



The Regulation and  
Quality Improvement  
Authority

## **Primary Unannounced Care Inspection**

**Service and Establishment ID:** Hebron House (1529)  
**Date of Inspection:** 15 January 2015  
**Inspector's Name:** John McAuley  
**Inspection No:** IN017593

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

<b>Name of Home:</b>	Hebron House
<b>Address:</b>	84-86 Main Street Markethill BT60 1PL
<b>Telephone Number:</b>	02837 551357
<b>Email Address:</b>	<a href="mailto:norman@ntwylie.co.uk">norman@ntwylie.co.uk</a>
<b>Registered Organisation/ Registered Provider:</b>	Hebron House Mr Norman Thomas Wylie and Mrs Jean Mildred Wylie
<b>Registered Manager:</b>	Mrs Mildred Wylie
<b>Person in Charge of the Home at the Time of Inspection:</b>	Ms Anna Pierzchala – Senior Care Assistant then later joined by Mrs Mildred Wylie
<b>Categories of Care:</b>	RC-LD, RC-LD(E), RC-MP
<b>Number of Registered Places:</b>	21
<b>Number of residents accommodated on day of Inspection:</b>	7 plus 5 residents at day care placements plus 1 resident in hospital
<b>Scale of charges (per week):</b>	£505
<b>Date and type of previous inspection:</b>	13 August 2014 Secondary Unannounced Inspection
<b>Date and time of inspection:</b>	15 January 2015 10:15am – 1:15pm
<b>Name of Inspector:</b>	John McAuley

## 2.0 Introduction

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

This is a report of a primary unannounced 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 and the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents and staff

- 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
Staff	3
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	8	7

## 6.0 Inspection Focus

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

- **Standard 10 - Responding to Residents' Behaviour**  
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **Standard 13 - Programme of Activities and Events**  
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

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

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

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

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

## 7.0 Profile of Service

Hebron Residential Care home is situated in Main Street, a central location in the town of Markethill.

The home is owned and operated by Norman and Mildred Wylie. Mildred Wylie is also the manager and has been registered manager since 2007.

The home provides accommodation on three floors. Bedrooms are provided on the ground and first floors with two flat type accommodations on the bottom floor for more independent residents.

Accommodation for residents is provided single bed rooms. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining area is provided and located on the ground floor.

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

The home is registered to provide care for a maximum of 21 persons under the following categories of care:

### Residential Care

LD – Learning disability

LD (E) - Learning disability over 65 years

MP – Mental disorder excluding learning disability

## **8.0 Summary of Inspection**

This primary unannounced care inspection of Hebron House was undertaken by John McAuley on 15 January 2015 between the hours of 10:15am and 1:15pm. Ms Anna Pierzchala was the Senior Care Assistant in charge of the home at the onset of this inspection and was later joined by the Registered Manager, Mrs Mildred Wylie, who was available during the inspection and for verbal feedback at the conclusion of the inspection.

The two recommendations made as a result of the previous inspection on 13 August 2014, were also examined. Review of this documentation found that these recommendations have been addressed satisfactorily within specified timescale. 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 the registered manager in the self-assessment were not altered in any way by RQIA.

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

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

The overall assessment of this standard found that the home was compliant with same.

#### **Standard 13 - Programme of Activities and Events**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of

activities. A selection of materials and resources were available for use during activity sessions.

The overall assessment of this standard found that the home was compliant with same.

## **8.2 Stakeholder Consultation**

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

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

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

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

## **8.3 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.

## **8.4 General environment**

The home was clean and tidy with a good standard of décor and furnishings being maintained.

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

One recommendation has been made as a result of this primary unannounced inspection. This is in relation to the home's fire safety risk assessment as detailed later in this report.

