



The Regulation and  
Quality Improvement  
Authority

## Primary Announced Care Inspection

**Service and Establishment ID:** Rosedale (1365)  
**Date of Inspection:** 19 August 2014  
**Inspector's Name:** Bronagh Duggan  
**Inspection No:** 17329

**The Regulation And Quality Improvement Authority**  
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## 1.0 General information

<b>Name of Home:</b>	Rosedale
<b>Address:</b>	100 Kilgreel Road Antrim BT41 1EH
<b>Telephone Number:</b>	028 94429402
<b>E mail Address:</b>	heather.allison@northerntrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Northern HSC Trust Mr Tony Stevens
<b>Registered Manager:</b>	Miss Heather Susan Allison
<b>Person in Charge of the home at the time of Inspection:</b>	Miss Heather Susan Allison
<b>Categories of Care:</b>	RC-I
<b>Number of Registered Places:</b>	38
<b>Number of Residents Accommodated on Day of Inspection:</b>	22
<b>Scale of Charges (per week):</b>	Trust rates
<b>Date and type of previous inspection:</b>	5 February 2014 Secondary Unannounced
<b>Date and time of inspection:</b>	19 August 2014 10:00am-7:00pm
<b>Name of Inspector:</b>	Bronagh Duggan

## 2.0 Introduction

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

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## 3.0 Purpose of the inspection

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

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

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

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

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

## 4.0 Methods/Process

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

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

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

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff

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

## 5.0 Consultation Process

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

Residents	12
Staff	4
Relatives	5
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	25	10

## 6.0 Inspection Focus

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

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

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

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

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

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

## 7.0 Profile of service

Rosedale Residential Care home is situated in a quiet residential area located at the entrance to a residential estate in Antrim town. The residential home is owned and operated by the Northern Health and Social Care Trust. The current registered manager is Miss Heather Allison who has been the registered manager for fourteen years.

Accommodation for residents is provided in single rooms in a single storey building.

Facilities provided in the home include three communal lounges, a designated room for those residents who smoke, 20 single bedrooms, 11 double bedrooms of which three are currently used as singles; bathing and toilet facilities, three offices, a staff room, dining room, kitchen and laundry room. The double bedrooms have en-suite facilities in addition to a small kitchenette.

There is a modern designed central courtyard type garden with a water feature which provides an attractive outdoor sitting and recreational area for the residents.

There is ample off street parking at the front of the home for visitors.

The introduction of 'step up / down' or intermediate care beds is the result of part of the Home First Integrated Care of the Elderly Project. The aim of the service is to provide older people who require a short period of rehabilitation or re-enablement in a comfortable and homely environment with additional support, to help them regain their confidence and independence to enable them to return home. This service is time limited usually no longer than six weeks and frequently as little as one – two weeks or less. The discharge date is determined on admission.

The 'step up' part of the service refers to preventing an unnecessary hospital admission for service users who are suffering or recovering from an acute illness. In these cases a rehabilitation service is not necessary, but instead a period of additional support is required to enable the individual to back on their feet with confidence.

The 'step down' part of the service refers to rehabilitation after hospital. This service can be provided to a service user who is medically fit for discharge from hospital but requires a period of rehabilitation in a supported environment facilitated by Community Rehabilitation Teams and residential care staff.

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

The home is registered to provide care for a maximum of 38 persons under the following categories of care:

### Residential care

I Old age not falling into any other category

### Day care

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

## 8.0 Summary of Inspection

This primary announced care inspection of Rosedale Residential Home was undertaken by Bronagh Duggan on 19 August 2014 between the hours of 10:00am – 7:00pm. Heather Allison registered manager was available during the inspection and for verbal feedback at 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, Heather Allison completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA.

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

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

### Inspection findings

#### STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy and procedure in place which consisted of three different policies which were read in respect of each other. The policies were Restrictive Physical Interventions (2010), Behavioural Interventions with Trust Clients who have a Learning Disability and Challenging Behaviour (Reviewed 2012) from the Mental Health and Disability Service and Risk Management in Direct Care Situations (2010). The information included in the policies reflected best practice guidance in relation to restraint, seclusion and human rights.

A recommendation has been made that there is a policy in place which relates specifically to the needs of older people as much of the information that was available was contained in the Trusts policy Behavioural Interventions with Trust Clients who have a Learning Disability and Challenging Behaviour from the Mental Health and Disability Service.

Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Of three care plans which were reviewed one of these showed that a "ramble guard" had been introduced to reduce the risk of an identified resident falling. The use of this device was discussed with the registered manager as its use could be considered a deprivation of the residents' liberty. A requirement has been made that a multi-disciplinary assessment is undertaken to review the use of the ramble guard device. This should also reflect the residents' consent and or capacity to make an informed choice in relation to the use of the device. 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 was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care.

