



The Regulation and  
Quality Improvement  
Authority

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>Annahilt</b>
<b>Establishment ID No:</b>	<b>1570</b>
<b>Date of Inspection:</b>	<b>4 June 2014</b>
<b>Inspector's Name:</b>	<b>Kylie Connor</b>
<b>Inspection No:</b>	<b>16626</b>

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

<b>Name of Home:</b>	Annahilt
<b>Address:</b>	246 Ballynahinch Road Annahilt Hillsborough BT26 6BP
<b>Telephone Number:</b>	(028) 9263 8399
<b>E mail Address:</b>	annahilt@fshc.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Mr James McCall Four Seasons Health Care
<b>Registered Manager:</b>	Ms Naomi Graham
<b>Person in Charge of the home at the time of Inspection:</b>	Ms Naomi Graham
<b>Categories of Care:</b>	RC-I, RC-A (not exceeding 6), RC-DE (not exceeding 9)
<b>Number of Registered Places:</b>	36
<b>Number of Residents Accommodated on Day of Inspection:</b>	34 (1 in hospital and 1 vacancy)
<b>Scale of Charges (per week):</b>	£476 for en-suite £437 for other rooms
<b>Date and type of previous inspection:</b>	2 May 2013 Primary Announced Inspection
<b>Date and time of inspection:</b>	4 June 2014 10:00am to 5:20pm
<b>Name of Inspector:</b>	Kylie Connor

## 2.0 Introduction

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

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

## 3.0 Purpose of the inspection

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

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

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

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

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

## 4.0 Methods/Process

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

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

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

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

- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

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

Residents	20
Staff	4
Relatives	1
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	25	9

## 6.0 Inspection Focus

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

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

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

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

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

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

## 7.0 Profile of Service

Annahilt Residential Home is a large detached, two-storey property set in its own grounds located in the village of Annahilt between Hillsborough and Ballynahinch. The home is in the South Eastern Health and Social Care Trust geographical area. The home provides accommodation for up to a maximum of 36 residents on two floors.

The ground floor consists of two sun lounges at the front of the home, staff and office accommodation, two large sitting rooms with a further smaller sitting room towards the rear of the home, a large dining room, kitchen, laundry and shower rooms/toilet facilities and 15 bedrooms (13 single and two double), four of which have en suite shower and toilet facilities.

The upper floor, which can be accessed via a lift and stairway, has a small sitting room 20 bedrooms (17 single and 3 double) 4 of these bedrooms have en-suite shower and toilet facilities. There is a large garden and adequate seating is provided. The registration certificate was prominently displayed.

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

### Residential care

RC-I	Old age not falling into any other category
RC-DE	Dementia not exceeding nine persons
RC-A	Past or present alcohol not exceeding six persons

## 8.0 Summary of Inspection

This announced primary care inspection of Annahilt residential home was undertaken by Kylie Connor, Inspector on 4 June 2014 between the hours of 10:00am and 5:20pm. Naomi Graham 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 also examined. Observations and discussion demonstrated that two requirements and four recommendations achieved the level of compliant. Two recommendations achieved the level of moving towards compliance and have been re-stated. These pertain to the area of policies and procedures. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

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

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

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. A visitor indicated their satisfaction with the provision of care and life afforded to residents and complemented staff in this regard.

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

A number of additional areas were also examined, including the management of complaints, information in relation to resident dependency levels and fire safety. Further details can be found in section 11.0 of the main body of the report. Information was also reviewed in regard to care reviews, vetting and finances. No issues were identified.

No requirements and ten 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). A number of improvements made are referred to below and in section 11.0 of the report.

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

### **Responding to resident's behaviour – Standard 5**

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a number of policies and procedures in place which partly reflected 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 physical restraint is not used.

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 decisions affecting their care. The evidence gathered through the inspection process concluded that Annahilt is substantially compliant with this standard. Improvements were identified in the areas of recording, policies and procedures and the homes statement of purpose.

### **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, 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.

In the absence of an activity coordinator, activities are provided by designated care staff or are contracted in. 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. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Annahilt is compliant with this standard. Improvements were identified in the areas of; recording and provision of male orientated activities.



