



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment: Parkanaur College
Establishment ID No: 1508
Date of Inspection: 28 May and 5 June 2014
Inspector's Name: Angela Graham
Inspection No: 16719

**The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh BT79 0NS
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1.0 General information

Name of Home:	Parkanaur College Residential Care Home
Address:	57 Parkanaur Road Dungannon BT70 3AA
Telephone Number:	(028) 8776 1272
E mail Address:	parkanaurcollege@btopenworld.com
Registered Organisation/ Registered Provider:	Thomas Doran Trust
Registered Manager:	Mr Eamonn Connolly
Person in Charge of the home at the time of Inspection:	Mr Eamonn Connolly
Categories of Care:	RC – LD RC - LD (E) RC - PH RC - MP
Number of Registered Places:	24
Number of Residents Accommodated on Days of Inspection:	28 May 2014: 22 residents 5 June 2014: 21 residents
Scale of Charges (per week):	£461.00 - £518
Date and type of previous inspection:	16 January 2014 Unannounced Follow-up
Date and time of inspection:	28 May 2014: 9:15am – 4:35pm 5 June 2014: 8:50am – 2:45pm
Name of Inspector:	Angela Graham

2.0 Introduction

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

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

3.0 Purpose of the inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and with others in groups

- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

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

Residents	7 individually and with others in groups
Staff	5
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	10	2

6.0 Inspection Focus

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

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

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

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

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

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

7.0 Profile of service

Parkanaur College Residential Care home is situated near Dungannon. The home is situated in a rural park with woodland surroundings. The residential home is operated by Thomas Doran Trust. The current registered manager is Mr Eamonn Connolly.

The home comprises of six single bedrooms and nine double bedrooms; two sitting rooms; a dining room; kitchen; laundry; toilet /washing facilities; staff accommodation and offices.

The home is registered to provide care for a maximum of 24 persons under the following categories of care:

RC - LD	Learning Disability
RC - LD (E)	Learning Disability - over 65 years
RC - PH	Physical disability other than sensory impairment
RC - MP	Mental disorder excluding learning disability or dementia

8.0 Summary of Inspection

This primary announced care inspection of Parkanaur College was undertaken by Angela Graham on 28 May 2014 between the hours of 9:15am and 4:35pm and 5 June 2014 between the hours of 8:50am and 2:45pm. Mr Connolly was available during the inspection and for verbal feedback at the conclusion of the inspection.

The recommendations made as a result of the previous inspection were also examined. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

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

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

Standards inspected:

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

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

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

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

Inspection findings

Responding to resident's behaviour – Standard 5

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy and procedure in place in regard to guidance on restraint, however this policy and procedure did not reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005). The policy and procedure did not include that RQIA must be notified on each occasion restraint is used. A recommendation has been made to address these issues.

A number of issues were identified in regard to care records. Requirements and recommendations have been made to address these issues.

A review of staff training records identified that staff had received training in behaviours which challenge titled Respect on 21 and 22 February 2014. This training did not include a human rights approach. A recommendation has been made in regard to this area of training.

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 his 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 Parkanaur College is substantially compliant with this standard.

Programme of activities and events – Standard 13

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions. The registered manager confirmed that details are maintained in line with criterion 13.9 in regard to the education programme; however a detailed record is not maintained in regard to the additional social activities provided. A recommendation has been made that a record of activities is kept of all activities that take place, the person leading the activity and the names of the residents who participate. The evidence gathered through the inspection process concluded that Parkanaur College is compliant with this standard.

Resident and staff consultation

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

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.

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

Comments received from residents and staff are included in Section 11.0 of the main body of the report.

Discussion with the registered manager identified that quality assurance questionnaires had not been completed within the last year. A recommendation has been made that the views and opinions of residents and their representatives about the running of the home are sought formally at least once a year, preferably by an organisation or person independent of the home. In receipt of this information a report should be prepared that identifies the methods used to obtain the views and opinions of residents and their representatives and this incorporates the comments made, issues raised and any actions to be taken for improvement. A copy of this report should be provided to residents and their representatives.

A review of a sample of minutes of residents' meetings revealed that an action plan was not drawn up following residents' meetings outlining the action to be taken on residents' comments and suggestions and the name / s of the person / s responsible for taking action on any matters arising. A recommendation has been made to address this issue.

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 adequately heated and fresh smelling throughout. A small number of environmental issues were identified to be addressed. A requirement has been made in this regard.