The evidence gathered through the inspection process concluded that Rosedale was substantially compliant with this standard.

## **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Rosedale is compliant with this standard.

### **Resident, representatives, and staff consultation**

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

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

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

Comments received from residents, representatives 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. Resident's bedrooms reflected their individual needs and preferences.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, and information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

One requirement and one recommendation was made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, representatives, registered manager, and staff for their assistance and co-operation throughout the inspection process.

**9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 5 February 2014**

No requirements or recommendations resulted from the secondary unannounced inspection of Rosedale which was undertaken on 5 February 2014.

## 10.0 Inspection Findings

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider's Self-Assessment</b>	
ALL RESIDENTS HAVE INDIVIDUAL CARE PLANS AND RISK ASSESSMENTS IN PLACE, WHICH IDENTIFY THEIR DAILY ASSESSED NEEDS. PERMANENT RESIDENTS HAVE A COMPLETED SOCIAL HISTORY SUMMARY, WHICH WAS COMPLETED WITH STAFF AND THIS OUTLINES THEIR USUAL CONDUCT AND BEHAVIOURS. INDIVIDUAL BEHAVIOURS REQUIRING INTERVENTION, WOULD BE DETAILED ALONG WITH THE INTERVENTIONS NECESSARY TO RESPOND TO THIS.	Compliant
<b>Inspection Findings:</b>	
<p>The home had a group of policies in place which should be read together when managing challenging behaviours. These included Restrictive Physical Interventions 2010, Behavioural Interventions with Trust clients who have a Learning Disability and Challenging Behaviour from Mental Health and Disability Services Reviewed 2012 and Risk Management in Direct Care Situations 2010. A review of the policy's and procedure identified that they reflect 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. A recommendation has been made that the policy and procedure reflects the needs of older people and their associated health needs, as the most detailed information included in the policies available during the inspection pertained to people with learning disabilities.</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 care staff had received training in behaviours which challenge titled Dementia Awareness and Behaviours that may Challenge Us on 4 June 2013 further training has been</p>	Substantially Compliant

arranged for October 2014.

A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.

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.

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	
<b>Provider's Self-Assessment</b>	
WHEN 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. IF IT IS DEEMED NECESSARY, OTHER PROFESSIONALS MAY BE CONTACTED FOR ADVICE OR OPINION. FAMILY OR IDENTIFIED NEXT OF KIN ARE ALSO INFORMED.	Compliant
<b>Inspection Findings:</b>	
<p>The policies and procedure for use in the home includes the following:</p> <ul style="list-style-type: none"> <li>. Identifying uncharacteristic behaviour which causes concern</li> <li>. Recording of this behaviour in residents care records</li> <li>. Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>. Reporting to senior staff, the trust, relatives and RQIA.</li> <li>. Agreed and recorded responses to be made by staff</li> </ul> <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. Three care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records and discussion with visitors confirmed that they had been informed appropriately.</p>	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.3 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.	
<b>Provider's Self-Assessment</b>	
CARE PLANS ARE THE TOOL WHICH OUTLINES AND DIRECTS A CONSISTENT AND EFFICIENT APPROACH FROM STAFF, WHEN INTERACTING WITH RESIDENTS. THESE ARE REVIEWED REGULARLY, TO ENSURE THAT THEY ARE EFFECTIVE. WITH THE RESIDENT'S CONSENT, RELATIVES OR NEXT OF KIN ARE INVOLVED IN THE CARE PLANNING AND REVIEW PROCESS AND WILL BE INFORMED WHEN SPECIFIC APPROACHES OR RESPONSES ARE NEEDED.	Compliant
<b>Inspection Findings:</b>	
A review of three 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

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> IF A RESIDENT HAS A SPECIFIC BEHAVIOUR MANAGEMENT PROGRAMME, THIS WOULD BE IMPLEMENTED BY THE BEHAVIOURAL SCIENCE TEAM OR AN APPROPRIATE PROFESSIONAL. THE RESIDENT'S CARE PLAN WOULD BE UPDATED TO REFLECT THE PROGRAMME AND THE APPROACHES THAT LIE THEREIN.	Compliant
<b>Inspection Findings:</b> A review of the policies and procedure in relation to managing challenging behaviours identified 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 review also identified that the behaviour management programme formed part of the residents' care plan and there was evidence that it was kept under review.	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	
<b>Provider's Self-Assessment</b>	
IF A MANAGEMENT PROGRAMME IS IN PLACE, STAFF WOULD BE PROVIDED WITH THE NECESSARY TRAINING GUIDANCE AND SUPPORT.	Compliant
<b>Inspection Findings:</b>	
<p>A review of staff training records evidenced that staff had received training in</p> <ul style="list-style-type: none"> <li>. Behaviours which challenge titled Dementia Awareness and Behaviours that may Challenge Us on 4 June 2013. This training focused on dementia, treatments available, the impact of challenging behaviour and how to manage same. The registered manager informed the inspector staff are due to complete further training in October 2014.</li> </ul> <p>Staff confirmed during discussion that they felt supported. Staff confirmed that the support ranged from the training provided, supervision, and staff meetings. Discussion with staff confirmed that they were knowledgeable in regard to the behaviour management programme in place.</p>	Compliant



