

Primary Announced Care Inspection

Name of Service and ID: The Roddens (1374)
Date of Inspection: 12 June 2014
Inspector's Name: Ruth Greer
Inspection ID: 17745

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

Name of Home:	The Roddens
Address:	22 Queen Street Newal Road Ballymoney BT53 6JB
Telephone Number:	028 2766 3520
E mail Address:	alison.hayes@northerntrust.hscni.net
Registered Organisation/ Registered Provider:	Northern HSC Trust Mr Larry O'Neill
Registered Manager:	Ms Shani Steenson (Acting)
Person in Charge of the home at the time of Inspection:	Ms Shani Steenson
Categories of Care:	RC-I
Number of Registered Places:	29
Number of Residents Accommodated on Day of Inspection:	20 12 permanent residents and 8 in the home for a temporary period.
Scale of Charges (per week):	Trust rates - no top up fee
Date and type of previous inspection:	10 December 2014 Primary announced inspection
Date and time of inspection:	12 June 2014 from 9:50am to 3:15pm
Name of Inspector:	Ruth Greer

2.0 Introduction

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

This is a report of 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 provider
- 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
- Consultation with 1 relative
- 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	7 individually and others in groups
Staff	3
Relatives	1
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	25	9

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

The Roddens Residential Care home is situated near the town centre of Ballymoney. The residential home is owned and operated by Northern Health and Social Care Trust. The current manager is Ms Shani Steenson. The RQIA have not been formally informed of Ms Steenson's appointment and the retirement of the previous manager Mrs B Graham. A requirement has been consequently made in the quality improvement plan appended to this report.

Accommodation for residents is provided in single bedrooms. The Roddens is a double storey building. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided throughout the home. The large dining room is also used for planned activities.

The home also provides for catering and laundry services on the ground floor.

A number of communal sanitary facilities are available throughout the home. A hairdressing room is provided.

The home is registered to provide care for a maximum of 29 persons under the following categories of care:

Residential Care

RC-I

8.0 Summary of Inspection

This announced primary care inspection of The Roddens was undertaken by Ruth Greer on 12 June 2014 between the hours of 9:50am and 3:15pm. Ms Steenson was available during the inspection and for verbal feedback at the conclusion of the inspection. Mrs E Knight (Line Manager) attended for the conclusion of the inspection.

As the previous inspection resulted in no recommendations or requirements being made, no follow up was required during this inspection.

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

During the inspection the inspector met with residents, staff, and one relative, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff questionnaires, 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 resident's behaviour – Standard 5

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 not used in the home. 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. Ms Steenson 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. The evidence gathered through the inspection process concluded that The Roddens is compliant level 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. In the absence of the activity coordinator activities are provided by designated care staff or are contracted in. A selection of materials and resources were available for use during activity sessions. Appropriate records were maintained. The evidence gathered through the inspection process concluded that The Roddens is compliant with this standard.

Resident, representatives, staff and one relative consultation

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

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. One relative indicated her satisfaction with the provision of care and life afforded to her relative and complimented staff in this regard.

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

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

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 adequate but tired and dated. The long-term future of the home remains in the consultation period. However if the home is to remain functioning as a residential care home, redecoration and upgrading will be required throughout the premises. This matter will be reviewed at the next inspection. It was noted that the carpet in an upstairs lounge was threadbare in parts. This must be addressed immediately as it may pose a health and safety risk.

A number of additional areas were also examined these include the management of complaints, information in relation to resident dependency levels and fire safety. 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 good standard. There were processes in place to ensure the effective management of the standards inspected.

Two requirements 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, one relative, the manager, the 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 10 December 2014

No requirements or recommendations resulted from the primary announced inspection of The Roddens which was undertaken on 10 December 2013.