The inspector would like to thank the residents, staff and management 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 13 August 2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 20.18	<p><b><u>Policy / Procedure – “Whistle Blowing”</u></b></p> <p>Review of the document is recommended to include additional detail in regard to procedure and support mechanisms available</p>	<p>The home’s policy and procedure on “whistle blowing” has been reviewed to include details of support mechanisms.</p>	<p>Compliant</p>
2	Standard 20.9	<p><b><u>Resident Guide</u></b></p> <p>It is recommended that the review date is recorded on this document.</p>	<p>The review date is now included in the Residents’ Guide.</p>	<p>Compliant</p>

**10.0 Inspection Findings**

<b>Standard 10 - Responding to Residents' Behaviour</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider's Self-Assessment</b>	
Staff are fully aware of each residents conduct and behaviour as confirmed by reading through each care plan which includes detailed assessment of behaviours and care needs. Should there be specific behavioural issues, how to deal with such in a positive manner, would be highlighted.	Compliant
<b>Inspection Findings:</b>	
<p>The home has a policy and procedure on responding to residents' behaviours and restraint. Staff have also received training in this.</p> <p>A review of this policy and procedure found this to be detailed with reference to Human Rights Legislation and implications of restrictive practices.</p> <p>Discussions with two care staff on duty at time of this inspection revealed they had knowledge and understanding on how to respond to residents' behaviours and how their interventions had a positive outcome for residents. Staff also demonstrated a good knowledge and understanding of residents' assessed needs, which were also found to correspond with the sample of residents' care records reviewed on this occasion.</p>	Compliant

<p><b>Criterion Assessed:</b> 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>If a resident's behaviour is uncharacteristic and causes concern, staff will seek to understand the reason for this behaviour. This will be reported to Management/ person in charge and an observation chart will be commenced to monitor the situation. Any relevant professionals will be informed or services eg 'Rapid Response Team' will be contacted if required and their representative.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of residents' care records confirmed that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referral as appropriate to the aligned health care professional.</p>	Compliant
<p><b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>All residents have an annual review which considers criterion at 10.3. Should there be any issues which cause concern, these would be addressed by referring such to the Care Manager and would include input from the resident, professionals and representative as appropriate at a 'multidisciplinary meeting'. The care plan would be amended accordingly and staff informed immediately of any variations.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of residents' care plans found that the interventions prescribed were detailed, informative and specific. Evidence was in place of consultation and consent with the resident, through a signature.</p>	Compliant

<p><b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident’s care plan.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>If a specific management programme is required such a programme will be devised following input from relevant professional personnel eg. Behavioural Support Team, the resident and/or their representative. Any update or variations to a resident’s care plan would be highlighted for staff awareness to ensure the programme is implemented consistently.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>There are no residents in the home who have a specific behaviour management programme. However evidence from discussions with staff and review of care records, would indicate if this were to be the case the appropriate trained professional(s) would be duly consulted in this process.</p>	<p>Compliant</p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Effective training programmes are in place which equip all relevant staff for their caring role when working with residents who may have behaviour management difficulties. Enlisting the support of professional experts in such situations is inclusive within the Home’s Policy for Managing Challenging Behaviour.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Discussions with staff on duty at the time of this inspection, confirmed that they felt they are the necessary skills, training, support and supervision in place to meet the assessed needs of residents accommodated.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Where an incident would have to be managed outside the scope of a resident’s care plan, this would be fully recorded within the care plan. Personal Protection Plan would be implemented until guidance is sought from the Referring Trust professionals. This would also be reported as an untoward incident/event and within daily notes. A follow up or immediate 'multi disciplinary review' of the residents care needs would occur if deemed appropriate or necessary by the relevant professionals, residents representative and residents as appropriate.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>A review of accident and incident records from 14 August 2014 to date of inspection evidenced that notification was made as appropriate, to the resident’s representative, the trust and RQIA.</p> <p>A review of care plans confirmed that they were updated and reviewed with involvement from the trust and appropriate health care professionals.</p> <p>Discussions with the senior care assistant evidenced that 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>Compliant</p>
<p><b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Any form of restraint or restrictive strategies would have to be discussed and agreed at a 'multi-disciplinary meeting' and documented in the care plan before implementation. Staff would receive up to date training and clear guidelines how to manage behaviour on any restrictive strategy from 'Behavioural Support Team' for the individual resident before implementing.</p>	<p>Compliant</p>

