmail.co.uk
Registered Organisation/ Registered Provider:	Mr James Joseph McConville
Registered Manager:	Mrs Christine Shields
Person in Charge of the Home at the Time of Inspection:	Mrs Christine Shields
Categories of Care:	RC-DE ,RC-I ,RC-MP(E)
Number of Registered Places:	36
Number of Residents Accommodated on Day of Inspection:	35
Scale of Charges (per week):	As per commissioning trust rates
Date and Type of Previous Inspection:	4 February 2014 Secondary Unannounced Care Inspection
Date and Time of Inspection:	23 September 2014 11:00 – 18:00
Name of Inspector:	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 an announced primary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents 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	28
Staff	5
Relatives	3
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	30	4

6.0 Inspection Focus

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

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

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

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

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

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

7.0 Profile of Service

Andena Residential Care Home is a purpose built home situated close to Ballymena town centre and is near to parks, shops and other amenities in an established residential area. The home has adequate off road parking and is surrounded by landscaped area. The current registered manager is Mrs Christine Shields. The home is registered to accommodate 36 residents.

The home is a two storey building with wide staircase access to each floor and a passenger lift for those unable to use the stairs. There is a spacious entrance/reception area in the central part of the home.

The ground floor of Andena has two spacious lounges, a dining room, kitchen, office and two rooms for visitors or professionals to use as well as a laundry room and a ground floor bathroom and WCs.

In total there are 32 single and two double bedrooms, 11 of the single bedrooms are on the ground floor. The first floor has 21 single bedrooms, two double bedrooms, two bathrooms, WCs and staff room. All of the bedrooms are en-suite with a toilet and sink.

The home is registered to provide care for a maximum of 36 persons under the following categories of care:

Residential care

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

8.0 Summary of Inspection

This announced primary care inspection of Andena was undertaken by Bronagh Duggan on 23 September 2014 between the hours of 11:00 – 18:00. Mrs Christine Shields registered manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that competency and capability assessments had been completed for staff which are left in charge of the home in the managers absence, this requirement has been met. The two recommendations made from the previous inspection were also reviewed. One of these related to staff member's full names being included on the duty rota has been achieved, the recommendation regarding staff meetings has been reiterated for the second time. The detail of the actions taken by Mrs Shields can be viewed in the section following this summary.

Prior to the inspection on 23 September 2014 Mrs Shields registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Shields in the self-assessment were not altered in any way by RQIA.

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

Standards Inspected:

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

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

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

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

Inspection Findings

Responding to Residents' Behaviour – Standard 10

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 discussion 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 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 registered manager is 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. A key pad system was observed to be in use at the front entrance of the home, a recommendation has been made that the use of this system is reviewed and risk assessed for all residents in the home on an individual basis with consideration given to resident's individual needs and preferences. The homes statement of purpose should also be reviewed and make reference to the use of the keypad system at the main entrance to the home.

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

Programme of Activities and Events – Standard 13

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate.

The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. The home employs an activity coordinator for a number of hours each week. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who are not employed by the home have the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Andena Residential Care Home is compliant with this standard.

Resident, Representatives, and Staff Consultation

During the course of the inspection the inspector met with residents, representatives, and staff. Returned questionnaires completed by staff were also analysed.

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

Comments received from residents, representatives and staff 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 of a good standard. Residents bedrooms were personalised, communal areas were spacious, bright and comfortable.

Fire Safety

A review of the homes fire safety risk assessment showed that it had most recently been reviewed by Mr Alan Shields a partner in Andena Residential Care Home in July 2014 and not a third party accredited certification body. This information was shared with RQIA estates inspectorate. A recommendation has been made that the annual review of fire risk assessment should be carried out by a person or company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies.

Assessment of Need

Care records reviewed showed that one resident was overdue a care review. Information included in the residents' records and discussion with the registered manager confirmed that there had been a significant change in the residents needs in recent months. A second care record reviewed also showed a high level of care required for another identified resident. A requirement has been made that the assessment of resident's needs are kept under review, and be revised at any time when it is necessary to do so, any change of circumstances for residents should also be considered in regard to this.

Supervision of Residents

A review of accidents in the home showed that a number of notifiable accidents had occurred between May and September 2014 which had not been witnessed by care staff. The need to ensure adequate supervision levels whilst meeting the needs of residents was discussed with the registered manager. A requirement has been made that there is proper provision in the home to ensure adequate supervision of residents.

