



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Arbour House (1515)
Date of Inspection: 13 December 2014
Inspector's Name: Laura O'Hanlon
Inspection No: IN017603

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 General information

Name of Home:	Arbour House
Address:	16 Great George's Street South Warrenpoint BT34 3HR
Telephone Number:	(028) 4177 4181
E mail Address:	arbourhouse.chair@btinternet.com
Registered Organisation/ Registered Provider:	Mrs Colette Ruddy Arbour House Management Committee
Registered Manager:	Ms Joanne McDonald
Person in Charge of the home at the time of Inspection:	Ms Joanne McDonald
Categories of Care:	LD, LD(E)
Number of Registered Places:	2 plus 1 day care
Number of Residents Accommodated on Day of Inspection:	2
Scale of Charges (per week):	N/A - Voluntary contribution
Date and type of previous inspection:	23 November 2013 Primary Announced
Date and time of inspection:	13 December 2014 10.15am – 3.30pm
Name of Inspector:	Laura O'Hanlon

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 is required.

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

3.0 Purpose of the inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

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

- Consultation with residents individually.
- 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	2
Staff/volunteers	4
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff/volunteers	4	4

6.0 Inspection Focus

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

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

A view of the management of resident's human rights was undertaken to ensure that resident's 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

Arbour House is a well-established small voluntary residential home, which has been registered since 1994. It provides a voluntary respite service from Friday evening to Sunday evening for up to two persons with a learning disability. Arbour House operates only on specific weekends throughout the year. The home also accommodates a guest occasionally on a day care basis.

Arbour House Management Committee is the registered organisation in control and Mrs Collette Ruddy is the registered person. Mrs Ruddy also works as a volunteer within the service. A team of volunteers provide care and no one is paid within the organisation.

People availing of the service are referred to as guests and there is no charge for the respite provided, although families can make a voluntary donation. All of the guests have been attending Arbour House for many years. There are different guests at Arbour House each weekend.

8.0 Summary of Inspection

This primary announced care inspection of Arbour House was undertaken by Laura O'Hanlon on 13 December 2014 between the hours of 10.15am and 3.30pm Joanne McDonald was available during the inspection and for verbal feedback at the conclusion of the inspection.

One requirement and three recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions with the registered manager demonstrated that these have been addressed. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

Prior to this inspection in August 2014, Joanne McDonald completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Joanne McDonald in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents and staff/volunteers, 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/volunteers questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy in place on Challenging Behaviour. Through the inspector's observations, a review of documentation and discussions with residents and staff/volunteers, confirmation was obtained that restraint is not used within this home. Residents' care records outlined their usual routine, behaviours, means of communication and how staff/volunteers should respond to their assessed needs. Staff/volunteers who met with the inspector demonstrated that they had knowledge and understanding of individual resident's assessed needs. Staff/volunteers also confirmed that they have received training in behaviours which challenge. Staff/volunteers were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Arbour House was compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy in place for planning and recording activities and events. Through the inspector's observations, a review of documentation and discussions with residents and staff/volunteers, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff/volunteers confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was determined by residents each weekend and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were fully involved in making suggestions regarding the programme of activities. Activities were usually focused around outings which residents advised they enjoyed very much. A selection of materials and resources were available for use during activities within the home. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Arbour House is compliant with this standard.

Resident and Staff/volunteers Consultation

During the course of the inspection the inspector met with two guests and four volunteers. Questionnaires were also completed and returned by volunteers.

In discussions with guests they indicated that they really enjoyed their respite and were very satisfied with the care and services provided within Arbour House. It was evident from discussions with guests that strong relationships with volunteers had developed as many of the guests have been coming to Arbour House for a number of years. Guests confirmed that they were always provided with a choice with regard to all aspects of care during their respite period. Guests explained that they had access to and participated in a variety of activities and outings which they decided themselves.

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

Comments received from guests and volunteers are included in Section 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Volunteers were observed to treat the guests with dignity and respect taking into account their views. Good relationships were evident between volunteers and guests.

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 an appropriate standard with the sitting room having been recently redecorated.