<b>Inspection Findings:</b>	
<p>The home has a policy and procedure on restraint, which included the implications of Human Rights Legislation with same. Discussions with staff and management confirmed that they were aware of the issues surrounding governance of same.</p> <p>There was observed to be no obvious restrictive type practises at the time of this inspection.</p>	Compliant

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

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

<b>Standard 13 - Programme of Activities and Events</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Programmes devised for residents are reflective of their interests, choices, needs and include input from the residents, their representative, their keyworker and any others who may be able to contribute to a programme that might enhance the general life and wellbeing of a resident.	Compliant
<b>Inspection Findings:</b>	
The home has and a policy and procedure on the provision of activities. A review of residents' care records confirmed that individual social interests and activities were included in the needs assessment and the care plan.  Discussions with residents at the time of this inspection, revealed they were complimentary on such provision and that they felt comfortable about raising suggestions with staff.	Compliant
<b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The overall objective within the programmes devised is to meet in an enjoyable and meaningful manner that which would be "best" for the resident. All the points highlighted within criterion 13.2 are considered with an emphasis on community involvement, social inclusion and resident choice.	Compliant

<b>Inspection Findings:</b>	
A review of the programme of activities showed that social activities are organised daily basis. 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 in community based events. Discussions with care staff confirmed that residents were provided with enjoyable and meaningful activities on a regular basis.	Compliant
<b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Residents are encouraged at every opportunity and all participate or gain involvement in some manner in activities either within or external to the facility. Residents who stay in their rooms will be advised of daily activities and their wishes will be respected. Activities are discussed at the 'self advocacy group' and 'residents meetings'. Annual reviews give each resident and their representative opportunity to consider options which may be available and to reconsider those in place.	Compliant
<b>Inspection Findings:</b>	
<p>A review of the record of activities provided and observation of residents who generally preferred not to participate in activities, confirmed that residents were given opportunities to put forward suggestions for inclusion in the programme of activities, and that their assessment of social and spiritual needs was duly assessed and cared for.</p> <p>Residents were also invited to express their views on activities by means of quality assurance audit issued annually by the home, and by regular residents' meetings.</p> <p>Added to this, during this inspection a resident approached the registered manager on seeking assistance with going to a local concert that weekend which the registered manager duly facilitated this request.</p>	Compliant



<p><b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Programmes of activities are displayed on the Home’s notice boards and are shared and discussed at resident and staff meetings and 'Self Advocacy Group.' Residents care plans also highlight specific areas of interest which residents may have. Residents give feedback on activities.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The programme of activities was on display in communal areas throughout the home.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Residents participate in programmes internal and external to the home. Staff from the home and those from other resources ie. College Tutors, support workers, volunteers help and support residents in order that they might achieve their full potential.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The home designates member of staff each day with for inclusion with these duties.</p> <p>General observations made at the time of this inspection, found that there was a good provision of equipment, and aids to support the provision of activities. These included craft materials, games, musical items and DVDs appropriate to age group.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Activity participation by residents considered their wishes, choices and ability to participate. Timetables and activities are variable therefore addresses the realistic potential choice and ability of each resident including concentration span.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Discussion with care staff and residents evidenced 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 any activity.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Activities provided within and external to the home are developed in accordance with resident choice, ability and to facilitate learning and inclusion. The value of such is gained from direct feedback from residents and observation and support staff. The home requests a feedback report from provider at the end of term or sessions as appropriate in order to evaluate outcomes and value for money for the residents.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The home engages with tutors from a local college to facilitate computer and art classes with residents. The registered manager would have evidence of the qualification of these tutors and the monitoring of such activities is done through feedback from residents and tutors.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Residential home staff do update providers of any changes or variations in a residents care needs. Similarly staff are in regular contact with such providers in order to gain feedback about any issues or difficulties.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Further evidence of this was found in a review of residents’ care records, were there was written communication between the tutors and the home regarding particular residents’ changing needs.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Daily/weekly records are maintained of activities residents participated in. This includes records in daily notes of when, where and time of such activities. Residents care plans also record activities they participate in.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>A review of the record of activities evidenced that records had been maintained of the nature of the activity, the name of the person leading the activity and the residents who had participated in the activity.</p> <p>Added to this there was nice photographic displays of outings and events residents had attended.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Activity programmes are reviewed regularly at least twice yearly or sooner with reference being made to review outcomes and any variations which may occur in a residents health and wellbeing. Programmes may also be varied with the introduction of new more favourable activities.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></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 or at a care review.</p>	<p>Compliant</p>