Daily Records

A selection of daily records were reviewed it was noted some information recorded in the daily records was found to reflect personal opinions from staff and not factual detail regarding care provided for residents. A recommendation has been made that daily records should be factual and clearly document the support and care provided to residents, and reflect any changes in the resident's needs.

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

Conclusion

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

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

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

The inspector would like to thank the residents, relatives, 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 4 February 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	20 (3)	<p>The registered manager shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.</p> <p>Reference to this is made in that a competency and capability assessment must be devised and put in place for any member of staff with such responsibility.</p>	Discussion with the registered manager and a review of records in the home showed that competency and capability assessments had been carried out with staff members who are given the responsibility of being in charge of the home in the registered manager's absence.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	25.6	<p>A record is kept of staff working over a 24-hour period and the capacity in which they worked.</p> <p>Reference to this is made in that the duty rota needs to contain the surnames of staff on duty as oppose to simply the Christian names.</p>	<p>A review of the duty rota showed that the surnames of staff were included.</p>	Compliant
2.	25.8	<p>Staff meetings take place on a regular basis and at least quarterly. Records are kept that include:</p> <ul style="list-style-type: none"> • The date of all meetings • The names of those attending • Minutes of discussions • Any actions agreed 	<p>Records of a staff meeting in March 2014 were available for the inspector to review. The records contained the relevant information, it was noted that the staff meetings have not been completed quarterly.</p> <p>This recommendation has been reiterated for a second time.</p>	Moving towards compliance

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: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment The home's policy on responding to residents behaviours is reflective of the DHSSPS Guidance and the Human Rights Act (1998). Enshrined in the ethos of the home is the absolute need to respect the personhood and dignity of each of our residents. In order to do this our staff need to have a knowledge and understanding of the likes, dislikes, patterns of behaviour and means of communication of each of our residents. We have a committed staff team who are all fully aware of the individual needs of our residents, the different behaviours of our residents and how to respond to these behaviours in a positive way to ensure the best outcome possible for each resident.	Substantially compliant

Inspection Findings:	
<p>The home had a policy and procedure titled Responding to Residents Behaviour dated September 2014 in place. A review of the policy and procedure 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 policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used.</p> <p>Observation of staff interactions with residents identified that informed values 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 on 3 October 2013, a further date was booked for October 2014. The training included a human rights approach.</p> <p>A review of four 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>	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	
<p>Our staff are very knowledgeable and tuned into the normal behaviours of our residents and would quickly detect if a resident was behaving in an uncharacteristic manner. All such changes in behaviour will be reported to the person in charge of the home. Depending on the behaviours staff will intervene in accordance with the residents care plan and record the events preceding the behaviour, and the responses to the intervention. For example, in the event of increased confusion or lethargy, staff will seek advice from the GP, arrange to have a urine sample collected and attempt to identify the cause of this change in behaviour. In other situations staff may seek advice from the relevant members of the multi disciplinary team, such as the behavioural science nurse and liaise with the residents family in an attempt to identify possible triggers for the behaviour.</p>	<p>Substantially compliant</p>
Inspection Findings:	
<p>Staff who met with the inspector demonstrated knowledge and understanding in relation to understanding residents behaviour. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge. Staff were aware of the relevant care/treatment when responding to resident's behaviour.</p> <p>Four care records were reviewed; these 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>	<p>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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Each resident has an individual care plan which details the appropriate response to behaviours. Where appropriate this is discussed and agreed with the resident's next of kin and care manager and kept under review. All staff are made aware of the specific needs and plans of care for each resident, by the registered manager, deputy manager or person in charge and all resident care needs and outcomes are communicated during staff handover reports. The outcomes from all interventions are recorded and evaluated.	Substantially compliant
Inspection Findings:	
<p>A review of four care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant

Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment In the event that a resident requires a specific behaviour management programme this will be approved by an appropriately trained professional, such as a behaviour science nurse. The agreed programme will be kept under regular review, and there will be ongoing collaboration with the relevant professional, the resident and if appropriate their next of kin. The home regularly refers residents to the appropriate members of the multi disciplinary team and the following professionals are currently involved in the planning of care to our residents. The Behavioural Science Nurse, Social Worker, Community Psychiatric Nurse and Psychogeriatrician.	Substantially compliant
Inspection Findings: 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 one behaviour management programme identified that it had been approved by an appropriately trained professional. The behaviour management programme formed a part of the resident's care plan and there was evidence that it was kept under review.	Compliant

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
Provider's Self-Assessment In the event that a behaviour management programme is in place for any resident all staff would be informed about the content of this programme and how to appropriately respond to the behaviour. The behavioural science nurse would frequently discuss the programme with our staff to help them understand why the programme has been implemented and to assess the outcomes from the agreed interventions. Our staff are provided with training on the Management of Behaviours that Challenge and The Protection of Vulnerable Adults.	Substantially compliant
Inspection Findings: A review of staff training records evidenced that staff had received training in behaviours which challenge in October 2013, with further training arranged for October 2014. Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, and de-brief sessions. Discussions with staff indicated that they were knowledgeable in regard to the behaviour management programme in place.	Compliant

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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
In the event that an incident should occur that is outside the scope of the resident's care plan this is reported to the person in charge, the registered manager or the deputy manager. Depending on the incident, medical advice may be sought and the required care and treatment provided to the resident. The next of kin will be informed if appropriate, and the necessary bodies such as care management, protection of vulnerable adults, PSNI and the RQIA informed in accordance with the legislative requirements. Comprehensive records are maintained of the incident and when indicated a multi disciplinary care review completed.	Substantially compliant
Inspection Findings:	
<p>A review of the accident and incident records from April 2014 to September 2014 and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified.</p> <p>A review of four care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p> <p>Visitors and staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	
Provider's Self-Assessment	
The policy on restraint is reflective of DHSSPS guidance and the Human Rights Act(1998). The culture and ethos of the home upholds the right of each resident to be treated with the utmost respect and dignity. Restraint is only used as a last resort and at present one resident requires bedrails to prevent her falling from bed. The home have also acquired sensor buzzers and alarm mats for some identified residents to help reduce the risk of falling whilst in their bedroom.	Substantially compliant
Inspection Findings:	
<p>Discussions with staff and a review of records confirmed that restraint was only used as a last resort when other less restrictive strategies had proved unsuccessful.</p> <p>A keypad system is operated on the front door of Andena Residential Care Home. A review of four care records showed that this had been considered in relation to deprivation of liberty for one of the residents. Considering the range of differing needs and level of understanding of residents in the home a recommendation has been made that this situation is reviewed and risk assessed for all residents in the home on an individual basis with consideration given to resident's individual needs and preferences. A further recommendation has been made that the use of the key pad system at the main entrance to the home should be outlined in the homes statement of purpose.</p> <p>In relation to the use the bedrails for one identified individual, sensor buzzer and alarm mats the appropriate documentation and consultation was in place for same.</p>	Substantially Compliant

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

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment The programme of activities is planned in conjunction with the residents and their families and is based as far as possible on the identified needs and interests of our residents. A policy on the provision of activities is available in the home and relatives and residents are frequently asked for their suggestions as to what we should include in the programme of activities. The residents respond positively to the activity programme provided and we constantly seek to improve and vary the range of activities, however, this is one area that we find challenging.	Substantially compliant
Inspection Findings: The home had a policy dated September 2014 on the provision of activities. A review of four care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant

Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The programme includes activities such as: board games, reminiscence therapy, art and crafts, physical exercises, music, sing alongs and bingo. Clergy of all faiths and Eucharistic Ministers are always made welcome and frequently visit the home. We endeavour to have a religious service at least once per month depending on the availability of a member of the clergy. These services are always well attended by the residents.	Substantially compliant
Inspection Findings:	
<p>Examination of the programme of activities identified that social activities are organised on a regular basis.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Compliant

