

## **Primary Announced Care Inspection**

**Name of Establishment and ID:** Crozier House (1559)  
**Date of Inspection:** 5 November 2014  
**Inspector's Name:** Bronagh Duggan  
**Inspection ID:** 17583

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

<b>Name of Establishment:</b>	Crozier House (1559)
<b>Address:</b>	Meeting House Road Banbridge BT32 3ER
<b>Telephone Number:</b>	02840662734
<b>Email Address:</b>	iris.cromie@southerntrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Southern HSC Trust
<b>Registered Manager:</b>	RP013551 - Iris Cromie
<b>Person in Charge of the Home at the Time of Inspection:</b>	Iris Cromie
<b>Categories of Care:</b>	RC-I
<b>Number of Registered Places:</b>	35
<b>Number of Residents Accommodated on Day of Inspection:</b>	27
<b>Scale of Charges (Per Week):</b>	Trust Rates
<b>Date and Type of Previous Inspection:</b>	5 June 2013 Primary Announced Inspection
<b>Date and Time of Inspection:</b>	5 November 2014 10:30 am – 6:00pm
<b>Name of Inspector:</b>	Bronagh Duggan

## **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 announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the Inspection**

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

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

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

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

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

## **4.0 Methods/Process**

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

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

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

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

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

Residents	14
Staff	3
Relatives	4
Visiting Professionals	0

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

Issued To	Number Issued	Number Returned
Staff	10	2

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to DHSSPS Residential Care Homes Minimum Standard 10 Responding to Residents Behaviour and Standard 13 Programme of Activities.

A view of the management of residents' 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

Crozier House Residential Care Home is situated within close walking distance to the town centre of Banbridge.

The residential home is owned and operated by the Southern Health and Social Care Trust. The current registered manager is Mrs Iris Cromie.

Accommodation for residents is provided in single rooms in a single storey building.

Communal lounge and dining areas are provided close to the main reception area of the home. The home also has catering and laundry services, a hairdressing salon, and a number of communal sanitary facilities throughout the home.

The home is currently registered to accommodate a maximum of 35 residents requiring residential care in Category I - Old and Infirm. An application for variation to the categories of care has been submitted to RQIA and is currently being processed.

Car parking spaces are available to the front of the building.

The home is registered to provide care for a maximum of 35 persons under the following categories of care:

Residential Care:

I Old age not falling into any other category

Day Care:

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of four residents.

## 8.0 Summary of Inspection

This primary announced care inspection of Crozier House was undertaken by Bronagh Duggan on 5 November 2014 between the hours of 10:30 am and 6:00 pm. Mrs Iris Cromie, registered manager, was available during the inspection and for verbal feedback at the conclusion of the inspection. Mrs Tierna Armstrong, locality manager, was also present during feedback.

The requirement and recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that one requirement relating to notifications and three recommendations relating to fluid intake charts, model of safeguarding and staff meetings have been addressed. Two recommendations relating to care plans and mandatory training for staff have been reiterated for the second time. The detail of the actions taken by Mrs Cromie registered manager can be viewed in the section following this summary.

Prior to the inspection on 5 November 2014, Mrs Cromie completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Cromie in the self-assessment were not altered in any way by RQIA.

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

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

## **8.1 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 in place, a recommendation was made that these developed further to consider why behavioural issues may arise. The information should also reflect DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure should include the need for Trust involvement in managing behaviours which challenge and detail that RQIA must be notified on each occasion restraint is used. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of 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 Crozier House was substantially compliant with this standard.

## **8.2 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 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. Appropriate

systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. One recommendation was made that the format for the activities display is presented in a more visually stimulating format. The evidence gathered through the inspection process concluded that Crozier House is overall compliant with this standard.

### **8.3 Resident, Representatives, and Staff Consultation**

During the course of the inspection the inspector met with residents, representatives, and staff . Two 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. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

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, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

### **8.4 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.

### **8.5 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 satisfactory standard.

### **8.6 Photographs/ Care Plans**

A review of a number of care plans showed that not all included a recent photograph of the resident. Considering the home have a number of residents who visit for periods of respite and short term care the need for photographic identification is all the more pertinent. A requirement was made in this regard.