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

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

## **11.0 Additional Areas Examined**

### **11.1 Resident's Consultation**

The inspector met with all the residents in the home at the time of this inspection. 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.

Some of the comments made included statements such as;

- "Everything here is great"
- "I love it here"
- "I feel happy here"
- "This is a happy place to live "
- "We get really nice food"

No concerns were expressed or indicated.

### **11.2 Relatives/Representative Consultation**

There were no visiting relatives in the home at the time of this inspection.

### **11.3 Staff Consultation/Questionnaires**

The inspector spoke with three members of staff of various grades on duty other than the home's management.

These staff spoke on a positive basis about their roles and duties, the provision of care, training and managerial support. No concerns were expressed.

A review of the completed staff questionnaires identified that they felt supported in their roles and duties, and no concerns were identified.

### **11.4 Visiting Professionals' Consultation**

There were no visiting professionals in the home at the time of this inspection.

### **11.5 Observation of Care Practices**

Observations of care practices found that residents were treated with dignity and respect. Residents were found to be comfortable, content and at ease in their environment and interactions with staff. There was found to be a nice relaxed homely atmosphere in place, with residents having dietary and social needs appropriately attended to. Staff interactions with residents were polite, friendly, and warm with a nice supportive milieu in place.

## **11.6 Care Reviews**

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

## **11.7 Complaints**

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

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

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

## **11.8 General environment**

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' facilities were comfortable and accessible to avail of. The home was comfortably heated throughout.

## **11.9 Guardianship Information**

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

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

## **11.10 Fire Safety**

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

The inspector examined the home's most recent fire safety risk assessment dated 16 January 2012 by the home's fire safety risk assessor. This was subsequently reviewed by the Registered Provider Mr Norman Wylie on 5 March 2013 and 15 March 2014 as "no changes to building". This has been referred to the home's aligned estates inspector on 19 January 2015 who will liaise directly with Mr Wylie about same. Following this consultation with the home's aligned estates inspector, it is recommended that the annual review of the fire risk assessment should be carried out by a person or a company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies.

Reference should be made to correspondence issued by RQIA to all Registered Persons on 13 January 2013 and the following guidance contained therein:

[http://www.rqia.org.uk/cms\\_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf](http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf) .

A review of the fire safety records evidenced that fire training including fire safety drills had been provided to staff on an up to date basis. A record was also maintained on an up to date basis of testing of fire alarms.

There was no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

### **11.11 Vetting of Staff**

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

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Mildred Wylie, 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:

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





## Quality Improvement Plan

### Primary Unannounced Care Inspection

Hebron House

15 January 2015

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 Mrs Mildred Wylie 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

**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.	29.1	<p>There is a current Risk Assessment and Fire Management Plan that is revised and actioned when necessary of whenever the fire risk has changed.</p> <p>Reference to this is made in that, the annual review of the fire risk assessment should be carried out by a person or a company certified by a third party UKAS accredited certification body or a person who is registered with one of the fire safety professional bodies. Reference should be made to correspondence issued by RQIA to all Registered Persons on 13 January 2013 and the following guidance contained therein: <a href="http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf">http://www.rqia.org.uk/cms_resources/Competence%20of%20persons%20carrying%20out%20Fire%20Risk%20Assessment.pdf</a> .</p>	One	NW FIRE LTD have been requested to review fire risk assessment ASAP	15 April 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 and email to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Mildred Wylie
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Norman Wylie

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	John McAuley	26/02/15
Further information requested from provider			