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
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 Each resident has a care plan and risk assessment in place to identify their assessed needs and intervention required. Each permanent resident has a completed social history summary which was completed with care staff and identifies their individuality.	Compliant
Inspection Findings: The home has a Restrictive Physical Interventions policy in place. A review of the policy and procedure identified that it reflects 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. Observation of staff interactions, with residents, identified that informed values and select implementation of least restrictive strategies were demonstrated. A review of staff training records identified that a care staff had received training in behaviours which challenge titled, Managing Aggression 14 October 2013 which included a human rights approach. A review of five 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. Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff spoken with were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.	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	
Care plans identify residents general behaviour and staff are aware of such. If a resident presents behaviour that is uncharacteristic and causes concern this is reported to Senior Care Staff or manager and the situation is monitored and recorded in the residents progress notes. Other professionals are contacted when required and advice sought. Family or identified next of kin are also informed at the residents request.	Compliant
Inspection Findings:	
<p>The policy and procedure, reviewed in October 2012 includes the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust, relatives and RQIA. . Agreed and recorded response(s) to be made by staff. <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff are aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Five care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p>	Compliant

Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment Care plans are detailed in order to ensure a consistent and effective approach from staff. Relatives or next of kin are informed of such, with the residents agreement. Care plans are reviewed on a regular basis, depending on need. The residents views are sought throughout this process.	Compliant
Inspection Findings: A review of five care plans identified that when a resident needs a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.	Compliant
Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment If a resident were on a specific behaviour management programme, this would be implemented by the Behavioural Sciences Team or the appropriate professional. Consultation with relevant professionals and the resident would take place. Care plan would be updated, staff informed and any training needs identified.	Compliant
Inspection Findings: The registered manager / whoever informed the inspector that there are currently no residents who have a specific behaviour management programme in place. Therefore, this criterion is not applicable at this time.	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	
If a management programme is in place staff would be provided with the necessary training guidance and support.	Compliant
Inspection Findings:	
There were no residents on a behavioural programme on the day of this inspection.	Not applicable
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	
Named workers are informed of all incidents that involve a resident. An incident form would be completed and forwarded to line manager and governance. Named workers would organise a multi-disciplinary review if required.	Compliant
Inspection Findings:	
A review of the accident and incident records from 10 December 2013 to present and discussion with staff identified that no incidents had occurred outside of the scope of a resident's care plan.	Compliant

Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider's Self-Assessment Restraint is not used within our residential setting. If a residents behaviour is giving cause for concern, the named worker is contacted and a review of needs sought in relation to appropriateness of placement.	Compliant
Inspection Findings: A review of records, discussion with residents and staff and observation of care practices identified that there are currently no types of restraint or restrictive practices used in the home which need to be described in the home's Statement of Purpose. The home's front door is not locked and residents can come and go as they please. Any resident who requires bedrails have a multi-disciplinary risk assessment in place in this regard.	Compliant

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

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

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 and events held within the home takes account of the residents needs and interests, they promote physical, mental and spiritual well being and that they are enjoyable, age and culturally appropriate. Residents views are sought on a regular basis through residents meetings and questionnaires in relation to activities that are held within the home and suggestions sought for new activities to meet new identified needs.	Compliant
Inspection Findings: The home had a policy on the provision of activities. A review of five care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussion 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	
Activities are organised on a weekly basis and held daily. They include armchair exercises, bingo, boccia, pets for therapy and daily newspaper readings. A spiritual service is held by a local clergyman every Sunday and other clergy visit on a monthly basis. Residents who wish are facilitated to attend local community groups.	Compliant
Inspection Findings:	
<p>Examination of the programme of activities identified that social activities are organised daily.</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 discussion that residents were provided with enjoyable and meaningful activities on a regular basis. In addition to the formal planned activities, care staff are designated to spend time on a one to one with residents for 15 minutes each morning. The conversation is resident led and means that residents have some individual time with staff throughout the course of a week.</p> <p>The home provided a taxi each week for three residents to attend a community based social club. Coaches are provided for day trips. Staff accompanied seven residents to attend a coffee morning at a local church in the week before the inspection.</p>	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.3 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 Residents who do not partake in activities are consulted with on a one to one basis and their views are sought and recorded in relation to the programme of activities.	Compliant
Inspection Findings: A review of the record of activities provided and discussion with residents, including residents who generally stayed in their rooms, 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. The inspector was informed that the manager speaks individually to any resident who chooses not to attend the residents 'meetings and provides feedback on any discussions / decisions made	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 large print in many areas of the building, including the reception area, dining room and first floor sections.	Compliant

Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display in various places throughout the home including the dining room. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	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	
<p>Staff oversee all activities to ensure those residents who wish can participate fully. Assistance is given by staff and the provision of equipment and aids is provided. Staff have received training in relation to certain activities in order to ensure the safe and effective delivery of such.</p>	Compliant
Inspection Findings:	
<p>Activities are provided for approximately 30 minutes each day by designated care staff.</p> <p>The care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included prizes for bingo, boccia and floor games.</p> <p>There was confirmation from the manager that a designated budget for the provision of activities is in place.</p>	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	
<p>Each record of activity states the duration, place and time. Staff and residents that partake in the activity is also recorded. All residents are closely supervised by staff throughout in order to promote well being.</p>	Compliant

Inspection Findings:	
Care staff, and the manager confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.	Compliant
Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	
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	
All persons contracted in by the home provide documentation that states their ability to carry out and deliver the activity effectively. A copy of all documentation is kept in the managers office.	Compliant
Inspection Findings:	
The manger confirmed that Music Therapy / Pet Therapy and Ministers of religion are contracted employed to provide specific activities enjoyed by residents.	Compliant
The manager confirmed that she had obtained evidence from the person that they had the necessary skills and knowledge to deliver the activity and that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.	
Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Any activity that takes place within the home is supervised and attended by staff to ensure the needs of the residents can be met during the activity. Staff are available at all stages for feedback from the contracted in person in relation to needs of residents being met.	Compliant

Inspection Findings:	
The 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 would affect their participation in the planned activity.	Compliant
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
A record is kept of all who participate and the activity provider.	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. The home has devised an activity file which contains all records of planned and past activities and is reference to the requirements of this standard. This is commendable.	Compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The activity programme is reviewed at residents meetings 3 monthly. A questionnaire is also completed yearly and residents and family are encouraged to provide feedback. Care plan reviews are also used as an opportunity to look at hobbies/interests and if needs are being met.	Compliant
Inspection Findings:	
A review of the programme of activities identified that it had last been reviewed at the most recent residents' meeting in May 2014. The records also identified that the programme had been reviewed at least twice yearly. The manager confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	Compliant

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

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

11.0 Additional Areas Examined

11.1 Resident's consultation

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

- "I'm still really happy here and the staff are great"
- "I enjoy reading my papers and the food is good"
- "I've been here a few times and I wish I could stay"
- "The girls (staff) are so kind".

11.2 Relatives/representative consultation

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to her relative and complimented staff in this regard. No concerns were expressed or indicated. The relative stated "X was always spoiled at home and staff here continue to spoil him".

11.3 Staff consultation/Questionnaires

The inspector spoke with care, catering, domestic and administrative staff and number of staff 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. Staff told the inspector that the needs of residents has always and remains "the priority in the Roddens".

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

11.5 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 manager confirmed that lessons learnt from investigations were acted upon.

11.6 Environment

The inspector viewed the home Ms Steenson 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 adequate but dated and tired. There was a threadbare area of one lounge carpet which had been stuck over with tape. It was noted that the tape was beginning to peel and this may present a health and safety hazard. A requirement is consequentially included in the quality improvement plan.

11.7 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.

11.8 Fire Safety

The inspector examined the home's most recent fire safety risk assessment dated 31 March 2014.

The review identified that there were no recommendations made as a result of this assessment.

A review of the fire safety records evidenced that fire training, had been provided to staff on 29 April 2014. Records also identified that an evacuation had been undertaken on 12 March 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.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Steenson and Mrs Knight as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Primary Announced Care Inspection

The Roddens

12 June 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 Ms Steenson and Mrs Knight 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	Regulation 8 (2) Ref 7	The RQIA should be notified of the appointment of Ms Steenson as manager and an application forwarded for her registration with the Authority.	First	Application forwarded and registration confirmed. Has been completed.	On or before 7 July 2014.
2	Regulation 27 (2)(b) Ref 11.6	The carpet identified as a potential risk to safety should be replaced.	First	Application for funding has been made on a Minor Capital Works request. Currently waiting on quotation to replace.	On or before 7 July 2014.

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	Shani Steenson
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Una Cunning Dr A Stevens

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Ruth greer	8 Sep 2014
Further information requested from provider			