Accident/ Incident Records

The inspector discussed accident / incident audits with the resident manager. The registered manager informed the inspector that detailed accident / incident audits had not been undertaken.

A requirement has been made that the registered person must ensure that detailed accident / incident audits be undertaken.

Following each accident / incident the audit must address the following issues:

- A root cause analysis must be undertaken to determine the circumstances and identify causes.
- A post incident review should be completed confirming the specific action taken to reduce and minimise risks to residents.

A sample of accident / incident records were reviewed. The review evidenced that two incident records contained insufficient information including a detailed account of the incident and detailed action taken following the incident. A recommendation has been made that the recording of incident records be improved upon to include a detailed account of the incident and any action taken following the accident.

The inspector reviewed a sample of ABC records for one identified resident who presented with a history of behaviours that challenge. The review identified one incident of behaviours which challenged staff and would have had a negative / distressing impact on another resident involved in the incident. This incident directly involved another resident and would be categorised as safeguarding events.

Evidence was not available that this incident had been reported to relevant HSC Trust or RQIA in line with legislation and regional guidance.

A requirement has been made that the registered person must report to the relevant HSC Trust incidents of a safeguarding nature.

A requirement has been made that the registered person must ensure that the Regulation and Improvement Authority are notified without delay of the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident.

Resident's Dependency Level

A review of incident / accident records identified two incidents pertaining to a resident that presented with behaviours that challenge. The inspector reviewed a number of areas of the resident's care records which identified that this resident had complex needs and should be reassessed.

Discussion also took place with the registered manager in regard to the complex needs of this resident and how these needs were being managed. It is required that the registered manager requests an urgent review of this resident's needs through the trust care manager and relevant multi-disciplinary professionals including the resident's representative to ascertain the appropriateness of this residents continued placement in the home.

Annual Quality Review Report

Discussion with the registered manager identified that an annual quality review report had not been completed as required under Regulation 17 of The Residential Care Homes Regulations (Northern Ireland) 2005. A requirement has been made to address this issue.

A number of additional areas were also examined these include the information in relation to guardianship information and fire safety. Further details can be found in Section 11.0 of the main body of the report.

Conclusion

Eight requirements and nine recommendations were made as a result of the primary announced care 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, registered manager, deputy manager and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the recommendations issued as a result of the previous inspection on 16 January 2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	17.10	A recommendation is made that the registered manager shall ensure that any complaint made under the complaints procedure is recorded in detail, fully investigated and a comprehensive record maintained in regard to the investigation process.	The inspector did not review this recommendation. This recommendation will be reviewed during the next inspection.	To be validated at the next inspection
2	25.2	A recommendation is made that information in regard to the on call arrangements for night duty staff including relevant training is provided to the RQIA.	The returned quality improvement plan and discussion with the registered manager confirmed that this recommendation had been addressed. A sample of staff duty rosters were reviewed and evidenced that this recommendation had been addressed.	Compliant

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
<p>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.</p>	
Provider’s Self-Assessment	
<p>The staff within Parkanaur Residential Unit have knowledge and understanding of each individual student's / resident's usual conduct and behaviour as well as the means of communication with each person, The daily interaction responses and interventions where required are performed in such a way as to promote positive outcomes for the individual student concerned.</p>	Substantially compliant
Inspection Findings:	
<p>The home had a number of related policies and procedures including a “resident’s behaviour” and “guidance on restraint” in place. A review of the guidance on restraint policy and procedures identified that this policy and procedure did not reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005). The policy and procedure did not include that RQIA must be notified on each occasion restraint is used. These policies and procedures included the Human Rights Act (1998). A recommendation has been made to address these issues.</p> <p>Observation of staff interactions with residents identified that informed values are demonstrated, and discussions with staff evidenced the implementation of least restrictive strategies. A review of staff training records, discussions with staff and returned staff questionnaires identified that care staff had received training in behaviours which challenge.</p> <p>A review of staff training records identified that staff had received training in behaviours which challenge titled Respect on 21 and 22 February 2014. This training did not include a human rights approach. A recommendation has been made in regard to this area of training.</p>	Moving towards compliance

Elements of three care records were reviewed. A number of issues were identified as requiring attention; these issues were fully discussed with the registered manager and deputy manager during the inspection feedback. These issues were as follows:

Resident A

- The assessment of need had not been reviewed since 8 April 2011;
- The assessment of need had not been signed by the resident and / or the resident’s representative;
- The care plan had not been signed by the resident and / or the resident’s representative;
and
- The resident presented with a range of behaviours that presented as challenging and a care plan had been developed. However this care plan did not incorporate the recommendations made by the behaviour support specialist on 25 October 2013.