### **8.7 Care Plans**

A review of one resident's daily notes showed that highly relevant information in relation to their care was not included in the residents care plan. This was discussed with registered manager who confirmed that the specific information should have been clearly stipulated in the residents care plan. The issue of care plans was raised during the previous inspection, as a result of this the recommendation for care plans to be reviewed and revised has been reiterated for a second time.



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

One requirement and two recommendations were made as a result of the primary announced inspection. Two recommendations have been reiterated as a result of the previous inspection, the details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, 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 5 June 2013**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
	Regulation 30 (2)	<p><b><u>Notification of Accidents / Incidents</u></b></p> <p>The registered person must ensure that all accidents / incidents are notified to RQIA within three working days.</p> <p>Ref:8.5</p>	Records of accidents and incidents in the home were reviewed which showed relevant information was shared with RQIA within the timescale.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 12.12	<p><b><u>Intake charts</u></b></p> <p>It is recommended that appropriate food and fluid intake charts are available for use as required.</p> <p>.(Fluid intake charts were available, however these were considered to be unsuitable as information to be recorded related to intravenous fluids)</p> <p>.</p>	A new fluid intake chart has been developed and is available for use in the home; copies were available during the inspection; these were of a suitable format.	Compliant
2	Standard 16.1	<p><b><u>Modes of referral- safeguarding</u></b></p> <p>It is recommended that a copy of the flow chart is displayed with contact telephone numbers inserted.</p> <p>.</p>	Contact numbers were included on the safe guarding flow chart which was on display in the home.	Compliant
3	Standard 8.3	<p><b><u>Care plans</u></b></p> <p>A central individualised care plan record should reflect all recommendations made by other professional staff including the dietician. Staff should not have to refer to other assessments for recommendations in respect of planned care.</p> <p>Additionally it is recommended that staff cease to record named medications prescribed in care plans.</p>	<p>The care plan records have been reviewed to include all recommendations made by other professionals within an individualised record. The practice of recording named medications prescribed in care plans has ceased.</p> <p>It was noted in one of the care records reviewed during the inspection that a significant aspect of care was not documented in the residents care plan.</p>	Moving towards compliance

		<p>Ensure interventions are recorded within the appropriate section of the care plan and not within the identified "needs section".</p> <p>As agreed care plans should be reviewed and revised in light of the aforementioned recommendations.</p> <p>Ref: 10.7</p>	<p><b>This recommendation relating to care planning has been reiterated for the second time.</b></p>	
4	Standard 23.3	<p><b><u>Staff training.</u></b></p> <p>Staff update training in First Aid is recommended.</p> <p>The development of a programme of mandatory training for 2014 is recommended to ensure annual update training is provided in keeping with RQIA Mandatory Training Guidelines</p>	<p>Staff training in first aid had been organised by the home; however it was cancelled on two occasions by the training providers.</p> <p>The home has developed a framework for mandatory training to be completed by staff in the home.</p> <p><b>This recommendation has been reiterated for a second time.</b></p>	Moving towards compliance
5	Standard 25.8	<p><b><u>Staff meetings</u></b></p> <p>It is recommended that formal staff meetings are held on a regular basis.</p>	<p>Evidence was available in the form of minutes recorded to show that staff meetings were being held regularly. Staff also confirmed this.</p>	Compliant

<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> 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>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Staff have knowledge and understanding of each individual residents usual conduct, behaviours and means of communication. Staff take necessary action, report to senior staff and monitor situation. Each Care Plan for a resident provide Staff with knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions from staff in relation to Residents behaviour should promote positive outcomes for residents, be agreed with the Resident and be consistent with the good practice detailed in the homes procedure number eight 'Assessment, Care Planning and Review'.	Compliant
<b>Inspection Findings:</b> The home had a policy and procedure titled Responding to resident's behaviour (2010) and a policy relating to the use of restraint in place (2010). A recommendation has been made that these are reviewed and developed further to consider why behavioural issues may arise. The information should also reflect DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure should include the need for Trust involvement in managing behaviours which challenge. It should also detail that RQIA must be notified on each occasion restraint is used.  Observation of staff interactions with residents identified that informed values of dignity and respect were implementation and least restrictive strategies were demonstrated.  A review of staff training records identified that all care staff had received training in behaviours which challenge entitled Managing Challenging Behaviours in May 2013; further training was organised for December 2014 as confirmed by the registered manager. A review of three residents' care records identified that individual resident's usual routines, behaviours and	Substantially Compliant

