



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Cloughreagh House
Establishment ID No:	1558
Date of Inspection:	10 June 2014
Inspector's Name:	Maire Marley
Inspection No:	16856

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Home:	Cloughreagh House
Address:	Millvale Road Bessbrook Newry BT35 7NH
Telephone Number:	(028) 3083 0520
E mail Address:	kate.mcbeth@southerntrust.hscni.net
Registered Organisation/ Registered Provider:	Mrs Anne Mairead McAlinden Southern Health and Social Care Trust
Registered Manager:	Mrs Kathleen Patricia McBeth
Person in Charge of the home at the time of Inspection:	Mrs Kathleen Patricia McBeth
Categories of Care:	RC-I, RC-DE
Number of Registered Places:	23
Number of Residents Accommodated on Day of Inspection:	18
Scale of Charges (per week):	Trust Rates
Date and type of previous inspection:	15 October 2013 Primary Announced Inspection
Date and time of inspection:	10 June 2014 10.00am – 4.00pm
Name of Inspector:	Maire Marley

2.0 Introduction

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

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

3.0 Purpose of the Inspection

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

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

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

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

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

4.0 Methods/Process

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

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

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

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

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

5.0 Consultation Process

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

Residents	14
Staff	4
Relatives	2
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	25	13

6.0 Inspection Focus

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

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

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

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

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

7.0 Profile of Service

Cloughreagh House Statutory Residential Home opened in 1980, to provide care for a maximum of thirty one people in Category I (Old and Infirm). The Registered Organisation in Control is the Southern Health and Social Care Trust and Mrs Kate McBeth is the registered manager.

The building encompasses the Care Bureau and Memory Services, entrance to these services are separate from the main home.

The facility is located within a residential area on the outskirts of Bessbrook which is three miles from the city of Newry. Up to ten people can avail of day care daily and are involved in the day to day events within the home.

In July 2012 the Southern Health and Social Services Trust were approved to provide care for three identified persons with a diagnosis of dementia.

There are mature gardens to the rear of the building and these are being landscaped to include a secure area. Parking facilities are available to the front of the building.

8.0 Summary of inspection process

This announced primary care inspection of Cloughreagh House was undertaken by Maire Marley on 10 June 2014 between the hours of 10.00am and 4.00pm. Mrs Kate McBeth was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were examined. Observations and discussion demonstrated that these had been addressed satisfactorily. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

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

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

Standards inspected:

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

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

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

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

Inspection findings

Responding to resident's behaviour – Standard 5

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

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

Programme of activities and events – Standard 13

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. The inspector was informed that staff provide support to the day care services and are also responsible for the delivery of activities within the residential home. A requirement is made in this regard. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who are not employed by the home have the necessary knowledge and skills to deliver the activity.

The evidence gathered through the inspection process concluded that Cloughreagh House is substantially compliant with this standard.

Resident, representatives and staff consultation

During the course of the inspection the inspector met with eighteen residents, two representatives and staff.

In discussion with residents they indicated that they were happy and content with all aspects of their life in the home.

Relatives who visited informed the inspector were very happy with the care of their relatives.

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

Responses in the thirteen returned staff questionnaires were in the main extremely positive with staff expressing satisfaction with the quality of care, training and support provided by the management team. Several staff raised concern about the lack of resources for activities and difficulties experienced with staffing day care and trying to provide activities in the home. These issues reflect the findings of the inspection.

Care Practices

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

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

Conclusion

The findings of this inspection evidenced that the delivery of care to residents was of a good standard. There were processes in place to ensure the effective management of the standards inspected.

One requirement and four recommendations were made as a result of the primary announced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