Resident B

- The assessment of need had not been reviewed since 12 November 2012. This assessment had not been updated as changes occurred in regard to the resident’s behaviour;
- The assessment of need had not been signed by the resident and / or the resident’s representative:

A requirement has been made that the registered person must ensure that a written care plan is prepared in consultation with the resident and / or their representative as to how the resident’s needs in respect of his care, health and welfare are to be met and the resident’s care plan is kept under review.

A requirement has been made that the registered person must ensure that the assessment of the resident’s needs is kept under review and revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.

A recommendation has been made that a record evidencing the involvement of residents and / or their representatives in discussions regarding care and support planned is included in all residents’ records.

A recommendation has been made that the assessment of need is signed by the resident and /or their representative.

A recommendation has been made that recommendations made by the behaviour support team be incorporated into the identified resident's care plan.

Staff who met with the inspector demonstrated knowledge and understanding of residents usual routines, behaviours and means of communication. Staff spoken with were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.

<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>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p> <p>If a resident's / student's behaviour is uncharacteristic for them and causes concern this is highlighted to the senior staff member on duty or the deputy or registered manager. The situation would be monitored and acted upon appropriately involving input from professional and medical staff. At each step of the process the student / resident and their representative would be kept informed and appraised.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p> <p>The residents' behaviour policy and procedure includes the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern; . Recording of this behaviour in residents' care records; . Action to be taken to identify the possible cause(s) and further action to be taken as necessary; . Reporting to senior staff, the trust, relatives and RQIA; . Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff are aware of the need to report the uncharacteristic behaviour to the registered manager and / or the person in charge.</p>	<p>Compliant</p>

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The management of Parkanaur ensure as far as possible that the student / resident has a consistent approach and response from staff in dealing with them, which is detailed in their individual care plan and discussed with their representative or next of kin at care reviews or when any changes are proposing to be made.	Substantially compliant
Inspection Findings:	
A review of elements of two care plans identified that when a resident needs a consistent approach or response from staff, this was detailed. As previously discussed under criterion 10.1 one of the care plans reviewed had not been signed by the resident and / or their representative.	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>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Any specific behaviour management programme which is put in place is only done so in full consultation with the student / resident, their representative or next of kin as well as any healthcare professionals involved.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p> <p>A review of the residents’ behaviour policy and procedure identified that it included the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident’s care plan as necessary.</p> <p>A review of two behaviour management programmes identified that they had been approved by an appropriately trained professional and there was evidence that these programmes were kept under review. The review also identified that one of the behaviour management programmes formed part of the resident’s care plan. As previously discussed under criterion 10.1, the second care plan did not incorporate the recommendations made by the behaviour support specialist on 25 October 2013.</p> <p>Staff had received training from the behaviour support team in regard to the behaviour management programmes.</p>	<p>Substantially compliant</p>

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
10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	
Provider's Self-Assessment	
Prior to a behaviour management programme being put in place Parkanaur staff are provided with the necessary training, resources and support necessary to equip them in relation to carrying out the role.	Substantially compliant
Inspection Findings:	
A review of staff training records evidenced that staff had received training in: <ul style="list-style-type: none"> . Respect on 21 and 22 February 2014; . Training on residents' specific behaviour management programmes in January, April and May 2014. Staff confirmed during discussion that they felt supported. Staff confirmed that the support ranged from the training provided and staff meetings. Discussion with staff confirmed that they were knowledgeable in regard to the behaviour management programmes in place.	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>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>The residential unit has in place a system, whereby any incident that is required to be managed outside the scope of the student's / resident's care plan, this is recorded and documented with the appropriate senior staff notified as well as statutory bodies and healthcare professionals, if deemed appropriate. Upon reviewing the incident or incidents then professional healthcare staff are involved and advice sought which will lead to the holding of a care review involving healthcare staff, the resident as well as their representative.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p> <p>A review of a sample of accident and incident records from 16 January 2014 to 28 May 2014 and discussion with staff identified that two incidents had occurred outside of the scope of a resident’s care plan.</p> <p>The review identified that the resident’s representatives, Trust personnel and RQIA had been appropriately notified.</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. The registered manager confirmed where necessary this is followed by a multi-disciplinary review of the resident’s care plan.</p>	<p>Compliant</p>

