



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Belvedere
Establishment ID No:	1504
Date of Inspection:	19 June 2014
Inspector's Name:	Priscilla Clayton
Inspection No:	16874

**The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Home:	Belvedere
Address:	63 Gilford Road Lurgan Craigavon BT66 7EA
Telephone Number:	(028) 3832 5709
E mail Address:	info@belvedere-care.com
Registered Organisation/ Registered Provider:	Mr John Leo McShane Mr Kevin McShane
Registered Manager:	Ashley Currie ("Acting" Registered Manager)
Person in Charge of the home at the time of Inspection:	Ashley Currie
Categories of Care:	RC-I ,RC-LD(E) ,RC-MP, RC-MP(E) RC-DE
Number of Registered Places:	21
Number of Residents Accommodated on Day of Inspection:	20 plus 3 day care
Scale of Charges (per week):	Trust Rates
Date and type of previous inspection:	15 February 2014 Secondary Unannounced Inspection
Date and time of inspection:	19 June 2014 10.15am – 5.00pm
Name of Inspector:	Priscilla Clayton

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 inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the 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 (2008)

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

4.0 Methods/Process

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

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

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

5.0 Consultation Process

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

Residents	20
Staff	3
Relatives	1
Visiting Professionals	Nil

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	10	1

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 and theme:

- 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.

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

Belvedere Private Residential is a detached two story detached house situated on the outskirts of Lurgan town centre and comprises thirteen single bedrooms and four double bedrooms, nine of which are on the ground floor (one double with an ensuite bathroom and seven single, two of these have ensuites. There is a shower room; one bathroom and three separate WC's. There are also two lounges, a dining room, a kitchen, a laundry, a resident's kitchen, staff accommodation and offices.

The first floor has three double and five single bedrooms, a shower room with WC and two separate WC's and the registered manager's office.

There are mature gardens and shrubs to the front of the home and grounds with limited parking facilities to the side of the home.

The home is registered to provide accommodate twenty one residents in the following categories;

RC-I,

RC-LD (E),

RC-MP,

RC-MP(E)

RC-DE

Day care for a maximum of six service users

8.0 Summary of Inspection

This announced primary care inspection of Belvedere was undertaken by Priscilla Clayton on 19 June 2014 between the hours of 10.10am and 5.00pm. Ashley Currie, manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

One recommendation made as a result of the previous unannounced inspection conducted on 15 February 2014 had been addressed by the manager as specified within the Quality Improvement plan returned to RQIA. The detail of the actions taken by the manager, Ashley Currie, can be viewed in the section 5 of this report.

Prior to the inspection the manager completed and returned a self-assessment using the standard criteria detailed within the standards inspected. Comments provided by the manager in the self-assessment were not altered in any way by RQIA.

The inspector met with residents, staff, 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 ten 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 10

The inspector reviewed the arrangements in place for responding to resident's behaviour.

Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that restraint would only ever be used as a last resort. Residents' care records outlined their usual routine and means of communication. However, review is required as care plans examined in regard to identified behavioural needs require to reflect specific interventions to minimise recurrence and how staff should respond to each resident's assessed needs.

The home had a policy and procedure on Challenging Behaviour. Review and revision is required to ensure information including DHSSP best practice guidance in relation to restraint, seclusion and human rights is reflected.

Staff who met with the inspector demonstrated that they had knowledge and understanding of the home's policy and individual residents assessed needs. Staff confirmed that they have received training in behaviours which challenge. However records examined verified that further training is required for some staff.

Staff demonstrated awareness of the need to report uncharacteristic behaviour to the manager/person in charge and to ensure that all the relevant information is recorded in the resident's care records. The manager is aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of care records selected evidenced that residents and their representatives had been included in any decisions affecting their care.

The evidence gathered through the inspection process concluded that Belvedere was compliant with five of the seven criteria within 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. Through the inspector's observations, 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 manager confirmed that 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 through individual discussion and during residents meetings. Activities are provided by designated care staff and contracted in persons. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who are not employed by the home have the necessary knowledge and skills to deliver the activity.

Recommendations made related firstly to development of a policy/ procedure on activities and secondly review of care records as limited assessment in regard to social interests and activities were included in the needs assessments and the care plans.