<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	
<b>Provider's Self-Assessment</b>	
NAMED WORKERS ARE KEPT-UP-TO DATE IN RESPECT OF ALL INCIDENTS THAT INVOLVE A RESIDENT. AS WELL AS THIS, AN INCIDENT FORM WOULD BE COMPLETED AND FORWARDED TO THE LINE MANAGER AND NHSCT GOVERNANCE DEPARTMENT. NAMED WORKERS WOULD ORGANISE A MULTI-DISCIPLINARY REVIEW IF REQUIRED.	Compliant
<b>Inspection Findings:</b>	
<p>A review of the accident and incident records and discussion with staff identified that no incidents had occurred outside of the scope of the identified resident's care plans. Staff were aware of the procedure to follow if an incident were to occur.</p> <p>Staff confirmed during discussion that when any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	
<b>Provider's Self-Assessment</b>	
RESTRAINT IS NOT USED WITHIN ROSEDALE RESIDENTIAL UNIT.	Compliant
<b>Inspection Findings:</b>	
<p>Discussion with staff, and a review of returned staff questionnaires, staff training records and an examination of care records confirmed that physical restraint is not used in Rosedale. The registered manager informed the inspector any restrictive practice is only used as a last resort to protect the residents or other persons when other less restrictive strategies have proved unsuccessful.</p> <p>One of the care plans reviewed included the use of a ramble guard alarm for a resident who was identified as being at risk of falling when getting off a chair. Discussion with the registered manager centred around who was involved in the implementation of the use of this device. The registered manager informed the inspector the district nurse and falls clinic had been involved. This information was not clearly documented in the residents care notes. The use of this device was discussed at length with the manager, and the impact this could have in relation to deprivation of liberty considerations for the identified resident. Information was available in the residents care plan which showed that the residents' representatives had given consent for the use of the device.</p> <p>The need for a full multi-disciplinary agreement and regular review for the use of this type of device was discussed with the registered manager. A requirement has been made in this regard that a multi-disciplinary assessment is undertaken regarding the use of such a device, this should also reflect the residents consent and or capacity to make an informed choice in relation to the use of the device.</p>	Substantially Compliant

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

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

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
<b>Provider's Self-Assessment</b>	
A SECTION OF THE RESIDENT'S CARE PLANE FOCUSES ON ACTIVITIES AND LOOKS AT INTEREST, HOBBIES, ETC. THESE FORM THE BASIS OF OUR ACTIVITIES PROGRAMME AND ARE REVIEWED DEPENDING ON THE CHANGING NEEDS OF OUR RESIDENTS.	Compliant
<b>Inspection Findings:</b>	
<p>The home had a policy titled Activities dated February 2014 on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>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.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	
<b>Provider's Self-Assessment</b>	
THROUGH DISCUSSION WITH RESIDENTS ON A ONE-TO-ONE BASIS, AS WELL AS IN RESIDENTS MEETINGS, WE HAVE DRAWN UP AN ACTIVITY PROGRAMME WHICH AIMS TO MEET THEIR NEEDS. A SPIRITUAL ASPECT IS ALSO IMPORTANT AND THIS IS INCLUDED AS WELL AS HEALTHY LIVING AND MAINTAINING COMMUNITY LINKS.	Compliant
<b>Inspection Findings:</b>	
Examination of the programme of activities identified that social activities are organised weekly.  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.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	
<b>Provider's Self-Assessment</b>	
ALL RESIDENTS WERE CONSULTED ABOUT THE ACTIVITY PROGRAMME AND ENCOURAGED TO CONCRIBUTE TO SAME.	Compliant
<b>Inspection Findings:</b>	
<p>A review of the record of activities provided and discussion with residents, including two residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents were also invited to express their views on activities by means of resident meetings, one to one discussions with staff and care management review meetings. A review of the minutes of residents meetings included discussion about activities and participation of events.</p>	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	
<b>Provider's Self-Assessment</b>	
THE ACTIVITY PROGRAMME IS DISPLAYED IN A LARGE POSTER IN THE HALLWAY BESIDE DINING ROOM. ANY OTHER EVENTS ARE ALSO DISPLAYED ON THIS BOARD.	Compliant
<b>Inspection Findings:</b>	
<p>On the day of the inspection the programme of activities was on display in the hallway beside the dining room area. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussion with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs. It was available in a daily format, which clearly printed what activities were taking place on the day.</p>	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	
<b>Provider's Self-Assessment</b>	
ALL OUR ACTIVITY PROGRAMMES ARE LED BY THE HOME STAFF AND ANY NECESSARY EQUIPMENT IS PROVIDED.	Compliant
<b>Inspection Findings:</b>	
<p>Activities are provided for residents daily 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 board games, a library area, flash cards for reminiscence work, opportunities to participate in gardening activities, bingo and outings.</p>	Compliant