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

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 15 October 2013

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 19 (2) Sch 47	<p><u>Staff duty Roster</u></p> <p>Staff surnames require to be recorded in the duty roster</p>	<p><u>Staff duty Roster</u></p> <p>The examination of duty rosters found that staff surnames were included.</p>	Compliant
2	Regulation 14 (2) (d)	<p><u>Staff training</u></p> <p>Examination of staff training records showed that training in First Aid is required.</p> <p>Refresher training should be provided annually in keeping with RQIA Mandatory Staff Training Guidelines.</p>	<p><u>Staff training</u></p> <p>Records and discussion with the registered manager confirmed that all staff were in receipt of First Aid Training.</p>	Compliant
3	Regulation 27 (2) (b)	<p><u>Main entrance doors</u></p> <p>The automatic mechanism of the self-closing front doors requires to be repaired.</p>	<p><u>Main entrance doors</u></p> <p>The self-closures on the front doors had been repaired. There were no issues identified during this inspection.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 11.5	<p><u>Care Management Notes/Minutes</u></p> <p>It is recommended that the manager requests a copy of the minutes/notes of the care management meeting held on 11 May 2013.</p>	<p><u>Care Management Notes/Minutes</u></p> <p>The registered manager confirmed that a copy of the minutes/notes of the care management meeting held on 11 May 2013 had been received.</p>	Compliant
2	Standard 19.6	<p><u>Recruitment</u></p> <p>Is recommended that residents or where appropriate their representatives, are involved in the recruitment process where possible.</p>	<p><u>Recruitment</u></p> <p>The registered manager reported due to on-going deployment there had been no vacancies in the home. The registered manager demonstrated how the home would involve residents in devising questions etc. The inspector was satisfied that systems would be implemented when recruitment restarted.</p>	Compliant
3	Additional Matters.	<p><u>Evening meal serving time</u></p> <p>It is recommended that the manager consults with residents in regard to their preferred time for the serving of their evening meal and that appropriate action is taken to address residents' preference.</p>	<p><u>Evening meal serving time</u></p> <p>The minutes of residents meetings provided evidence that the registered manager discussed the serving of the evening meal with residents. The evening meal is served from 4.30pm until 5.30pm. Residents consulted confirmed that they were satisfied with the timing of the meals.</p>	Complaint

4	Additional Matters	<p><u>Smoking Room</u></p> <p>It is recommended that an extractor fan is fitted within the residents' smoke room.</p>	<p><u>Smoking Room</u></p> <p>The registered manager confirmed that the extractor fan had been replaced in the smoke room.</p>	Compliant
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10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
Staff have knowledge and understanding of each individual resident's conduct, behaviours and means of communication. Each resident has detailed assessment of their needs and strengths and when and where relevant a comprehensive behavioural careplan is developed with input from multi-disciplinary team. The behavioral careplan outlines staff intervention which will have a positive outcome for the resident. Where there are changes to a resident's conduct, behaviour or means of communicating the careplan is reviewed and updated accordingly. The behavioural careplan will be kept under review and monitored for effectiveness. Any changes to the resident's behavioural careplan will be discussed at staff handovers in line with the Homes Policy on Staff Handovers	Compliant
Inspection Findings:	
<p>The home had guidance "Responding to Residents Behaviour" dated 01 August 2010 in place. A review of the procedure identified that the document did not reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It is recommended that the guidance is reviewed and updated to reflect current legislation.</p> <p>Observation of staff interactions, with residents, identified that no residents in the home displayed any behaviours which necessitated restraint.</p> <p>A review of eight residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines,</p>	Substantially compliant

<p>behaviours and means of communication. Staff spoken with were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	
<p>Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>The Southern Health and Social Care Trust Residential Homes have policies and procedures to direct staff on how to respond when a resident's behaviour is uncharacteristic and causes concern. 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. Staff will try to establish any triggers for the change in behaviour and liaise with the resident's GP and where relevant other multi-disciplinary professionals and where appropriate, the resident's representative. A review meeting to discuss the care of the resident and to determine an action plan/strategy is convened and all relevant professionals are invited to attend to ensure a multi-disciplinary approach is taken.</p>	Compliant
<p>Inspection Findings:</p> <p>The guidance named "Responding to Residents Behaviour" should be reviewed and reflect the following;</p> <ul style="list-style-type: none"> • Identify uncharacteristic behaviour which cause 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, relatives and RQIA. • Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff are aware of the need to report the uncharacteristic behaviour which was, in the main, due to residents becoming unwell to the registered manager and or the person in charge.</p> <p>Five care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p>	Substantially compliant