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

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

The inspector would like to thank the guests and volunteers for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 23 November 2013

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 21 Sch 7 (Standard 19.2)	<p><u>Physical and Mental Health Assessment</u></p> <p>The “acting” manager is required to request new staff/volunteers to produce evidence that the person is physically and mentally fit for purposes of the work which he is to perform at the home or, where it is impracticable for the person to obtain such evidence, a declaration signed by the person that he/she is so fit.</p> <p>(Currently self- assessments are in place which would be acceptable if it was impracticable to gain the evidence as stated in this requirement.)</p>	<p>The returned quality improvement plan and discussion with the registered manager identified that this requirement had been addressed. The inspector reviewed the format which has now been implemented; An assurance of medical fitness which is completed by GP. Three new volunteers are awaiting returns from GP. If this is not received the registered manager confirmed that a self-assessment will be completed by the volunteer. On the volunteer registration form a self-assessment declaration is completed by the volunteer.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 21.3	<p><u>Policy</u></p> <p>It is recommended that the homes' policies/procedures are centrally indexed to provide ease of access to staff/volunteers.</p> <p>Ensure the policy/procedure on Fire safety is dated.</p>	<p>The returned quality improvement plan and discussion with the registered manager identified that this recommendation had been addressed. The inspector reviewed the policies which now includes a contents page which outlines all the policies within the home.</p> <p>Fire safety policy has been dated.</p>	Compliant
2	Standard 19.3	<p><u>Access NI</u></p> <p>Include Access NI date of clearance in staff/volunteers employment records.</p>	<p>The returned quality improvement plan and discussion with the registered manager identified that this recommendation had been addressed. The inspector reviewed recent Access NI clearances and the date was recorded on the applicant's file.</p>	Compliant
3	Standard 16.3	<p><u>POVA Training</u></p> <p>Ensure staff/volunteers who did not attend the refresher training on protection of vulnerable adults receive training as discussed.</p>	<p>The returned quality improvement plan and discussion with the registered manager identified that this recommendation had been addressed. The inspector confirmed five staff/volunteers completed POVA training on 7 February 2014 and one other staff/volunteers member completed POVA training on 6 February 2014.</p>	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
10.1 Staff/volunteers have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff/volunteers promote positive outcomes for residents.	
Provider’s Self-Assessment	
On an annual basis guests and their families complete a self-assessment which gives information on guest's usual conduct, behaviours and means of communication. Manager and core then use this to develop personal care plan for each guest which then guides volunteers in responding to and interacting with guests to ensure positive outcomes. Care plans are reviewed at each visit to ensure they reflect the current wishes of the guests. Arbour House has a policy on Dealing with Behaviours that Challenge to guide staff/volunteers in any situation however no current guests in Arbour House normally display behaviours that challenge.	Substantially compliant
Inspection Findings:	
The home had a policy on challenging behaviour in place. No date was noted on the policy. A review of the policy on challenging behaviour identified that it did not reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) or the Human Rights Act (1998). The policy included the need for Trust involvement in managing behaviours which challenge, however it did not detail that RQIA must be notified on each occasion restraint is used. A recommendation has been made to address these matters. Observation of volunteer interactions with guests identified that informed values and implementation of least restrictive strategies were demonstrated. Volunteers reported that there are currently no guests who display challenging behaviour. A review of staff/volunteers training records identified that 13 care staff/volunteers had completed challenging behaviour training on 3 October 2014.	Substantially Compliant

<p>A review of two guests care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff/volunteers should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff/volunteers who met with the inspector demonstrated knowledge and understanding of residents’ usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> <p>A review of the returned staff/volunteers questionnaires identified that volunteers were supported in their roles.</p>	
<p>Criterion Assessed: 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff/volunteers seek to understand the reason for this behaviour. Staff/volunteers 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>If a guests displayed behaviour which is uncharateristic and caused concern, volunteers are aware to take the necessary action, with the guidance of the core person on duty who would then report the matter to the Registered Manager. This would also be then detailed in the Weekend Record sheet which is discussed with the guest and given to their family at the end of their respite period. The Policy on Behaviours that Challenge guides volunteers and the Adverse Incident procedure ensures they are aware of the process to be followed.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The policy on Behaviours that Challenge included 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/volunteers, the trust and relatives . Agreed and recorded response(s) to be made by staff/volunteers. <p>The policy did not refer to the need to inform RQIA and a recommendation has been made in this regard.</p>	Compliant