<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	
<b>Provider's Self-Assessment</b>	
THE ACTIVITY PROGRAMME'S SCHEDULE REFLECTS AN UNDERSTANDING OF THE RESIDENTS NEEDS AND ABILITIES.	Compliant
<b>Inspection Findings:</b>	
<p>The care staff, registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities. Care staff also informed the inspector there can be different levels of uptake for the programme of activities as residents in the home for short periods of rehabilitation may not participate in activities as often as permanent residents.</p>	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	
<b>Provider's Self-Assessment</b>	
ANY ACTIVITY PROVIDED BY 'OUTSIDE PERSONNEL ARE CAREFULLY MONITORED BY STAFF IN THE HOME, TO ENSURE THAT THE ACTIVITY IS BOTH APPROPRIATE AND PROPERLY DELIVERED.	Compliant
<b>Inspection Findings:</b>	
The registered manager confirmed that there were monitoring processes in place to ensure that any person contracted in to do any activities in the home had the necessary knowledge and skills to deliver the activity.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
STAFF NORMALLY SIT IN SUCH ACTIVITIES AND THEREFORE WOULD BE IN A POSITION TO INFORM OF CHANGING NEEDS AND GET FEEDBACK REGARDING THE ACTIVITY.	Compliant
<b>Inspection Findings:</b>	
The registered manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion is not applicable on this occasion.	Not Applicable

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	
<b>Provider's Self-Assessment</b>	
A RECORD OF THE ACTIVITY AND THOSE PARTICIPATING IS TAKEN BY THE STAFF MEMBER LEADING SAME.	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	
<b>Provider's Self-Assessment</b>	
ACTIVITIES ARE A STANDARD ITEM AT THE RESIDENTS' MEETINGS AND ARE REGULARLY REVIEWED TO ENSURE THEY REFLECT THE RESIDENTS' NEEDS AND THE STAFF'S TRAINING.	Compliant
<b>Inspection Findings:</b>	
<p>A review of the programme of activities identified that it had last been reviewed during the residents meeting. The records also identified that the programme had been reviewed at least twice yearly.</p> <p>The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	Compliant

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

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

## **11.0 Additional Areas Examined**

### **11.1 Resident's consultation**

The inspector met with 12 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:

"It's a wonderful place, staff are very very kind. It has been great."

"It's very pleasant, the food is good".

"They are great here, you couldn't ask for better."

"I am very happy here, I really am its great"

### **11.2 Relatives/representative consultation**

Five relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

"It's a very valuable service; the care is high quality".

"Its first class here, staff go out of their way, it's like a family"

"The staff are exceptional, really helpful and genuinely care. They treat residents with respect".

"It's a great home, staff are very helpful".

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

The inspector spoke with four staff and ten staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

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

### **11.4 Visiting professionals' consultation**

There were no visiting professionals available to speak with the inspector.

### **11.5 Observation of Care practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

## 11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the permanent residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

## 11.7 Complaints

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

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

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

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



## **11.8 Environment**

The inspector viewed the home accompanied by 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. The home also has a good sized enclosed garden which provides space and activities for residents to participate in.

## **11.9 Guardianship Information**

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

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

## **11.10 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 11 April 2014.

A review of the fire safety records evidenced that fire training, had been provided to staff on 3 June 2014. 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 were closed.

## **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by Heather Allison registered manager. Heather Allison confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Heather Allison as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



## Quality Improvement Plan

### Primary Announced Care Inspection

Rosedale

19 August 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 Miss Heather Allison 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.

**Statutory Requirements**

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	14.(5)	<p>The registered manager must ensure there is a multi-disciplinary assessment undertaken regarding the use of the ramble guard device for the identified resident. This should also reflect the residents consent and or capacity to make an informed choice in relation to the use of the device.</p> <p>Ref:10.0</p>	One	A review of the use of this device will be carried out.	13 October 2014

**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1.	10.1	There should be a policy in place in the home which relates specifically to meeting the needs of older people who display behaviours that challenge.  Ref:10.0	One	Actioned	15 December 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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	H.ALLISON
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Dr Tony Stevens Una Cuning

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	15/10/14
Further information requested from provider			