During the course of the inspection the inspector met with residents, one relative and staff. Ten questionnaires were issued with one completed and returned to RQIA within the timescale requested. Positive responses were returned in all areas including staffing provision, training, food, activities and satisfaction with the overall care provided in the home. Comment was made in regard to the “excellent care provided and the very good manager” Comments received from residents, representatives and staff are included in section 11.0 of the main body of the report.

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 resident representative indicated their satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard.

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.

One issue arising related to care staff undertaking laundry duties in the afternoons and at weekends. This practice is not in keeping with good practice or RQIA staffing guidelines. Additionally the cooking of the evening meals two afternoons each week should cease and a review of the cooks’ hours to address this shortfall is necessary. Reference to RQIA Staffing Guidelines in this regard is recommended.

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.

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 satisfactory standard. There were processes in place to ensure the effective management of the standards inspected.

The home’s general environment was well maintained and residents were observed to be treated with dignity and respect. Eleven recommendations were made as a result of the primary announced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

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

9.0 Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 27.3	<p><u>Lighting</u></p> <p>The registered person should ensure the lighting in an identified resident's bedroom is suitable for reading.</p>	<p>Lighting within the identified room has been addressed.</p>	<p>Compliant</p>

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
Staff have all received relevant training on challenging behaviour; through the use of care plans & working with the residents staff a good understanding of behaviours.	Complaint
Inspection Findings:	
The home has a policy entitled Management of Residents with Challenging Behaviour which was dated June 2014. Review of the policy identified that further work is required in order to ensure that information including DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) is reflected. Observation of staff interactions, with residents, identified that informed values were upheld and there was no evidence of restrictive practice. A review of staff training records identified that nine care staff had received training in challenging behaviour on 16 June 2014. The manager confirmed that remaining staff training is planned for later this year. The manager and staff confirmed training included a human rights approach. Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff who spoke with the inspector demonstrated knowledge in	Compliant

<p>regard to responses and interventions which promote positive outcomes for residents.</p> <p>One of the 10 staff questionnaire issued was returned to RQIA within the timescale. Analysis identified that recent staff training had been provided in challenging behaviour.</p>	
<p>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.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Staff ensure all unusual behaviours are recorded, reported & a care plan put in place if necessary. All professionals are made aware via phone call & care management meetings.</p>	Compliant
<p>Inspection Findings:</p>	
<p>Staff who spoke with the inspector confirmed that they were aware of the procedure and action to be taken as detailed in this criterion which includes;</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern.- . Recording of this behaviour in residents care records with agreed interventions reflected within care plans . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Agreed and recorded response(s) to be made by staff <p>Three care records were examined and discussed with the senior care assistant and the manager. As discussed and agreed care plans examined require to be reviewed and revised to ensure that needs and objectives are clearly identified with interventions to meet the residents assessed needs and recorded so that staff are fully informed of measures in place to minimise the identified challenging behaviour.</p> <p>As recommended in criterion 10.1 the homes policy/procedure should reflect actions as stated.</p>	Substantially compliant

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Care plans are put in place for those individuals with behaviours which challenge; consent is sought from residents before any information is passed on.</p>	Compliant
<p>Inspection Findings:</p>	
<p>(Ref criterion 10.2) Three care plans examined require to be reviewed and revised.</p> <p>With the approval of the resident/representative referral to the commissioning trust behavioural support team is recommended should identified behavioural needs require to be further addressed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member responsible and the registered manager.</p>	Substantially compliant
<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Residents who require a care plan have very mild behavioural issues, due to this they don't have a behaviour management programme.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>Review of Management of Challenging Behaviour policy and procedure dated June 2014 identified that further work is required to ensure the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan as necessary.</p> <p>The manager confirmed that behaviours exhibited by some residents was mainly mild verbal and would be discussed at care management review. Currently this is managed satisfactorily.</p>	Substantially compliant