### 9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 2 May 2013

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	29	The registered provider reports should be improved to identify and reflect; staff, residents and representatives interviewed and their views on the standard of care provided. (The additional areas examined section of the report refers)	Evidence demonstrated that improvements have been made. This is not re-stated.	Compliant
2	3 (1) (c ) Schedule 1	The registered person shall compile in relation to the residential home a written statement which shall consist of –  A statement as to all of the matters listed in Schedule 1 (the additional areas examined section of the report refers).	Evidence demonstrated that improvements have been made as required. This is not re-stated.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20.15	The registered manager should retrospectively refer the incident when the generator failed and two falls where medical attention was sought.	This was received. This is not re-stated.	Compliant
2	11.1	A care review procedure should be developed to include reviews of residents who are self-referred/self-funding. This should include involving care management and/or an advocate as detailed in the report.	This was not examined during the inspection but the care review policy was reviewed prior to the report being completed. It did not contain the information recommended. This is re-stated.	Moving towards compliance
3	11.3	The registered manager should ensure that the comprehensiveness of the report is improved regarding the support provided by the home in relation to residents' finances and multi-professional collaboration /involvement.	Evidence reviewed demonstrated that this is being done. This is not re-stated.	Compliant
4	16.5 16.7	The registered manager should ensure that records are maintained of the process and outcome of all vulnerable adult referrals.	Evidence reviewed demonstrated that improvements have been made. This is not re-stated.	Compliant

5	19.1 19.6	The recruitment policy and procedure (2008) should be reviewed to reflect the recruitment process as described within the Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS guidance. It should state how residents, or where appropriate their representatives, are involved in the recruitment process where possible.	The registered manager stated that this is being reviewed at an organisational level and has received no feedback to date. This is re-stated.	Moving towards compliance
6	27	The registered manager should improve the décor in the identified bathroom and in some corridors where the walls are bare.	An inspection of the home environment evidenced that improvements have been made. Examination of registered provider reports evidenced that further improvements within the home in regard to décor are planned. This is not re-stated.	Compliant

## 10.0 Inspection Findings

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.</p>	
<b>Provider's Self-Assessment</b>	
<p>Information regarding the resident's usual conduct, behaviours and means of communication is gathered during a pre admission assessment, on admission and thereafter on an ongoing basis. On admission to the home, a needs assessment is completed - this includes communication and behavioural needs. Risk assessments are then completed - these include a moving and handling profile, skin assessment, continence assessment - (if not fully continent) and nutritional assessment . If a resident has a history of communication problems such as deafness, blindness, aphasia or cognitive impairment then information is gleaned from the resident (where possible), relatives/representative and the multidisciplinary team. A Connecting with Your Community booklet is also completed to ascertain the residents life history. Following these assessments care plans are derived based on the assessment findings and include any identified triggers that may cause distressed reactions and how staff should respond to behaviours that challenge. The care plans are agreed by the resident and/or their representative. Staff follow these care plans and review them on a monthly basis or more often if there is a change in the residents condition. The evaluation and review ensure that responses are appropriate, effective and create a positive outcome for the resident.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>There are a number of related policies and procedures including a distressed reactions policy and procedure (September 2013) and a policy on deprivation of liberty in place. The area of restraint is included in the organisations Mental Capacity Act Policy which the registered manager was aware that this applies only to England.</p> <p>A review of a number of policies and procedures evidenced that the DHSS Guidance on Restraint and Seclusion</p>	Substantially compliant

<p>in Health and Personal Social Services (2005) and the Human Rights Act (1998) are partly reflected. The policy and procedures include the need for Trust involvement in managing behaviours which challenge, referring to the 'team involved in the residents care.' It does not state that RQIA must be notified on each occasion restraint is used but does state that 'possible abuse must be reported immediately to safeguarding teams and RQIA.'</p> <p>Observation of staff interactions, with residents, identified that informed values are demonstrated and discussions with staff evidenced the implementation of least restrictive strategies. A review of staff training records and returned staff questionnaires identified that care staff had received training in behaviours which challenge.</p> <p>A review of two 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. Staff had a more detailed knowledge of one resident's usual routines, behaviours and means of communication than was reflected in the care plan. A recommendation has been made. An epilepsy management plan was not in place and a recommendation has been made.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff spoken to 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 consider in the first instance, an underlying cause such as an infection or pain. They will contact the GP for advice and obtain urine or sputum samples if requested by the GP. A Distressed Reaction Monitoring form may be used to record the behaviour, what was happening at the time, how the reaction was resolved and what could be done to prevent the reaction occurring again. Staff report the behaviour to the Registered Manager, either verbally or through a shift report, the Care Manager is informed and also the relative/representative. A care review will be held if necessary or</p>	Compliant