<p>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, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	
<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>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 senior staff in charge of the home at the time and monitor the situation. Where necessary Staff makes contact with any relevant professional or service and, where appropriate the residents representative. (with residents consent)</p> <p>Staff also ensure that the Residents GP is kept informed and keep a record of contacts made, discussions held and decisions agreed.</p> <p>Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the residents representative and to the relevant professionals or services. Where necessary, this is followed by a multi disciplinary review of the resident's care plan.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Three care records were reviewed and identified that they contained the relevant information regarding the residents identified usual behaviour and the required care / treatment to manage same.</p>	Compliant

A review of the records and discussions with visitors confirmed that they had been informed appropriately.	
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<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> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Where resident requires a consistent approach or response from staff this is detailed in the Care Plan where appropriate and with the residents consent, the Resident's representative is informed of the approach or response to be used. When a resident has specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan. When the behaviour management programme is amended or requires to be amended, the professional involved in the development of the original care plan should be involved and if this is not possible the advice should be sought from a professional who has an equivalent trained status.	Compliant
<b>Inspection Findings:</b> A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.  Two of the care plans reviewed were not signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.  A recommendation has been made that in all instances the resident or their representative, where appropriate, sign the care plan along with the member of staff drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.	Substantially Compliant



<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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
When a resident has a specific behaviour management programme appropriate trained professionals contribute to the residents care plan. This could be e.g. Social Worker, CPN Dementia Specialist. A multi disciplinary approach is adopted. The agreed care plan would be monitored and reviewed	Compliant
<b>Inspection Findings:</b>	
The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.	Not Applicable

<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> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Staff are supported through training and also support via supervision, staff meetings, hand over periods and reading materials. When a behaviour management programme is in place for any resident, staff is provided with the necessary training, guidance and support. All staff within a facility should have a consistent approach to a residents behaviour management programme that is in place, and where new staff are appointed to a facility this information must be included in the Staff members induction plan. At staff handovers details of behaviour management programmes in place are discussed including how they have been implemented during a shift and the outcomes as a result of implementation. Staff within the facility should receive training on managing challenging behaviour so that they can respond to certain situations and know their boundaries in relation to restraint.  Staff must be trained in the use of restraint if this is required in the Care Plan of a Resident	Substantially compliant
<b>Inspection Findings:</b> A review of staff training records evidenced that staff had received training in behaviours which challenge titled Managing Challenging Behaviour in May 2013; further training was planned for December 2014.  Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, and staff meetings. Discussions with staff indicated that they were knowledgeable in regard to behaviour management, there were no specific behaviour management programmes in place, and the inspector is satisfied if a behaviour management plan was in place staff would have the necessary skills to follow same.	Compliant

<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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Outside the scope of a residents care plan, incidents are recorded and reported as appropriate to residents representative, relevant professionals or services. When necessary this is followed by multi disciplinary review of the residents care plan, This multi disciplinary meeting will involve all stakeholders with the purpose of making a decision on how this behaviour can be resolved and promotion of the safety and well being of all affected.	Compliant
<b>Inspection Findings:</b>	
<p>A review of the accident and incident records from May 2014 to October 2014 and discussions with staff identified that no incidents had occurred outside of the scope of a resident's care plan.</p> <p>Visitors confirmed during discussions that if any incident was managed outside the scope of a resident's care plan, this was 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>	Compliant

<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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Training on challenging behaviour- Staff consider e.g. body language, facial expression, voice, consider whether resident has sight/hearing impairment, in pain, have an understanding common triggers. try to resolve not to restrain. 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. All staff must adhere to Procedure 61 on 'Restraint' contained in the Policy and Procedure Manual located in the main office.	Compliant
<b>Inspection Findings:</b>	
A review of records, discussions with residents and staff and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home's Statement of Purpose.	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Provider to complete
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially 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> The programme of activities and events provides positive outcomes for residents and is based on identified needs and interests. Personalised Activity Care Plan. An overview of activity provision is contained within the statement of purpose/ residents guide. Positive outcomes can include improved mobility, falls prevention, increased confidence. Policy and Procedure 57. Residents involvement in activities and events in place.	Compliant
<b>Inspection Findings:</b> The home had a policy titled Residents involvement in activities and events (2013) which focused on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.  Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.  The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	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>