<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
We do not have behaviour management programmes in place due to behaviours expressed being mild.	Not applicable
Inspection Findings:	
<p>The manager confirmed that no residents required a behavioural management plan.</p> <p>A review of staff training records evidenced that staff had received training in Challenging Behaviour on 16 June 2014. Another session is being set for staff unable to attend.</p> <p>Staff confirmed during discussion that they felt supported and ranged from the training provided, supervision, de-brief sessions, and staff meetings.</p>	Compliant
<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
If behaviours become more challenging staff ensure that representatives & professionals are informed & a care management meeting is arranged as soon as possible.	Compliant
Inspection Findings:	
<p>A review of a random selection of accident and incident records and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified.</p> <p>Review of three of care plans identified that these require to be reviewed and revised to include measures in place to minimise recurrence of challenging behaviour, in consultation with trust the trust care manager/personnel and that preventative measures in regard to urinary tract infection is reflected.</p>	Substantially compliant

<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 would be followed by a multi-disciplinary review of the resident's care plan.</p>	
<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Restraint is not an option within the Home.</p>	Not applicable
<p>Inspection Findings:</p>	
<p>The manager confirmed that direct physical restraint has never been used in the home and would not be except in exceptional circumstances where there was evidence of harm to a resident or others.</p> <p>Following discussion the use of alarm mats was identified as a form of restraint. The manager agreed to ensure this was discussed with the care manager and consent agreed with the resident or their representative, if appropriate.</p> <p>Use of alarm mats was reflected within care plans.</p> <p>Security through the locking of doors was discussed. The manager confirmed that this was necessary to prevent uninvited persons entering the home and was not to stop residents from going out as they could do so when they wished.</p> <p>One recommendation was made in relation to the inclusion of door security measures in the home's Statement of Purpose.</p> <p>Review of care records, discussion with residents and staff and observation of care practices identified that there are currently no other types of restraint or restrictive practices used in the home which need to be described in the home's Statement of Purpose.</p>	Substantially compliant

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

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially 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 activity programme is reviewed every three months to ensure it is adaptive to residents needs.	Compliant
Inspection Findings:	
<p>A review of three care records evidenced that limited information in regard to social interests and activities were included in the needs assessment and the care plan. One recommendation was made in this regard.</p> <p>It was recommended that a policy/procedure on Activities/Social Events is developed which describes information on how these are planned in consultation with residents during assessment on admission, reflected in care plans, programmed development, frequency , and review of the programme..</p> <p>On the day of inspection residents participated in group "Hoopla". Group discussion on daily news also took place. Feedback on this activity from residents was positive</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.</p> <p>One recommendation made related to the development of a policy/procedure on the Provision of Activities.</p>	Substantially compliant

<p>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.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>All residents enjoy the current activities provided & their opinion is sought during residents meetings.</p>	Compliant
<p>Inspection Findings:</p>	
<p>Examination of the programme of activities identified that social activities are organised at various times each week.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Compliant
<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>All residents are invited to attend a residents meeting 2-3 times a year to seek their opinion & feedback on the activities programme.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of the record of activities provided and discussion with residents' identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities at residents meetings.</p>	Compliant

<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>The activities programme is displayed in the main lounge & is visible to all residents & their representatives.</p>	Compliant
Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display in the lounge. 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 a daily pictorial format appropriate format.</p>	Compliant
<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>All residents are able to take part in activities as staff provide assistance & support.</p>	Compliant
Inspection Findings:	
<p>Activities are provided of hours each day by designated care staff.</p> <p>Staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included arts and craft materials. Resources are provided by the home.</p>	Compliant

<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>All activities are adaptive to time & the abilities of individual residents.</p>	Compliant
<p>Inspection Findings:</p>	
<p>Staff 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.</p>	Compliant
<p>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.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Persons contracted-in are observed & monitored by management & staff & feedback is sought from residents.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The manager confirmed that a trained person is contracted from the South Western College is contracted to provide activities in reminescence and music each week during term times.</p> <p>The manager confirmed that she had obtained evidence from the person that they had the necessary skills and knowledge to deliver the activity.</p>	Compliant

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Persons contracted in are notified of changing needs of the residents, staff receive feedback from the activity provider and from the residents</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which would affect their participation in the planned activity.</p>	<p>Compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>A record is kept of all activities & all those individuals who participate.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>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.</p>	<p>Compliant</p>

<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>The programme is reviewed quarterly to ensure it is adaptive to residents needs.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of the programme of activities identified that review had taken place. Examination of activity records also identified that the programme had been reviewed at least twice yearly.</p> <p>The registered manager and 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>	<p>Compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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<p>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Substantially Compliant</p>
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1.0 ADDITIONAL AREAS EXAMINED

11.1 Resident's views.

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

Some of the comments made included;

"I am doing well here"

"They are all good to me"

"I love it here"

"This is a good place to live"

"The meals are lovely"

"Always something organised to keep us entertained and the clergy visit"

No concerns were expressed or indicated.