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The home has in placed detailed plans in place in the event of a student / resident being deemed at risk or a danger to either themselves or others, all incidents are documented and recorded, the staff within the home have undergone RESPECT training to help assist them in managing any situation which should arise.	Substantially compliant
Inspection Findings:	
Discussion with the registered manager, residents and care staff, and an examination of a sample of care records confirmed that physical restraint is not used in the home.	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:	COMPLIANCE LEVEL
<p>13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.</p>	
Provider's Self-Assessment	
<p>Parkanaur has a wide and varied range of activities and events which are individually tailored to their specific needs and abilities. In addition Parkanaur, for many of the residents, provides an educational facility where they develop life skills as well as preparing them for the world of work.</p>	Compliant
Inspection Findings:	
<p>The home had an activities and events policy dated May 2014. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Activity assessments were also available in the care records reviewed.</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

<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>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>The programmes of activity and education are specifically tailored to the individual student / resident, their aptitude and ability, as well as their individual preference. Their progress in relation to the programmes of activities and education that they undertake is monitored and modified where necessary. Students / residents are also encouraged, as part of the holistic care provided by Parkanaur, to maintain and develop their specific faith based links and that their spiritual needs are catered for.</p> <p>The programmes they undertake are geared to promote healthy living as well as developing social skills and integration into the community.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p> <p>A programme of activities is provided on a weekly basis. This programme includes classes that resident attend at Parkanaur College. Examination of the programme of activities identified that these programmes are organised by the resident’s key worker. The registered manager confirmed that the activities programmes are specifically tailored to meet the residents’ individual needs.</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>	<p>Compliant</p>

<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>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment The students / residents within Parkanaur are actively involved in all Parkanaur's activities and the range and type of activities are designed and geared to suit the range of abilities of the students / residents catered for. Students / residents are very much involved in the choice and design of the range of activities held.</p>	<p>Substantially compliant</p>
<p>Inspection Findings: A review of the record of a sample of minutes of residents' meetings and discussion with residents confirmed that residents were given the opportunities to put forward suggestions for inclusion in the programme of activities. Residents were also invited to express their views on activities by means of one to one discussions with staff and care management review meetings.</p>	<p>Compliant</p>

<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>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>The programme of activities organised by Parkanaur is displayed in the notice board and is available for students / residents and their representatives and is available in other formats where required.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p> <p>On the day of the inspection the residents’ weekly programme of activities was on display in their bedrooms. Additional evening activities were provided and these were displayed in the dining room. These locations were 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. The inspector observed a number of residents’ weekly programme of activities displayed in a pictorial format.</p>	<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.	COMPLIANCE LEVEL
Provider's Self-Assessment Where as part of the programme of activities additional equipment aids and support is needed to enable the student / resident to take part in a particular activity then this is organised as required to ensure that they get the most benefit from the activity.	Substantially compliant
Inspection Findings: Activities are provided by designated care staff. Residents are also facilitated to attend classes within Parkanaur College. These include information technology, literacy, numeracy and catering. The registered manager confirmed that a weekly programme of activities is drawn up for each resident. The registered manager also confirmed that staff would be allocated to support residents during scheduled activities and outings, as appropriate. The registered manager and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included art and craft materials, sports equipment and board games.	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>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment Parkanaur has a carefully scheduled timetable of activities which takes into account the abilities and stamina of those taking part.</p>	<p>Substantially compliant</p>
<p>Inspection Findings: Care staff, the 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. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	<p>Compliant</p>

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:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment	
Where activities are provided by an external source the registered manager will (in addition to monitoring and receiving feedback on the activity in relation to its delivery and effectiveness and value) confirm that those delivering the service have the necessary skills and expertise.	Substantially compliant
Inspection Findings:	
The registered manager confirmed that a number of tutors deliver a training programme to the residents. Training includes information technology, literacy, numeracy and catering. This is commendable. The registered manager confirmed that he had obtained evidence from the persons that they had the necessary skills and knowledge to deliver the activity.	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 Where any activity is provided by an external source there is communication between Parkanaur's staff and the provider to ensure that they are aware of the needs and range of abilities of the students taking part; feedback after the activity is also recorded.</p>	<p>Substantially compliant</p>
<p>Inspection Findings: 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>