<p>advice sought from the Care Manager or GP regarding descisions made on how to handle the behaviour. The care plan is updated to reflect advice given and include triggers and how to deal with the identified distressed reaction. This is discussed at staff handover reports and at staff meetings. Staff have had training on Pain Management on 3/4/14 and also complete an e-learning module on Conflict Resolution</p>	
<p><b>Inspection Findings:</b></p> <p>No policy and procedure contained information pertaining to the areas stated below and a recommendation has been made;</p> <ul style="list-style-type: none"> <li>. Identifying uncharacteristic behaviour which causes concern</li> <li>. Recording of this behaviour in residents care records</li> <li>. Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>. Reporting to senior staff, the trust, relatives and RQIA.</li> <li>. Agreed and recorded response(s) to be made by staff</li> </ul> <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>Substantially compliant</p>
<p><b>Criterion Assessed:</b></p> <p>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>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p>	
<p>If a consistent approach or response from staff is required this is fully documented in the care plan. This may range from a one to one chat with the resident , having to monitor the distressed reaction on the aforementioned form or any other interventions that are deemed necessary. Staff in the home are kept informed of any change to the care plan at staff handover reports and staff meetings, the Registered Manager is kept informed as mentioned in previous section, the Care Manager is kept informed, who will arrange a care review if necessary and the relative/representative is kept informed via the telephone or when they visit. If a care review is arranged to discuss and agree on the appropriate approach or response to be taken, a senior member of staff, the care</p>	<p>Compliant</p>

manager, the resident (if appropriate) and the relative/representative will all attend.	
<b>Inspection Findings:</b>	
<p>A review of two care plans identified that when a resident needs a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p> <p>A review of staff training records evidenced that staff had received training in:</p> <ul style="list-style-type: none"> <li>. Behaviours which challenge</li> <li>. Training in regard to the home's categories of care.</li> <li>. Equality and Diversity which includes the Human Rights Act (1998)</li> </ul> <p>The registered manager stated that the training department are developing a deprivation of liberty training for home managers to deliver to staff. Staff confirmed during discussion that they felt supported from the training provided, supervision and staff meetings.</p>	Compliant
<p><b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>FSHC has a Dementia Care Team who are available to offer advice, assistance and training when required. MDT Referrals are usually requested through the GP . If the resident has been seen by the Dementia team, a psycho-geriatrician , a community psychiatric Nurse, an occupational therapist, or any other member of the multidisciplinary team a care plan and behaviour management programme would be derived taking into account the recommendations made by any of the above. The plan of care is reviewed on a monthly basis or more often if there is a change in the resident's condition or if there was an agreed timescale made by any of the above MDT.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<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>	Not applicable

<p><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.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>If a behaviour management programme is in place it would be with MDT input. Training can be provided and one to one training on specific residents needs. Any change to the plan of care or management programmes are communicated via staff handover reports and staff meetings. Training on Distressed reactions, etc are available on request by FSHC dementia team and training department. Staff can be supported by supervision sessions where they have the opportunity to discuss any areas that they feel they have had a positive or negative experience.</p>	Substantially compliant
<p><b>Inspection Findings:</b></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>	Not applicable
<p><b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>If an incident is managed outside the scope of a residents care plan this is recorded and reported to the Registered Manager, resident's relative/representative, Care Manager and Regional Manager Depending on the seriousness of the incident it is recorded on FSHC Datix system. If necessary a mutlidisciplinary review would be held to discuss the incident and how to manage potential recurrences. The care plan would be updated to reflect any changes or new approaches.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of the accident and incident records from the last twelve months and discussion with staff identified that no incidents had occurred outside of the scope of a resident's care plan. A review of two care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others. Staff were knowledgeable in regard to responding appropriately when an incident may occur outside a residents' care plan.</p>	Compliant