11.2 Relatives/representative views

One relative afforded time to speak with the inspector. Positive comments were made in regard to the provision of care as their relative received good personal care and were always neatly dressed with personal items of jewellery worn and life in the home. Special mention was made about staff that they always made visitors feel welcome, accompanied them to the room and offered a cup of tea.

11.3 Visiting professionals' views

No professional staff visited during the inspection.

11.4 Visits by the Registered Provider (*Regulation 29*)

Unannounced monthly monitoring visits are undertaken by the registered provider with records retained in the home.

Reports examined show evidence of residents/representatives/staff interviewed and views on the standard of care provided. Inspection of the home was also included.

Reference was made to events, accidents/incidents. One recommendation made related to the use of the RQIA newly update template which can be sourced on the RQIA website.

11.5 Complaints

Complaints data for 2012/13 was completed by the manager and returned to RQIA prior to the inspection. Three complaints related to staff attitude. Resolution was confirmed by the manager.

Records of complaints retained in the home were examined and discussed with the manager. Recommendations included;

- Complaints recorded by senior care staff should be proof read by the manager.
- Provision of staff training in the handling of complaints
- Ensure staff record full details including; time when reported, surnames of complainants and to whom the complaint was reported.
- Record a reference number for each complaint received.
- Review and revise the layout of the complaint record as discussed to ensure that all areas including lessons learned

11.6 Care Practice

The inspector observed care staff undertaking laundry duties. Staff confirmed this was undertaken in the afternoons and at weekends. This practice is not in keeping with good practice or RQIA staffing guidelines. Additionally the cooking of the evening meals two afternoons each week should cease and a review of the cooks' hours to address this shortfall is necessary. Reference to RQIA Staffing Guidelines in this regard is recommended.

11.7 Current Statement of Purpose.

The home's Statement of Purpose has been updated to include the new manager's name.

11.8 Resident/Dependency Information

Information in regard to the number of residents' accommodated and dependency levels was completed and returned to RQIA prior to the inspection. Information was examined and discussed with the manager.

11.9 Staff Questionnaires/staff views

Ten staff questionnaires were issued on the day of inspection. One was completed and returned to RQIA within the timescale. Responses were positive in all areas.

11.10 Relative views

One relative afforded time to meet with the inspector. Positive comments were made in respect of care and life afforded to residents. Comments included;

- Staff are excellent, always make relatives welcome, accompany visitors to the room and offer a cup of tea.
- The staff sees to everything and I have no worries about my relative.

11.11 Environment

Inspection of the home was undertaken. All areas were observed to be exceptionally clean, organised and fresh smelling.

Furnishing and decoration was of a good standard.

Residents' bedrooms were appropriately furnished and decorated. Items of personal furniture contained personal memorabilia in rooms inspected.

All fire doors were closed and fire exits unobstructed.

There was no visible health or safety issues observed.

11.12 Fire Safety

Data was completed and returned to RQIA within the timescale requested.

Review of information was undertaken and passed to the estates inspector for information purposes.

11.13 Resident Finance.

Data was completed by the manager and submitted to RQIA within the timescale prior to the inspection. Information submitted was satisfactory and in keeping with recommendations.

11.14 Staff vetting verification

The manager submitted verification to RQIA that all staff are vetted in accordance with Access NI requirements.

11.15 Care management review

Data on the number of residents care managed by commissioning trust was completed and returned to RQIA prior to the inspection. This was discussed as one resident has not had a review since 2012.

The manager confirmed that several requests had been made to the trust but to date no response had been received. The manager agreed to formalise the request in writing to the care manager and to provide RQIA with details of the response received.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ashley Currie, 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:

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



Quality Improvement Plan

Primary Announced Care Inspection

Belvedere

19 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 the manager on conclusion of the inspection visit.