<p>Staff/volunteers who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff/volunteers were aware of the need to report the uncharacteristic behaviour to the registered manager and/or the person in charge.</p> <p>Two care records were reviewed and identified that they contained the relevant information regarding the resident’s identified uncharacteristic behaviour.</p> <p>A review of the records confirmed that a weekend record is sent home with each service user so as to ensure that relatives and/or representatives were informed appropriately.</p>	
<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff/volunteers, 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>As above all agreed responses to behaviour would be detailed in care plans however there are currently no guests who display behaviour which require a consistent reponse. All volunteers are aware that if there was a change in guests behaviour this could indicate a cause for concern and would be passed on to the family. Care plans for all guests indicate usual conduct and behaviour and as above this is reviewed at each visit and would be updated if any changes in behaviour are noted.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of two care plans identified that when a resident needed a consistent approach or response from staff/volunteers, this was detailed. Volunteers reported that there are currently no guests who require a consistent approach.</p> <p>One care plan reviewed was signed by the guest and the registered manager. However, the second care plan reviewed was signed by the volunteer but was not signed by guest or registered manager. A recommendation has been made in this regard.</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 Any specific behaviour management plan required for an individual would only be in response to instruction from a trained professional. This would be incorporated in to the guest's care plan.</p>	Compliant
<p>Inspection Findings: The registered manager informed the inspector that there were currently no guests who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	Not applicable
<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff/volunteers are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment Volunteers would receive appropriate training guidance and support in relation to any behaviour management programme in place. For example the Behaviour Management Tteam would train the manager/core who would then guide and support appropriate volunteers working with the individual to implement the plan as appropriate. To date none of the guests who have attended Arbour House have been on a behaviour management programme.</p>	Compliant
<p>Inspection Findings: A review of staff/volunteers training records evidenced that staff/volunteers had received training in:</p> <ul style="list-style-type: none"> . Behaviours which Challenge on 3 October 2014. <p>Volunteers confirmed during discussions that they felt supported and this support ranged from the training provided, supervision and staff/volunteers meetings. Discussions with staff/volunteers indicated that they were knowledgeable in regard to the management of challenging behaviour.</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
<p>Provider's Self-Assessment</p>	
<p>Any incident outside of the scope of the residents care plan is recorded on the Weekend Record Sheet which is copied to the family at the end of the respite period and which clearly prompts the staff/volunteers member to report to the manager. Any significant incident which caused harm to a guest or volunteer would be managed through the adverse incident procedure.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of the accident and incident records from 1 January 2014 to present date and discussions with staff/volunteers identified that no incidents had occurred outside of the scope of a resident's care plan.</p> <p>A review of two care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p> <p>Discussions with volunteers and a review of the records confirmed that a weekend record is sent home with each service user so as to ensure that relatives and/or representatives were informed appropriately.</p>	Compliant
<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff/volunteers 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 would not be used with guests unless the volunteers were appropriately trained. Volunteers are aware to report and record all incidents.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of records, discussions with residents and staff/volunteers and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home's Statement of Purpose.</p>	Compliant

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

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

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
As Arbour House is small and staff/volunteered by volunteers we are able to ensure that at all times activities and events are based on the interests and identified needs of the guests. Guest arrive for respite on Friday evening and the core person on duty will discuss with them possible activity options for the weekend and give them options and choices. As there is always one-to-one support even if guests choose different activities it is possible to accommodate this.	Compliant
Inspection Findings:	
The home had a policy on planning and recording activities and events. No date was recorded on the policy. A recommendation is made in this regard. A review of two care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with guests and volunteers 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. These activities are determined by the guests on their arrival for respite. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant
Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL

Provider's Self-Assessment	
<p>Arbour House provides a variety of activities for guests and we regularly receive excellent feedback from them (at weekend review) on how enjoyable they found the activities. We offer a range of activities outside of the home (most Saturday activities are outside the home) such as day trips to place of interest across NI - aquarium, forest parks, theatres, historic sites - and other activities such as cinema, bowling, shopping etc. We also arrange some activities in the home where guests have a particular interest such as crafts, board games and bingo. Guesys are always offered the opportunity to attend their preferred place of worship at the weekend. Our core and volunteers also keep a close eye to upcoming events in local press to ensure choices include community events.</p>	Compliant
Inspection Findings:	
<p>Examination of the programme of activities identified that social activities are organised daily over the weekend.</p> <p>The programme usually takes the form of outings which are decided by the guests. These outings were age and culturally appropriate and reflected residents' needs and preferences. Discussion with guests confirmed that they are facilitated to attend their place of worship and included in community based events. Volunteers confirmed during discussions that guests were provided with enjoyable and meaningful activities at weekends.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
<p>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>	
Provider's Self-Assessment	
<p>Both guests staying for the weekend, and the guest for day care if applicable, are given the opportunity to contribute suggestions. As guests are only with us for the weekend it is rare that they choose to stay in their rooms for long periods - preferring to be part of the activities. Again as we offer one-to-one support it is normally possible to facilitate a guest who doesn't wish to engage and to offer them choice and encouragement.</p>	Compliant
Inspection Findings:	
<p>Discussions with guests identified that they decided upon the activities and outings for the weekend. A weekend record is completed with the guest which is an evaluation of each day.</p> <p>Guests were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home and one to one discussions with staff/volunteers.</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>As the programme of activity is only agreed with guests when they arrive on Friday evening it is not normally necessary for it to be displayed. However the core person on duty will ensure that the guests know options available to them and that they had an opportunity to contribute to the planning/scheduling of activities.</p>	Substantially compliant
Inspection Findings:	
<p>A programme of activities is not usually displayed within the home as this is a respite unit. The activities and outings are determined by the guests when they arrive on Friday. There are different guests each weekend for respite.</p> <p>Discussions with guests confirmed that they were aware of what activities were planned for that day.</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/volunteers or others.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>As Arbour House provides one-to-one support from volunteers at all times, guests can be fully enabled to participate in their choice of activities. When at activities external to the home we use equipment and aids as provided (e.g. at bowling alley ball ramps facilitate guests who have mobility difficulties). If we identified a need for an equipment or aid to enable a guest to be included in an activity we would pass this information on to the family at the end of the weekend so that we could provide that activity in the future.</p>	Compliant
Inspection Findings:	
<p>The activities provided in Arbour House are undertaken by the volunteers each day at weekends. The length of these activities is determined by the guests. Most of these activities are usually outings.</p> <p>The registered manager confirmed that these outings are provided through fund raising by Arbour House.</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>In planning the activities with the guests, the core person takes into account the needs and abilities of the guests to ensure it would be suitable or can be adapted to meet their specific needs.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The registered manager and guests confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the guests participating.</p> <p>Volunteers demonstrated an awareness of individual resident's abilities and the possible impact this could have on their participation in activities. This was evidenced on the day of inspection when a guest became unwell. The flexibility and responsiveness of the volunteers was demonstrated when the guest was unable to participate in the outing.</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>Due to the nature of the weekend-only respite it would only be rarely that a person would be contracted-in to provide an activity. If this was the case the registered manager would ensure they have the appropriate skills to do so by using only recognised providers of the service and would check the relevant training the person has completed. As Arbour House is small - the manager or core person and volunteers would also be present during the activity therefore it would be monitored at all times.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion.</p>	Not applicable

<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff/volunteers 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>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>As above, if a person was contracted-in to provide an activity, the manager or core would be present throughout the activity to ensure they were fully aware of the needs of all guests and to monitor the progress of the activity and to get feedback on it.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion was not applicable on this occasion.</p>	Not applicable
<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>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>A record is kept of all activities that take place in each individual care file through the weekend record sheet. This identifies how the guest has participated and each guest is also asked for their feedback on the activities offered over the weekend to help inform future activities. At the end of the weekend the guest also completes their 'scrapbook' which has photos and mementos of the activities which helps prompt discussion and feedback on the things they enjoy and don't enjoy and therefore provides them with a record of activities in which they have participated.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A record of the activities undertaken is kept in Weekend Record sheet for each guest. This details the nature and duration of the activity or outing and feedback from the guest.</p> <p>Evidence of photos of activities and outings were on display within the home.</p> <p>There was evidence that appropriate consents were in place in regard to photography.</p>	Compliant

<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>The programme of activity is agreed jointly with the guests at the start of each period of respite (each weekend they visit) and therefore is current to their needs and interests and this time and reviewed regularly.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that planned activities can be changed at any time at the request of residents. This was evidenced by the inspector on the day of inspection.</p> <p>Activities have been reviewed in 2014 under Quality Evaluation form.</p> <p>Guests who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	Compliant

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

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

11.0 Additional Areas Examined

11.1 Guests' Consultation

The inspector met with two guests individually. Guests were observed relaxing in the communal lounge area. In accordance with their capabilities, the guests expressed that they were happy and content with the respite in the home, with the facilities and services provided and their relationship with staff/volunteers. The guests were appropriately dressed with attention to personal care needs. No concerns were expressed or indicated.

Comments received included:

- "I get to choose what I want to do"
- "Staff/volunteers are very approachable"
- "Arbour House is a great place".

11.2 Relatives/Representatives' Consultation

No relatives visited the home on the day of inspection.