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:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment	
Details are recorded of all activities and the level of participation of each student / resident as well as details of the activities and who led it	Substantially compliant
Inspection Findings:	
<p>The registered manager confirmed that information in line with criterion is maintained in regard to the education programme, however a detailed record is not maintained in regard to the additional social activities provided. A recommendation has been made that a record of activities is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p> <p>There was evidence that appropriate consents are in place in regard to photography.</p>	Substantially compliant

<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>Parkanaur's programme of education and activities is kept under constant reviewed and is modified and altered to suit the changing needs of each of the Parkanaur's students and residents.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>A review of a sample of programme of activities/education identified that these programmes were updated on a weekly basis.</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>	<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>Substantially compliant</p>

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

11.0 Additional Areas Examined

11.1 Residents' consultation

The inspector met with seven residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were in the dining room. 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. One resident raised an issue that was shared with the registered manager and deputy manager at inspection feedback.

Comments received included:

"I went to the Balmoral show. I really enjoyed the show"

"Great place. Staff are great"

"I go into town on the home's bus shopping"

"I am doing a course in the local college"

"The food is lovely"

"Staff from the local college come on a Wednesday to do cookery. I also participate in movement to music"

"Very thankful for the staff we have in the home".

11.2 Staff consultation / Questionnaires

The inspector spoke with five care staff and two staff completed and returned questionnaires. A review of the completed questionnaires and discussion with staff identified that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness of how to respond to residents' behaviours and indicated that a varied programme of activities is in place.

Comments received included:

"Activities are provided depending upon the residents interests"

"I have attended Respect training over a two day period"

"I am aware of the residents care needs and their behaviour care plans"

"I am registered with NISCC"

The behaviour support team came into the home and gave us a talk in regard to the residents and their behaviour plan"

"Residents are involved in planning activities and we try and accommodate their requests at all times"

"We liaise with the residents' care managers and relevant professionals when residents present with behaviours that challenge".

11.3 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.

11.4 Environment

A general inspection of the home environment was carried out and a number of residents' bedrooms and communal areas were viewed. The areas of the environment viewed by the inspector presented as adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised.

Areas identified for improvement include;

- Revarnish the identified locker as marked and chipped;
- Repair the identified chest of drawers as handle broken;
- Replace the identified bedroom curtains as worn; and
- Replace the privacy screen in the identified double bedroom.

These issues were discussed with the registered manager and a requirement has been made.

11.5 Guardianship Information

Where appropriate a 'patient experience questionnaire' was completed with residents who currently reside in the home under a Guardianship Order. The completed questionnaire was forwarded to the Mental Health Team in RQIA for information.

11.6 Fire Safety

A review of staff training records evidenced that fire training had been provided to staff on 11 May 2014. All fire exits were unobstructed and fire doors were closed.

11.7 Residents' Dependency Level

A review of incident / accident records identified two incidents pertaining to a resident that presented with behaviours that challenge. The inspector reviewed a number of areas of the resident's care records which identified that this resident had complex needs and should be reassessed.

Discussion also took place with the registered manager in regard to the complex needs of this resident and how these needs were being managed. It is required that the registered manager requests an urgent review of this resident's needs through the trust care manager and relevant multi-disciplinary professionals including the resident's representative to ascertain the appropriateness of this residents continued placement in the home.

11.8 Annual Quality Review Report

Discussion with the registered manager identified that an annual quality review report had not been completed as required under Regulation 17 of The Residential Care Homes Regulations (Northern Ireland) 2005. A requirement has been made to address this issue.

11.9 Quality Assurance Questionnaires

Discussion with the registered manager identified that quality assurance questionnaires had not been completed within the last year. A recommendation has been made that the views and

opinions of residents and their representatives about the running of the home are sought formally at least once a year, preferably by an organisation or person independent of the home. In receipt of this information a report should be prepared that identifies the methods used to obtain the views and opinions of residents and their representatives and this incorporates the comments made, issues raised and any actions to be taken for improvement. A copy of this report should be provided to residents and their representatives.

11.10 Accident / Incident Records

The inspector discussed accident / incident audits with the resident manager. The registered manager informed the inspector that detailed accident / incident audits had not been undertaken.

A requirement has been made that the registered person must ensure that detailed accident / incident audits be undertaken.

Following each accident / incident the audit must address the following issues:

- A root cause analysis must be undertaken to determine the circumstances and identify causes.
- A post incident review should be completed confirming the specific action taken to reduce and minimise risks to residents.