Criterion Assessed: 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
Provider's Self-Assessment All of the residents and their relatives are given the opportunity to contribute suggestions for inclusion in the activity programme. The activity therapist is very mindful of the importance of providing activities that are enjoyable and meaningful to our residents and seeks the views of residents and their relatives when possible. In addition the Activity Therapist hosts monthly resident meetings and records minutes of same. Many of our relatives frequently participate in the activities that are ongoing when they are visiting in the home.	Substantially compliant
Inspection Findings: 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/relatives meetings, one to one discussions with staff and care management review meetings.	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
Provider's Self-Assessment The programme of activities is displayed in the reception area of the home .	Substantially compliant
Inspection Findings: On the day of the inspection the programme of activities was on display in the reception area of the home close to the communal living and dining areas. This location was considered appropriate as the area was easily accessible to residents and their representatives. Discussions with residents and representatives confirmed that they were aware of what activities were planned. The programme of activities was presented in an appropriate format to meet the residents' needs.	Compliant

Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment The Activity Therapist tailors the activities to meet and suit the needs of the individual residents and receives assistance and support from the care staff when necessary for the success of the activity. Staff also ensure that the necessary equipment such as glasses, hearing aids and mobility aids are available for use by the residents. The programme of activities also includes one to one activities such as hand and foot massage particularly for residents who do not enjoy or are unable to participate in group activities.	Substantially compliant
Inspection Findings: The home employs an activity co coordinator for twenty five hours each week The activity coordinator and residents confirmed that there was an acceptable supply of activity equipment available. Some of the equipment included board games, cognitive tests, books, arts and crafts materials and musical cd's.	Compliant
Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment Activities do take into account the individual needs of the residents and are generally of short duration as many of our residents experience some degree of dementia and have difficulty concentrating for long periods of time.	Substantially compliant
Inspection Findings: The activity co coordinator and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment	
When an activity is provided by an external person a member of staff is present throughout the activity. These activities are generally group activities such as religious service, musical evenings and school groups. We do not have any external person delivering one to one activities at this time.	Substantially compliant
Inspection Findings:	
<p>The registered manager confirmed that there were no outside agencies currently contracted to provide activities in the home. The registered manager and care staff confirmed that when outside agencies visit the home a staff member remains present through the activity.</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

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	
At present we do not have a person contracted in for therapeutic activities, in the event that we do so in the future we would inform them of any change to a residents needs in between visits if relevant and appropriate.	Substantially compliant
Inspection Findings:	
The registered manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion was not applicable on this occasion.	Not Applicable
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	
The Activity Therapist maintains all of the above records.	Substantially compliant
Inspection Findings:	
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

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 Therapist reviews the programme monthly during the monthly meeting with the residents.	Substantially compliant
Inspection Findings: A review of the programme of activities identified that it is reviewed monthly. The registered manager and activity coordinator 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.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Substantially compliant
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INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Compliant
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11.0 Additional Areas Examined

11.1 Residents' Consultation

The inspector met with 28 residents individually and in groups. Residents were observed relaxing in the communal lounge area's whilst others were resting in their bedrooms. In accordance with their capabilities all residents 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:

"It is great here, we are all well looked after, I have no complaints".

"This is a good home; we meet up with others regularly".

"The staff are all very kind".

"There are lots of different things to do here".

"I'm happy here, they are all very kind"

11.2 Relatives/Representative Consultation

Three 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:

"The care here is excellent, he / she is so well looked after".

"This is a great place, he/she is really happy here and can take part in many activities".

"I'm more than happy, this is a great home".

11.3 Staff Consultation/Questionnaires

The inspector spoke with four members of the care staff team, the activities therapist and reviewed four completed and returned questionnaires. A review of the completed questionnaires and discussion with staff identified that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated 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.

11.4 Visiting Professionals' Consultation

There were no visiting professionals to the home during the inspection period.

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 Complaints

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

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

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

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

11.7 Environment

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

11.8 Guardianship Information

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

11.9 Fire Safety

The inspector examined the home's most recent fire safety risk assessment dated April 2013, a review of the fire safety risk assessment showed that it was reviewed in July 2014 by Mr Alan Shields a partner in Andena Residential Care home. This information was shared with RQIA estates inspectorate. A recommendation has been made that the annual review of fire risk assessment should be carried out by a person or company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies.

A review of the fire safety records evidenced that fire training had been provided to staff on 12 and 13 March 2014 with a follow up date pending. The records also identified 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 managed accordingly.

11.10 Assessment of Need

Of four care records which were reviewed it was noted that one resident was due a care review in July 2014 this had not occurred. Information included in the residents' records and discussion with the registered manager confirmed that there had been a significant change in the residents needs in recent months. A second care record reviewed also showed a high level of care required for another identified resident.