11.3 Staff/Volunteer Consultation/Questionnaires

The inspector spoke with four volunteers and four other staff/volunteers completed and returned questionnaires. A review of the completed questionnaires and discussions with staff/volunteers identified that staff/volunteers were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Volunteers demonstrated an awareness of how to respond to residents' behaviours and indicated that a varied programme of activities is in place. No issues or concerns were raised.

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

Comments received included:

- "Effort goes into planning the compatibility of both residents so that they would get on well"
- "Guests decide on activities"
- "Really happy to be involved in Arbour House"
- "Person centred ethos in Arbour House".

11.4 Visiting Professionals' Consultation

No visiting professionals visited the home on the day of inspection.

11.5 Observation of Care practices

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

11.6 Care Reviews

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

11.7 Complaints

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

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

A review of the complaints records evidenced that no complaints had been received by Arbour House within the specified timeframe

11.8 Environment

The inspector viewed the home accompanied by a volunteer and alone and inspected a number of guests' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling. Guests' bedrooms were observed to be homely and comfortable. Décor and furnishings were found to be of a satisfactory standard. Work is currently being undertaken on the third floor.

11.9 Guardianship Information/Resident Dependency

Returned information was reviewed and no issues were identified. Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

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

11.10 Fire Safety

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

The inspector examined the home's most recent fire safety risk assessment dated 22 October 2013. A requirement has been made to ensure this is addressed.

A review of the fire safety records evidenced that fire training had been provided to 12 staff/volunteers on 26 September 2014 and 3 October 2014. The records also identified that

fire drills had been undertaken on 26 September 2014 and 3 October 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff/volunteers

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

11.12 Visits by Registered Provider

A review of the registered provider visits confirmed that these had been undertaken on 31 January 2014, 28 February 2014, 13 April 2014 and 21 November 2014 by Collette Ruddy. The visits undertaken on 28 February 2014 and 13 April 2014 were not signed by the registered provider. A requirement is made to ensure that these visits are undertaken on a monthly basis.

12.0 Quality Improvement Plan

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

Laura O'Hanlon
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS

Laura O'Hanlon
Inspector/Quality Reviewer

Date



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Announced Care Inspection

Arbour House

13 December 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 Joanne Mc Donald, Registered Manager either during 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.	27 (4) (a) (See Section 11.10)	<p>Fire Safety</p> <p>The registered person shall have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed.</p> <ul style="list-style-type: none"> The registered person shall ensure that an up to date fire risk assessment is completed. 	Once	The fire risk assessment was reviewed on the 31.1.15. by Haley Burgess from Health and Safety Professionals, Carrickfergus, no follow-up action necessary.	13 January 2015

<p>2.</p>	<p>29 (2) (a) (b) (c) (3) (See Section 11.12)</p>	<p>Visits by registered provider</p> <p>Where the registered provider is an organisation or partnership, the home shall be visited in accordance with this regulation by the responsible individual or one of the partners, as the case may be; another of the directors or other persons responsible for the management of the organisation or partnership; or an employee of the organisation or the partnership who is not directly concerned with the conduct of the home.</p> <p>Visits under paragraph (1) or (2) shall take place at least once a month or as agreed with the Regulation and Improvement Authority and shall be unannounced.</p> <ul style="list-style-type: none"> • All unannounced visits should be contemporaneous and the name of the person completing them should be stated on every occasion. 	<p>Once</p>	<p>The registered provider will continue to carry out unannounced visits on a monthly basis or when the house is opened. The registered provider will ensure any reports from these visits are signed and dated.</p>	<p>From the date of inspection and ongoing.</p>
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Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	10.1	The registered person is recommended to review the policy in relation to challenging behaviour to reflect DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy should also refer to the need for Trust involvement in managing challenging behaviour.	Once	The policy on Managing Behaviours that Challenge has been reviewed to include reference to DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act(1998). The policy also includes the need to involve the appropriate Trust when managing challenging behaviours	13 March 2015
2.	10.3	The registered person is recommended to ensure that the specific care plan examined on the day of inspection is signed by the guest and the registered manager.	Once	The specific care plan has been reviewed and signed and dated by the guest and the registered manager	13 March 2015
3.	13.1	The registered person is recommended to review the policy in relation to the provision of activities to reflect the date of the policy.	Once	The policy on the provision of activities has been reviewed and the date of this has been added to the policy	13 March 2015

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	Joanne McDonald
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Colette Ruddy

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Laura O'Hanlon	6 February 2015
Further information requested from provider			