<p><b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p>	
<p>To date restraint has not been used in the home Should the need arise it would only be used following a multidisciplinary meeting and after all other options have been exhausted and is more likely only to be as a temporary measure. This may also be the time to start the reassessment process to a more appropriate category of care. Four Seasons Health Care policy and procedures on physical intervention/restraint would be followed and advice sought from Four Seasons Training Department. Staff follow the principle of person centered care to ensure the safety and comfort of the resident at all times. The need for restraint would be fully discussed with the resident and/or their representative, GP and Care Manager - these discussions would be documented in care records. Care plans would include type of restraint to be used. The unit has a keypad exit which restricts some residents from leaving the unit and is part of their assessed needs - this will be recorded in the care records.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Discussion with staff and a review of returned staff questionnaires, staff training records and an examination of care records confirmed that physical restraint is not used in this home which is in keeping with the homes categories of care.</p> <p>A review of the home's Statement of Purpose evidenced that the types of restrictive practices used in the home on occasion are not described with consideration of the human rights act (1998). All forms of restrictive practices in the areas of physical/ environmental/ mechanical/ technological/ chemical/ psychological need to be considered and detailed, for example; use of pressure mats, locked/alarmed doors, night checks, arrangements in regard to smoking materials, arrangements to weight residents and so on. A recommendation has been made.</p> <p>Residents confirmed during discussion that they were aware of decisions that affect their care. A number of residents confirmed that they had given their consent to some of the identified limitations and were aware that action has been taken to minimise the impact of these limitations.</p>	<p>Substantially compliant</p>

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

<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>	
<p>The home has a 17 hour Personal Activity Leader (PAL) post. At present this post is vacant but is being covered by an experienced care assistant who usually spreads the hours over 3 days. This is a separate role from her usual care assistant post. On admission the PAL ascertains the residents interests, their current and past hobbies, family history, past occupational history and their current abilities. She develops either individual or group activities accordingly.</p> <p>Audit tools are used to ensure that the views (likes and dislikes) of every resident or their representative are also taken into consideration when designing the social activities programme. (6 Monthly Audit of Preferences)</p> <p>Social Activity Programmes are evaluated every six months, by asking all residents for their views and ratings on the programme.</p> <p>The social activities programme is designed on the findings of the above, by ensuring as far as possible that the content reflects the views of our residents. An individualised care plan is compiled which includes the residents preferences in relation to hobbies and interests.</p> <p>The PAL compiles an individualised Social Activity plan to indicate what activities each resident prefers to partake in and following each activity a Social Activity Progress Report is completed. If the resident has not enjoyed the activity the PAL tries to ascertain the reason why and change the activity plan to suit their preference.</p>	<p>Compliant</p>

<p><b>Inspection Findings:</b></p> <p>The home had a Daily Life Activities policy and procedure (September 2013) and a Person Centred Planning policy (May 2013) which encourage positive risk taking, promotion of independence and engagement in daily life activities, encourage previous pastimes and completion of life story activities. A review of two care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussion with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of residents. Care staff identified that improvements could be made in the area of male orientated activities. A recommendation has been made.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	<p>Substantially compliant</p>
<p><b>Criterion Assessed:</b></p> <p>13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p> <p>The Activity programme is developed as cited in the previous section. The programme also takes into account age, spiritual needs and is culturally appropriate. The home has a good relationship with the local churches who provide a weekly service each Sunday on a rota basis. Two local churches leave a recording of the previous Sunday service with the home so it can be played as requested by the resident. The home provides a quiet room for the clergy to have one to one with residents. Two local ministers visit on a regular basis to offer communion to those residents who request it. The home also has a good relationship with the local school next door whose pupils have visited the home to sing and join in with residents on other activities. There are various events arranged throughout the year where the residents are taken out on day trips. Special events are arranged at Easter, Halloween, Christmas and for all resident's birthdays.</p>	<p>Compliant</p>

Inspection Findings:	
<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.</p> <p>Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis. The inspector observed over twenty residents participating in a game of bingo, which evidenced enjoyment. Residents were observed talking, laughing and assisting one another during the game.</p>	<p>Compliant</p>