Provider's Self-Assessment	
<p>Activities that take place include relaxation, music,bingo, baking, singing, Easter Bonnet making, religious services, puzzles, card making, knitting, Banbridge Accordion Orcherstra.and walks outside</p> <p>A talk on wartime areoplanes is being organised at present.</p> <p>Details of events and activities attended are recorded in the residents progress notes contained with the residents care plan.</p>	Substantially compliant
Inspection Findings:	
<p>Examination of the programme of activities identified that social activities are organised five times each week.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	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> 13.3 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 who choose to stay in their rooms are encouraged to contribute and are kept informed of what other social activities are taking place.. Staff make time to chat. Visitors made feel welcome.Residents views are respected. Residents meeting one to one, input by relatives/carers,assist in programme development.	Compliant
<b>Inspection Findings:</b> A review of the record of activities provided and discussions with residents, including residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.  Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaire/ audit issued by the home, resident meetings, one to one discussions with staff and care management review meetings.	Compliant
<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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> The programme of activities and events are displayed in suitable format-Notice Board in dining room, lounge doors, front door, to individual bedrooms and verbally, residents meetings etc.	Compliant

Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display on doorways throughout the home, the dining area and on the door of the main sitting room areas. These locations were considered appropriate as the areas were easily accessible to residents and their representatives.</p> <p>Discussions with residents confirmed that they were reasonably aware of what activities were planned.</p> <p>A recommendation has been made that the format of the programme is made larger and more visually stimulating to make it easier for resident to decipher what is happening and when.</p>	Substantially 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> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Personalised activity care plan in place. new equipment on order, Giant inflatable hoopla, floor basket ball, reminiscence therapy resource pack- Domestic life, Memory box/room. Board games, bingo, beauty therapy relaxation session , Musical entertainers, religious meetins all take place,	Substantially compliant
<b>Inspection Findings:</b> Activities are provided daily by designated care staff.  Three care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included board games, skittles, music, and reminiscence therapy resources.	Compliant
<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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Discussion with the resident, discussion with the staff. OT or physio recommendations, taking account of concentration levels. Observation of level of involvement. Flexibility and resourcefulness- agreed outcome e.g. gent who wanted to learn to ride a bicycle. Mobility difficulties made this impossible however an exercise bicycle proved to be a positive outcome for him. While he remained static he could change gear and check his mileage and pedal!	Compliant

Inspection Findings:	
<p>The care staff, registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant

<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> 13.7 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Hairdresser, beauty therapy are very popular with the residents. Good rapport noted. Both hairdresser and beauty therapist trained and experienced. Residents take pride in their appearance and express positively how much it means to them e.g. getting hair permed in the comfort of their own home.	Compliant
<b>Inspection Findings:</b> The registered manager confirmed that local church groups, volunteers, hairdresser and beauty therapist visit the home and provide activities and therapies for residents.  The registered manager confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.	Compliant
<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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Staff liase with person contracted and inform them of changed needs proir to activity commencing. Request person to feed back, record as appropriate e.g. resident complaining of not feeling too well Record kept of residents daily progress notes of attendances of residents and any difficulties encountered.	Compliant

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<b>Inspection Findings:</b>	
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 could affect their participation in the planned activity.	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> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Activity file is kept of all activities, the person leading the activity and the names of the residents who participate.	Compliant
<b>Inspection Findings:</b> 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.	Compliant
<b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Range of methods employed for gathering feedback, discussion with residents group,. one to one. from comments in Activity File. From relatives and friends informally, residents meetings, from staff in progress notes, discussion or care reviews.	Compliant
<b>Inspection Findings:</b> A review of the programme of activities identified that it had last been reviewed in October 2014. The records also identified that the programme had been reviewed at least twice yearly.  The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents. 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.	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

## **11.0 Additional Areas Examined**

### **11.1 Residents Consultation**

The inspector met with 17 residents individually and with others in groups. Residents were observed relaxing in the communal lounge area 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.