A sample of accident / incident records were reviewed. The review evidenced that two incident records contained insufficient information including a detailed account of the incident and detailed action taken following the incident. A recommendation has been made that the recording of incident records be improved upon to include a detailed account of the incident and any action taken following the accident.

The inspector reviewed a sample of ABC records for one identified resident who presented with a history of behaviours that challenge. The review identified one incident of behaviours which challenged staff and would have had a negative / distressing impact on another resident involved in the incident. This incident directly involved another resident and would be categorised as safeguarding events.

Evidence was not available that this incident had been reported to relevant HSC Trust or RQIA in line with legislation and regional guidance.

A requirement has been made that the registered person must report to the relevant HSC Trust incidents of a safeguarding nature.

A requirement has been made that the registered person must ensure that the Regulation and Improvement Authority are notified without delay of the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident.

11.11 Residents' Meetings

A review of a sample of minutes of residents meetings revealed that an action plan was not drawn up following residents' meetings outlining the action to be taken on residents' comments

and suggestions and the name / s of the person / s responsible for taking action on any matters arising. A recommendation has been made to address this issue.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with the Registered Manager, Mr Eamonn Connolly and the Deputy Manager, Ms Linzi Hoare, 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:

Angela Graham
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS



Quality Improvement Plan

Primary Announced Care Inspection

Parkanaur College

28 May and 05 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 Registered Manager, Mr E Connolly and the Deputy Manager, Mrs L Hoare 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	15 (2) (a) (b)	The registered person shall ensure that the assessment of the residents' needs is kept under review; and revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually. Ref: Criterion 10.1	One	The particular assessment has been reviewed and from the date of inspection all assessments will be reviewed as necessary and not less than annually with student, family and healthcare representative	From the date of this inspection
2	16 (1) (2) (b)	The registered person shall ensure that a written care plan is prepared in consultation with the resident and / or their representative as to how the resident's needs in respect of his care, health and welfare are to be met. Ref: Criterion 10.1	One	The format of care plans has been changed to reflect that it is prepared in consultation and the resident or representative can now sign to demonstrate this.	From the date of this inspection

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
3	14 (2) (c)	<p>The registered person must ensure that residents receive care which is safe and effective.</p> <p>Preventative measures must be implemented to reduce the number of accidents and incidents occurring in the home. Following each accident /incident:</p> <ul style="list-style-type: none"> • A root cause analysis must be undertaken to determine the circumstances and identify causes. • A post incident review should be completed confirming the specific action taken to reduce and minimise risks to residents. <p>Ref: Section 11.10 (Additional Areas Examined)</p>	One	There are measures to ensure care is safe and effective. Preventive measures to reduce the number of accidents and incidents will now include: Root Cause Analysis on a monthly basis; the more frequent use of Follow-up form 2 to ensure each incident is monitored, documented; and action taken and training for all staff.	31 August 2014

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
4	30 (1) (d)	The registered person shall give notice to the Regulation and Quality Improvement Authority without delay of the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident. Ref: Section 11.10 (Additional Areas Examined)	One	It has been reinforce with staff (and will be again through formal training) that all events must be reported to the person in charge so that they can give notice to RQIA if necessary. A memo and flow-chart has been issued to this effect.	From the date of this inspection
5	13 (1) (a)	It is required that the registered manager requests an urgent review of the identified residents' needs through the trust care manager and relevant multi-disciplinary professionals including the resident's representative to ascertain the appropriateness of these residents continued placement in the home. Ref: Section 11.7 (Additional Areas Examined)	One	An urgent review took place with the Health and Social Care Trust, immediately after the inspection, with regards to the identified resident and there is on-going discussion about the appropriateness of his placement and how his needs can be met.	From the date of this inspection

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
6	14 (4)	<p>The registered person shall make arrangements, by training staff or by other measures, to prevent residents being harmed or suffering abuse or being placed at risk of harm or abuse.</p> <p>Ref: Section 11.10 (Additional Areas Examined)</p>	One	As identified in previous requirement training has been arranged. This will reinforce and emphasise to ensure resident's needs are met.	From the date of this inspection
7	27 (2) (b)	<p>The registered person shall, having regard to the number and needs of the residents, ensure that the premises to be used as the home are of sound construction and kept in a good state of repair externally and internally. The following maintenance issues must be addressed:</p> <ul style="list-style-type: none"> • Revarnish the identified locker as marked and chipped • Repair the identified chest of drawers as handle broken • Replace the identified bedroom curtains as worn • Replace the privacy screen in the identified double bedroom. <p>Ref: Section 11.4 (Additional Areas Examined)</p>	One	The identified maintenance issues have been completed.	31 August 2014