<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>	
As cited in section 1 assessments and a life history is gleaned on admission. Residents who choose to stay in their room, have their wishes and privacy respected. The PAL will compile an activity plan that is suitable for them. The resident is included in all questionnaires and reviews of the activities programme.	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities provided and discussion 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. Evidence demonstrated that residents and their representatives were invited to express their views on activities by means of resident/relatives 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>	
There is an Activity notice board in the front hall. This displays day to day activities and up and coming events, the notice board is updated on a regular basis so that residents and relatives are aware of what events are scheduled.	Compliant
<b>Inspection Findings:</b>	
On the day of the inspection the programme of activities was on display in the entrance hall. This location was considered appropriate as the area was easily accessible to residents and their representatives. Discussion with residents confirmed that they were aware of what activities were planned. Residents confirmed that the programme of activities was presented in an appropriate format to meet their needs.	Compliant

<p><b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>There is a dedicated Activity room where residents can go to for any arranged activities or as and when they prefer. The home has activity equipment suitable for residents with varying needs. Care staff regularly join in with activities, outings and encourage healthy living with walks outside. The PAL attends regular PAL meetings - the PALs from other homes meet to discuss activities, programmes, what works well and what does not work well.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The home is funded to employ an activity co coordinator for 17 hours each week. The post is currently vacant and a recruitment process is on-going. A member of staff has been identified on a temporary basis to lead the organisation of the activity programme.</p> <p>Activities are provided by designated care staff.</p> <p>The activity coordinator and care staff and residents confirmed that there was an acceptable supply of activity equipment available.</p> <p>There was confirmation from the registered manager that the provision of activities is included in the homes budget and a 'friends of' financial provision is also available.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Each resident has an individual activity care plan which identifies the residents needs and abilities. If a resident appears to loose concentration or is distracted then they are offered an alternative activity or to leave the session. The Social Activity plan and Progress report are then completed .</p>	Substantially compliant

<b>Inspection Findings:</b>	
<p>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. Evidence demonstrated that the duration of activities was not recorded and a recommendation has been made.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Substantially compliant
<p><b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>If a person is contracted into the home to provide an activity this is normally on the recommendation of another care facility. The activity is always carried out in a communal area. The PAL would accompany any such person at all visits, sometimes along with care assistant supervision. The PAL records all activities/treatment on the Activity Progress Report. The Manager monitors the residents response to confirm that the activity is enjoyable and worthwhile..</p>	Compliant
<b>Inspection Findings:</b>	
<p>The registered manager confirmed that persons are contracted in occasionally to provide activities. 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.</p>	Compliant



<p><b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>If a person has been organised as above and there has been a change in any of the resident's needs, staff will inform the person prior to activity and the PAL will accompany the person. Following any activity the person will give oral feedback to the staff in the home and record the activity on the Activity Progress Report.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>The registered manager confirmed that a system was in place to inform any person contracted-in 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><b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Individual Social Activity plans are held for each resident as well as an Activity Progress report. The PAL completes these after any activity and includes recording of the activity type, date, who leads the activity and the participation level and feedback from the resident.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of the record of activities identified that records had been maintained of the nature, the name of the person leading the activity and the residents who had participated in or observed the activity. There was evidence that appropriate consents are in place in regard to photography and other forms of media.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b> The PAL reviews the activity after each activity to ascertain if the residents enjoyed the activity. If it is identified that the activity was not enjoyed then the PAL will remove this activity from the programme. Residents views are vital for the review of the programme. A 6 monthly audit of preference is completed, suggestions and comments are encouraged at residents/relatives meetings and are taken into account when reviewing the programme. The programme is also reviewed if a new resident has any preference that is not already included in the programme.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b> A review of the programme of activities identified that it had last been reviewed. There was evidence 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.</p>	<p>Compliant</p>

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

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

## 11.0 Additional Areas Examined

### 11.1 Resident's consultation

The inspector met with twenty residents both individually and in small groups. Residents were observed relaxing in the communal lounges, watching television, listening to music and chatting and others were relaxing in their bedrooms or walking around the perimeter of the home. 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's very quiet here, you don't want yelling and shouting."
- "There is different things on, I was playing bingo yesterday."
- "I like to play the piano."
- "I can be a bit independent. I don't feel useless."
- "It's an excellent place to be. I never thought I'd get used to a place like this."
- "They take us out. Went out to a local car boot sale, out shopping, out for walks."
- "The days are filled, there will be some kind of game or something else."
- "First thing I noticed, it's very friendly."
- "The food is excellent."
- "We couldn't get any better attention or staff."