<p>A review of the records and discussion with two relative's confirmed that they had been informed appropriately of any change to the resident's circumstances.</p>	
<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>When a resident needs a consistent approach from staff, this is detailed in the resident's careplan. This approach is agreed with the resident and all stakeholders where this is appropriate. Where appropriate and with the consent, the resident's representative is informed of the approach or response to be used. When a consistent approach or response is required by staff then this kept under review to ensure it is effective and has a positive outcome for the resident.</p>	Compliant
<p>Inspection Findings:</p> <p>A review of five care plans identified that when a resident needs a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant

<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms a part of the resident's careplan. The resident's careplan is signed by the designated professional and all relevant communications is retained in the resident's careplan</p>	Provider to complete
<p>Inspection Findings:</p>	
<p>The registered manager informed the inspector that there are currently no residents who have a specific behaviour management programme in place. Therefore, this criterion is not applicable at this time.</p>	No applicable
<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>When a behaviour management programme is in place for any resident, staff will be provided the the necessary training, guidance and support. Staff have undertaken training in April 2014 on De-escalation and Conflict Resolution. Behavioural careplans will be discussed at team meetings and at one to one supervision with staff and where training has been identified this will be included in the Home's future training programme.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of staff training records evidenced that staff had received training in:</p> <ul style="list-style-type: none"> • Challenging behaviour 9 September 2014 • Dementia awareness 9 March 2013 • Conflict Resolution 17 April 2014 <p>Staff confirmed during discussion that they felt supported. Staff confirmed that the support ranged from the training provided, supervision, and staff meetings. Discussion with staff confirmed that they were knowledgeable in regard to residents assessed needs.</p>	Compliant

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.	COMPLIANCE LEVEL
Provider's Self-Assessment Where any incident is managed outside the scope of a resident's careplan, 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 careplan. This process will be consistent with the Homes policies and procedures in relation to : 62 Responding to Residents Behaviour", 9 "Communications with Carers and Representatives", 8 "Assessment, Careplanning and Review", 35 "Managing Aggression", and 61 "Restraint". Further to this the incident will be recorded and reported in Line with the Trust's policies and procedures..	Compliant
Inspection Findings: A review of the accident and incident records from April 2014 to June 2014 and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified. Two relatives confirmed during discussion that when any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan. A review of five care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.	Compliant

<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>All staff have to follow the Homes Policies and procedures on (61) Restraint , this policy indicates that 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 will be maintained of all instances when restraint is used.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of records, discussion with residents and staff and observation of care practices identified that there are currently no types of restraint used in the home which need to be described in the home's Statement of Purpose. Access to and from Cloughreagh House is controlled by a key pad and this is referenced in the statement of Purpose submitted to RQIA.</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	
The programme of activities and events is intended to provide positive outcomes for residents and is based on the identified needs and interests of residents. The Home has a policy (42) Planning and Recording The Programme of Activities and Events which must be followed. Each resident has an individual personalised activity careplan. Care plans are based on the resident's preferences and ability. It is agreed and signed by the resident, senior care worker and the manager, adhering to best practice and the Residential Care Homes Minumun Standards (2008	Compliant
Inspection Findings:	
<p>The home had a policy dated 1 August 2010 on the provision of activities. The home provides day care for ten service users and the inspector was informed that residential care staff are deployed to the day care services in the morning and afternoon. Additionally a designated care staff provides activities for residents in the residential home for appropriately two hours each day, appropriately one hour in the morning and one hour in the afternoon.</p> <p>On the morning of the inspection the inspector observed that the activity did not take place as the staff member designated to provide the activity had to respond to a call bell. During discussion with residents the inspector was informed that this was a frequent occurrence. The staffing arrangements for the residential activities should be reviewed with immediate effect.</p> <p>Management reported that a review of the day care provision is on-going. The outcomes of this review should be forwarded to the RQIA.</p>	Moving towards compliance

<p>A review of six care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Several residents spoke positively of a recent outing they had enjoyed to Warrenpoint and surrounding areas.</p> <p>Discussion with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	
<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>The programme includes a wide range of 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 the community events. The Activity and Events programme facilitates the welcoming of people into the home from the community and the home provides church services and ecumenical events to meet the needs of the residents'. The home encourages the use of volunteers, community groups and local schools to contribute to the diversity of the activities and the events programme. Activities which reflect the time of year and seasonal activities are encouraged.</p>	Compliant
<p>Inspection Findings:</p>	
<p>Examination of the programme of activities identified that social activities are organised daily.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Compliant

Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>All residents are provided with the opportunity to contribute suggestions and be involved in the development of the activity programme of activities. The activity programme is discussed at residents meetings, feedback is sought on the activities provided by the home and the responses contribute to the future planning of the activity programme. The assessment, care planning and review of residents take into account the residents views on the activity programme and each resident has a personalised activity care plan which kept under review . An annual User Satisfaction Questionnaire is completed to enable residents to express their views on the homes activity programme, this can be done anonymously. Feedback from the analysis informs and influences the future planning processes. Feedback from the annual user satisfaction questionnaires are discussed at residents meeting, a copy of the findings and action plan is displayed on the residents notice boards and a copy is retained in the Newsletter. A copy of the findings can be obtained by a resident and or the representative on request. A suggestion box is located in the front hall to enable those residents who wish to make a suggestion or to give feedback anonymously</p>	Compliant
<p>Inspection Findings:</p> <p>A review of the record of activities provided and discussion with residents, including two residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, resident meetings and one to one discussions with staff.</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>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>The programme of activities and events are displayed in suitable format in an appropriate location. A copy is displayed on the residents notice boards and a copy is retained in the residents' Newsletter so that the residents and their representative know what is scheduled so that they can make plans. A copy of the activity programme will be provided to individual residents on request.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>On the day of the inspection the programme of activities was on display in the entrance hallway and the upstairs lounge. These locations were considered appropriate as the area was easily accessible to residents and their representatives. The programme of activities was presented in an appropriate format to meet the residents' needs.</p> <p>Discussion with residents and two representatives confirmed that they were aware of what activities were planned for the day.</p>	<p>Compliant</p>
<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>When required residents are enabled to participate in the programme through the provision of equipment, aids and support from staff and relevant others. This support will be detailed in the resident's personalised care plan and kept under review to ensure that it continues to meet the needs of the resident. Staff liaise with the relevant professionals to ensure that when there is a change in the residents health and wellbeing that it is acted on promptly to reduce the impact this will have on the residents ability to participate in an activity.</p>	<p>Compliant</p>

Inspection Findings:	
Activities are provided for two hours every day by care staff. The registered manager informed the inspector there was no identified budget for activities and stated that if any equipment was required then she would apply for additional monies. The Trust are requested to review the arrangements in regard the finances allocated to activities. It was noted that staff had not received training in regard to activities and this should be addressed.	Substantially compliant
Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The duration of each of each activity and daily timetable takes into account the needs and abilities of the residents participating. Each resident has an individual personalised careplan which details the residents physical and mental ability and care is exercised to ensure that each resident achieves a positive outcome. The personalised careplan is kept under review.	Compliant
Inspection Findings:	
The registered manager, care staff and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	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 Where a person is contracted-in the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating have the necessary skills to do. Where a person contracted-in to do so by the home provides an activity, staff informs thm about any changed in need of residents prior to the activity commencing and there is a system in place to receive timely feedback. Where volunteers are being provided to the home by Trusts voluntary agency to provide activities the volunteer will have a job description stating their expected roles for this position. All volunteers will have an initial induction which will be monitored and their placement will be kept under review.</p>	Compliant
<p>Inspection Findings: The registered manager confirmed that at times outside people are employed to provide musical activities, art work, etc, and confirmed there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.</p>	Compliant
<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment see 13.7</p>	Provider to complete
<p>Inspection Findings: The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which would affect their participation in the planned activity.</p>	Compliant

<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 A record is kept of all activities that take place , the person leading the activity and the names of the residents who participated .</p>	Compliant
<p>Inspection Findings: A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.</p>	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 The assessment , careplanning and review of residents will take into account the residents views on the programme of activities and events they wish to be involved in and they will be able to provide feedback on the homes activities. The review and evaluation of residents will inform all related care needs and when required the programme will be monitored to ensure that it meets changing needs. The annual User Satisfaction Survey enables residents to express their views on the activity and events programme provided by the home and the outcome of the survey influences future planing of the homes activity programme. The programme of activities and events are discussed at the residents meeting which takes place every two or three months.</p>	Compliant