A requirement has been made that the assessment of resident's needs are kept under review, and be revised at any time when it is necessary to do so, any change of circumstances for residents should also be considered in regard to this.

11.11 Supervision of Residents

A review of accidents in the home showed that a number of notifiable accidents had occurred between May and September 2014 which had not been witnessed by care staff. The need to ensure adequate supervision levels whilst meeting the needs of residents was discussed with the registered manager. Mrs Shields informed the inspector that the home has recently increased staffing levels. A requirement has been made that there is proper provision in the home to ensure adequate supervision of residents.

11.12 Daily Records

A selection of daily records were reviewed it was noted some information recorded in the daily records was found to reflect personal opinions from staff and not factual detail regarding care provided for residents. A recommendation has been made that daily records should be factual and clearly document the support and care provided to residents, and reflect any changes in the resident's needs.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Christine Shields, 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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Announced Care Inspection

Andena

23 September 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 Christine Shields registered manager either during or after the inspection visit.

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

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

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

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

13 JAN 2015

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.	Regulation 15 (2) (a) (b)	<p>"The registered person shall ensure that the assessment of the resident's needs is-</p> <p>kept under review; and revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually."</p> <p>Reference to this is made to the identified resident with changing needs overdue an annual review, and also the increasing needs identified with a second identified resident.</p> <p>Ref: 11.10</p>	One	The needs of residents are kept under review and the assessment of needs and care plans will be updated to reflect those needs. The care manager for the resident in question has been contacted and the review has been carried out. A system will be implemented to monitor review dates.	Ongoing from the date of inspection
2.	Regulation 13 (1) (b)	<p>"The registered person shall ensure that the residential care home is conducted so as to make proper provision for the care and where appropriate, treatment and supervision of residents."</p> <p>Reference to this is made in regard to an analysis of accidents in the home which showed a number of notifiable accidents had occurred in the home which were not witnessed by care staff.</p> <p>Ref: 11.11</p>	One	The majority of our residents have varying degrees of dementia and can mobilise unassisted. It is therefore difficult to respect their independence and also provide the highest level of supervision that would be required to guarantee 100% safety. In an attempt to reduce the incidence of falls we have reviewed and increased staffing levels.	Ongoing from the date of inspection

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.	29.1	<p>It is recommended that the annual review of fire risk assessment should be carried out by a person or company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies.</p> <p>Ref: 11.9</p>	One	<p>We had this report done by W.Y.G. and all recommendations carried out. As you can see from your inspection that no extensions or modifications have been done to the building. All monthly inspections are carried out and I carried out our annual inspection. It said on the W.Y.G. report that this could be done by someone who was competent. With 40 years experience in both building and civil engineering and a hands on owner I believe I am competent to carry out this task</p> <p>Alan Shields</p>	18 November 2014
2.	10.7	<p>The use of the keypad system at the front entrance should be reviewed and assessed for all residents in the home on an individual basis with consideration given to resident's individual needs and preferences.</p> <p>The homes statement of purpose should be reviewed and make reference to the use of the key pad system at the main entrance to the home.</p>	One	<p>The homes Statement of Purpose will be reviewed to reflect the use of the keypad system. All residents individual needs and preferences will be assessed with respect to the keypad system. This will be reflected in their care plan.</p>	16 December 2014

		Ref:10			
3.	8.2	Records maintained by the home should be factual and detail personal care and support provided. Ref:11.12	One	Staff have been advised of the importance of factually accurate recordkeeping. This is being monitored by the Registered Manager.	Ongoing from date of inspection

4.	25.8	<p>Staff meetings take place on a regular basis and at least quarterly. Records are kept that include:</p> <ul style="list-style-type: none"> • The date of all meetings • The names of those attending • Minutes of discussions • Any actions agreed <p>Ref:9.0</p>	Two	Staff meetings are held in the home, these will be increased to quarterly.	18 November 2014
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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:

NAME OF REGISTERED MANAGER COMPLETING QIP	CHRISTINE. SHIELDS <i>C. Shields</i>
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	JAMES M ^S CONVILLE <i>J. M^S Conville</i>

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	<i>Bronagh Duggan</i>	<i>28.1.15</i>
Further Information requested from provider			