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

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

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

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

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 10.1	<p><u>Policy on Challenging behaviour</u></p> <p>Review of the policy identified that further work is required in order to ensure that information including DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998)</p>	Once	Policy has been renewed & rewritten to include DHSS Guidance on Restraint & Seclusion & the Human Rights Act (1998)	30 September 2014
2	Standard 10.1	<p><u>Training challenging behaviour</u></p> <p>Ensure remaining untrained staff receives training as discussed.</p>	Once	Training has been arranged for September to ensure all staff have challenging behaviour training.	30 September 2014
3	Standard 10.3	<p><u>Behavioural support</u></p> <p>With the approval of the resident/ representative referral to the commissioning trust behavioural support team is recommended should identified behavioural needs require to be further addressed.</p>	Once	When identified behaviour becomes worse it will be discussed with the multi disciplinary team & be further addressed.	30 September 2014

4	Standard 10.4	<p><u>Policy and procedure</u></p> <p>Examination of Management of Challenging Behaviour policy and procedure dated June 2014 identified that further work is required to ensure the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan as necessary.</p>	Once	Policy & procedure reviewed; now includes the process of referring & engaging with the multi-disciplinary team & other professionals.	30 September 2014
5	Standard 10.	<p><u>Care Plans</u></p> <p>Review of two of care plans identified that these require to be reviewed and revised to include measures in place to minimise recurrence of challenging behaviour, in consultation with trust the trust care manager/personnel and that preventative measures in regard to urinary tract infection is reflected.</p>	Once	Care plans have been reviewed & revised & now include a plan in place to minimize the reoccurrence of challenging behaviour.	30 July 2014
6	Standard 10.7	<p><u>Security measures</u></p> <p>It is recommended that the inclusion of door security measures is described within the home's Statement of Purpose.</p>	Once	The Statement of Purpose has been reviewed & now includes a section in deprivation of liberty including door security measures.	30 July 2014

7	Standard 10.	<p><u>Activities</u></p> <p>It is recommended that a policy/procedure on Activities/Social Events is developed which describes information on how these are planned in consultation with residents , reflected in care plans, programmed development, frequency , and review of the programme.</p>	Once	A policy / procedure has now been put in place on Activities & Social Events.	30 September 2014
8		<p><u>Monthly monitoring record</u></p> <p>It is recommended that the registered provider use the RQIA newly update template which can be sourced on the RQIA website.</p> <p>Ref Section 6.4.</p>	Once	The monthly monitoring record has been obtained from RQIA's website	31 July 2014
9		<p><u>Complaints records</u></p> <p>Recommendations made included;</p> <ul style="list-style-type: none"> • Complaints recorded by senior care staff should be proof read for accuracy by the manager. • Provision of staff training in the handling of complaints by staff is recommended. • Ensure staff record full details including; time when reported, surnames of complainants and to whom the complaint was reported. 	Once	The complaints records have been formatted as discussed & staff have been advised to follow the format as it provides guidance for completing a complaint	31 July 2014

		<ul style="list-style-type: none"> Record a reference number for each complaint received. Review and revise the layout of the complaint record as discussed to ensure that all areas including lessons learned is included. <p>Ref: Section 6.5.</p>			
10		<p><u>Household duties</u></p> <p>The delegation of laundry duties to staff should cease as this practice is not in keeping with good practice or RQIA staffing guidelines. Additionally the cooking of the evening meals two afternoons each week should cease and a review of the cooks' hours to address this shortfall is necessary. (Reference to RQIA Staffing Guidelines in this regard should be undertaken.)</p> <p>Ref Section 6.6.</p>	Once	Care staff are no longer carrying out laundry duties & additional hours have been added for laundry to take place by the laundrette/ domestic on duty. On the two days in question the cook sets out a fully prepared buffet to ensure care staff do not have to prepare any food.	30 July 2014
11		<p><u>Care management review</u></p> <p>One resident has not had a review since 2012 despite several telephone calls made by the manager.</p> <p>The manager agreed to formalise the request in writing to the care manager and to provide RQIA with details of the response received.</p> <p>Ref: Section 6.6.</p>	Once	RQIA were notified of date of care meeting which has since taken place.	20 June 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 and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Ashley Currie
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Kevin McShane

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	P.Clayton	21 August 2014
Further information requested from provider			