Inspection Findings:	
<p>A review of the programme of activities identified that it had last been reviewed at the most recent residents' meeting on 30 April 2014. The records also identified that the programme had been reviewed at least twice yearly.</p> <p>The registered manager and staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities.</p>	<p>Compliant</p>

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

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

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with eighteen residents either individually or in the lounge. Residents were observed relaxing in the different areas of the home whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

The comments received by the inspector were positive in relation to the food provided and the kindness of the staff, comments included:

- "The staff are brilliant, very helpful"
- "I enjoy the food here there is a very good variety"
- "I've no complaints I'm happy".
- I enjoyed the outing to Warrenpoint and the Mourne, we all had a good day"

11.2 Relatives/representative consultation

Two relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complimented staff in this regard. No concerns were expressed or indicated. Comments expressed to the inspector included:

- "The staff here are really brilliant"
- "I'm am so pleased with my father's care ,no concerns what-so ever"
- "Staff are absolutely fantastic".

11.3 Staff consultation/Questionnaires

The inspector spoke with three care staff on duty and informally with one domestic staff. In addition, thirteen staff completed and returned questionnaires. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness of how to respond to residents' behaviours and indicated that a varied programme of activities is in place.

Comments received included:

- "Staff well together, no concerns we all get on"
- "The manager is very good, she is very approachable and works on the floor so she knows the issues"
- "Residents here are the main priority".
- "Staff team work well together, they all help each other"

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

11.4 Visiting professionals' consultation

There were no professionals visiting during the course of the inspection.

11.5 Observation of Care practice

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

11.6 Complaints

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed. The submitted information corresponded with the complaint record maintained by the home.

11.7 Environment

The inspector viewed the home unaccompanied and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard.

11.8 Guardianship Information

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.

11.9 Fire Safety

A review of the fire safety records evidenced that fire training, had been provided to staff on 9 January 2014. The records also identified that a fire drill had been completed 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.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Kate McBeth registered manager 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:

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



Quality Improvement Plan

Primary Announced Care Inspection

Cloughreagh House

10 June 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Kate McBeth, Registered Manager 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	20 (1) (a)	<p><u>Staffing</u></p> <p>The registered manager must ensure that the staffing arrangements for the provision of activities in the residential home are reviewed.</p> <p>The outcome of the review of the day care services should be detailed in the returned QIP.</p>	One	<p>The Review of day care commenced on the 1/5/2014 completed on the 6/07/14 The outcome includes a need to increase residential care staffing hours to reflect the need to support residents with structured activity through out the whole day, not just structured groups in traditional activity programmes. The care staff team have been made aware of the need to meet each individuals 's activity needs in a range of areas eg, physical,intellectual, sensory,spiritual,social and emotional. This requirement will be met within the specified time frame.</p> <p>To reduce the registered number of day care attendees from 10 per day to 5 per day To ensure a residential care worker is allocated responsibility for day care attendees on a daily basis..</p>	No later than 31 July 2014

Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	10.1 and 10.2	The registered manager should confirm that the guidance "Responding to Residents Behaviour" has been reviewed to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).	One	This guidance is currently being reviewed and will be completed with specified time scales.	No later than 30 July 2014
2	13.1	The registered manager should confirm that the policy on activities has been reviewed.	One	Specified Guidance on activity within the home is underreview and will be completed within specified timescale.	No later than 30 July 2014
3	13.5	The registered person/manager should review the arrangements in regard to the finances allocated to activities.	One	Financial support for planned activity has been discussed with the Head of Service re funding of activities for residents will be approved through expenditure from OPPC Cahritable Trust Funds.	No later than 30 July 2014
4	13.5	The registered person/manager should confirm that staff has received training in regard to the provision of activities.	One	The Registered manager has instilled an understanding , awareness and acceptance in the care home between all staff that activites are important and the underlying principle is that the provision of activites is vital to each residents health and well being. The Registered	No later than 30 July 2014

				<p>manager is actively seeking training in regard to the provision of activities through the Trust Occupational Therapy Department . It is expected that this will be delivered in the Autumn 2014. Information and activity books have been accessed from the OT department and the registered manager is currently supporting staff awareness training and development with activities.</p>	
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Kate Mc beth
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mrs Angela McVeigh Director OPPC

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	M.Marley	11/8/14
Further information requested from provider			