Comments received included:

“It is terrific, no complaints from me”.

“This is a great place to be”

“Everyone is great”.

“We are all well looked after here”.

“The food is very good”.

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

Four relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

“This is a great place; there is nowhere like it. Everyone here is well looked after”.

“This is a very good home, he / she is very happy here”.

“Staff are very helpful”.

“This is a fantastic place, everyone is very good. He/she is doing very well here”.

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

The inspector spoke with three staff and received two completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident’s behaviours and indicated that a varied programme of activities is in place.

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 visiting professionals available to meet with the inspector on the day of the inspection.

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

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

### **11.6 Photographs/ Care Plans**

A review of a number of care plans showed that not all included a recent photograph of the resident. Considering the home have a number of residents who visit for periods of respite and short term care the need for photographic identification is all the more pertinent. A requirement was made in this regard.

### **11.7 Care Plans**

A review of one resident's daily notes showed that highly relevant information in relation to their care was not included in the residents care plan. This was discussed with registered manager who confirmed that the specific information should have been clearly stipulated in the residents care plan. The issue of care plans was raised during the previous inspection, as a result of this the recommendation for care plans to be reviewed and revised has been reiterated for a second time.

### **11.8 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.

### **11.9 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.

The registered manager confirmed that lessons learnt from investigations were acted upon.



### **11.10 Environment**

The inspector viewed the home accompanied by Mrs Cromie and alone 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.

### **11.11 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.

### **11.12 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 1 May 2014. The review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training, had been provided to staff on 11 and 18 September 2014. The records also identified that an evacuation had been undertaken on 7 May 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

### **11.13 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Cromie. Mrs Cromie 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 Cromie, 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:

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



## Quality Improvement Plan

### Primary Announced Care Inspection

Crozier House

5 November 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 Iris Cromie registered manager either during or after the inspection visit.

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

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

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

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

**Statutory Requirements**

**This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005**

<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1.	Regulation 19. (1) (a)	<p>The registered manager must ensure that a recent photograph is included in all residents care plans.</p> <p>Ref: 11.6</p>	One	The Registered Manager can confirm photographs of all residents have been updated and placed in resident's care plan	28 January 2015

**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.	8.3	<p><b><u>Care plans</u></b> Ensure interventions are recorded within the appropriate section of the care plan. Care plans should be reviewed and revised.</p> <p>Ref:11.7</p>	Two	The Registered Manager can confirm rewording process has been reviewed. Care plans have been revised - implementation date 01.04.15	28 January 2015
2.	23.3	<p><b><u>Staff training.</u></b> Staff update training in First Aid is recommended. The development of a programme of mandatory training is recommended to ensure annual update training is provided in keeping with RQIA Mandatory Training Guidelines.</p> <p>Ref:9.0</p>	Two	The Registered Manager has in place a rolling programme of mandatory staff training to ensure annual updates keep within RQIA training guidelines.	28 January 2015
3.	10.1	The homes policy and procedure on responding to resident's behaviour should be reviewed and developed further to consider why behavioural issues may arise. The information should also reflect DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure should include the need for Trust involvement in managing behaviours which challenge. It should also	One	The Registered Manager can confirm this Policy & Procedure is currently under review and will be revised and implemented within the stated time frame.	17 February 2015

		detail that RQIA must be notified on each occasion restraint is used.  Ref:9.0			
4.	6.3	In all instances the resident or their representative, where appropriate, sign the care plan along with the member of staff drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.  Ref:9.0	One	This recommendation has been discussed with all staff and this procedure has been put in place within stated time frame.	28 January 2015
5.	13.4	The format of the programme of activities should be made larger and more visually stimulating to make it easier for resident to decipher what is happening and when.  Ref:9.0	One	This requirement has been put in place within the required time frame.	28 January 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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	IMrs. ris Cromie
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Mrs. Angela McVeigh Director OPPC

<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	Bronagh Duggan	2.3.15
Further information requested from provider			