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
8	17 (1) (2)	<p>The registered person shall introduce and ensure systems are maintained for reviewing at appropriate intervals the quality of care and other service provision in or for the purposes of the residential care home and that any such review is undertaken no less than annually.</p> <p>The registered person shall supply to the Regulation and Improvement Authority a report in respect of any review conducted by him for the purpose of paragraph (1) and make a copy of the report available to residents.</p> <p>Ref: Section 11.8 (Additional Areas Examined)</p>	One	The Annual Review is in progress and will be completed by 30 Sept 2014. A copy will be supplied to RQIA and also made available to all residents and their representatives.	30 September 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.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	13.9	It is recommended that a record is kept of all activities that take place, the person leading the activity and the names of the residents who participate. Ref: Criterion 13.9	One	A new pro-forma has been introduced so that a record is available of activities, the leader and participants.	31 July 2014
2	10.1	It is recommended that recommendations made by the behaviour support team be incorporated into the identified resident's care plan. Ref: Criterion 10.1	One	The particular care plan was changes to incorporate the Behaviour Team recommendations.	30 June 2104
3	21.1	It is recommended that the policy and procedure on the guidance on restraint be reviewed and updated to include the following: <ul style="list-style-type: none"> • Reference to the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) • To include that RQIA must be notified on each occasion restraint is used. Ref: Criterion 10.1	One	The policy and procedure on restraint was reviewed and updated to include the reference to DHSS guidance and notification to RQIA	31 August 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.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
4	1.2	<p>It is recommended that an action plan is drawn up following residents’ meetings outlining the action to be taken on residents’ comments and suggestions and the name / s of the person / s responsible for taking action on any matters arising.</p> <p>Ref: Section 11.11 (Additional Areas Examined)</p>	One	There is now an action plan on minutes of resident's meeting that outlines the person's name and responsibility for those actions	31 August 2014
5	1.6 and 1.7	<p>It is recommended that the views and opinions of residents and their representatives about the running of the home are sought formally at least once a year, preferably by an organisation or person independent of the home. A report should be prepared that identifies the methods used to obtain the views and opinions of residents and their representatives and this incorporates the comments made, issues raised and any actions to be taken for improvement. A copy of this report should be provided to residents and their representatives.</p> <p>Ref: Section 11.9 (Additional Areas Examined)</p>	One	As part of the Annual Report the views and opinions of residents and their representatives has been sought. The report will identify methods used to obtain views , will incorporated comments and issues as well as actions. The report is being prepared and will be available from 30 September 2014.	30 September 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.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
6	6.1	It is recommended that a record evidencing the involvement of residents and / or their representatives in discussions regarding care and support planned is included in all residents' records. Ref: Criterion 10.1	One	As previously identified in the requirements the care and support plans have been altered to reflect the involvement of resident's and their representatives.	From the date of this inspection
7	5.4	It is recommended that the assessment of need is signed by the resident and /or their representative. Ref: Criterion 10.1	One	As previously identified the assessment of need can now be signed by resident or their representative.	From the date of this inspection
8	23.4	It is recommended staff, as appropriate, be provided with training in regard to the Human Rights Act (1998). Ref: Criterion 10.1	One	Training will now include an overview of Human Rights Act	30 September 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.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
9	8.2	<p>It is recommended that the recording of incident records be improved upon to include a detailed account of the incident and any action taken following the incident.</p> <p>Ref: Section 11.10 (Additional Areas Examined)</p>	One	<p>Training will be given to improve the quality of accounts of incidents and their follow up. This will be audited monthly to identify what information is missing, who is missing it and how the issue can be addressed.</p>	From the date of this inspection
10	25.2	<p>Carried forward for review at a future inspection.</p> <p>A recommendation is made that the registered manager shall ensure that any complaint made under the complaints procedure is recorded in detail, fully investigated and a comprehensive record maintained in regard to the investigation process.</p>	One	<p>Inspection did not include this recommendation and it will be carried forward to next inspection.</p>	From the date of this inspection

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Eamonn Connolly
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Wilfred Mitchell

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Lynn Long	19/9/14
Further information requested from provider	No	Lynn Long	19/9/14