### 11.2 Relatives/representative consultation

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

### 11.3 Staff consultation/Questionnaires

The inspector spoke with three staff, the registered manager and reviewed nine completed and returned staff questionnaires. A review of the completed questionnaires and discussion with staff identified that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

Questionnaires were received after the inspection had been carried out. One returned questionnaire raised an issue in regard to the food and two returned questionnaires were so similar in content and writing style that the inspector is led to believe that they have been completed by the same staff member. An issue was raised in regard to respecting the work staff do. Both issues were discussed with the registered manager and a recommendation has been made.

Comments received included:

- “It’s an excellent home. Our residents are treated as individuals, everyone is different . The care is excellent.”
- “It’s a team effort with some activities and care staff assist and even office staff helped with the Easter bonnets. Some activities are advertised in the hallway and relatives are invited.”
- “It’s a really happy home and there is good banter with residents, sitting down and residents’ laughing, is great. There is a relaxed atmosphere.”
- “I feel that staff provide a high standard of care to the residents.”

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**

No professionals were spoken to during 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 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. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

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.

#### **11.7 Environment**

The inspector viewed the home 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, appropriately decorated and furnished. Residents’ bedrooms were observed to be homely and personalised.

### **11.8 Guardianship Information**

A review of the resident dependency information submitted prior to the inspection included information on guardianship. No issues were identified.

### **11.9 Fire Safety**

The inspector discussed the home's most recent fire safety risk assessment with the registered manager and a recommendation has been made.

A review of the fire safety records evidenced that fire training, including fire drills had been provided to staff as required. The records also identified 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. The registered manager and a number of staff have completed fire warden training.

## **12.0 Quality Improvement Plan**

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

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



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

### Primary Announced Care Inspection

Annahilt

4 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 Naomi Graham, 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.

**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 10.2	Review relevant policies and procedures to ensure compliance with DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005); the Human Rights Act (1998), best practice guidance and reflect involvement of the trust, residents, their representative, notification to RQIA and responding to uncharacteristic behaviour.	One	The current policy is continually reviewed to ensure compliance with best practice and regulatory guidelines to comply with statutory requirements.	1 September 2014
2	10.1	Review and improve the format of recording non-verbal cues residents may make and detail what is understood by staff/others about what the residents is/might be communicating and how staff should respond.	One	The care plan which was discussed at the inspection has been reviewed and updated to include means of communication with the resident	1 August 2014
3	10.1	Ensure that an epilepsy management plan is in place for all residents who have a diagnosis of epilepsy.	One	Epilepsy management plan is now in place	1 August 2014
4	10.7	Review and improve the homes statement of purpose as detailed in the report in regard to the use of restrictive practices.	One	The homes Statement of Purpose has been reviewed and ammended regarding the use of restrctive practices	1 October 2014



5	13.1	Review and improve male orientated activities.	One	A meeting was held with the male residents regarding this recommendation, ideas and suggestions will be included in the activities planner.	1 August 2014
6	13.6	Activity records should reflect the duration of each activity.	One	Duration of activities will be reflected in the activity records going forward	By return of QIP
7	29	Provide a copy of the homes most recent fire safety assessment to the estates inspector with details of actions taken in response to recommendations.	One	A copy of the homes most recent fire safety assessment with details of action taken has been sent to RQIA Estates Inspector	1 August 2014
8	11.1	A care review procedure should be developed to include reviews of residents who are self-referred/self-funding. This should include involving care management and/or an advocate as detailed in the report.	Two	This is currently being further reviewed with Four Seasons Health Care Head of Care Standards and Quality	1 August 2014
9	19.1 19.6	The recruitment policy and procedure (2008) should be reviewed to reflect the recruitment process as described within the Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS guidance. It should state how residents, or where appropriate their representatives, are involved in the recruitment process where possible.	Two	The relevant policy is currently under review with the HR department and will take into account this recommendation.	1 September 2014
10	12 20	The registered manager should respond to the issues raised in the returned staff questionnaires. (Section 11.3 refers)	One	Staff surveys are currently being completed in regards to the issues raised in the staff questionnaires.	1 September 2014

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](mailto:care.team@rqia.org.uk)

NAME OF REGISTERED MANAGER COMPLETING QIP	Naomi Graham
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall <i>Carol Cousins</i>

*CAROL COUSINS  
DIRECTOR OF OPERATIONS*

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	<i>V. Corneil</i>	<i>11/8/14</i>
Further information requested from provider			