



The Regulation and  
Quality Improvement  
Authority

## Primary Announced Care Inspection

<b>Name of Establishment:</b>	<b>Ard Cuan</b>
<b>Establishment ID No:</b>	<b>1571</b>
<b>Date of Inspection:</b>	<b>9 June 2014</b>
<b>Inspector's Name:</b>	<b>Lorna Conn</b>
<b>Inspection No:</b>	<b>16812</b>

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

**1.0 General information**

<b>Name of Home:</b>	Ard Cuan
<b>Address:</b>	1 Demesne View Portaferry BT22 1QX
<b>Telephone Number:</b>	028 42728806
<b>E mail Address:</b>	framullan@yahoo.ie
<b>Registered Organisation/ Registered Provider:</b>	Mr James Caldwell & Mr William McClintock
<b>Registered Manager:</b>	Mrs Frances Ann Mullan
<b>Person in Charge of the home at the time of Inspection:</b>	Mrs Frances Ann Mullan
<b>Categories of Care:</b>	RC-I, RC-DE
<b>Number of Registered Places:</b>	17
<b>Number of Residents Accommodated on Day of Inspection:</b>	17
<b>Scale of Charges (per week):</b>	£467
<b>Date and type of previous inspection:</b>	27 February 2014, Secondary unannounced inspection
<b>Date and time of inspection:</b>	9 June 2014, 10:00 am - 5:00 pm
<b>Name of Inspector:</b>	Lorna Conn

## 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	12
Staff	3
Relatives	1
Visiting Professionals	1

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

Issued To	Number issued	Number returned
Staff	20	0

## 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

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

Ard Cuan Residential Care home is situated on the outskirts of Portaferry but close to the town. The residential home is owned and operated by Mr James Caldwell & Mr William McClintock. The current registered manager is Ms Frances Mullan.

Accommodation for residents is provided in a combination of single and double rooms on two stories. Access to the ground floor is via a stair lift and stairs.

Communal lounge, catering and dining areas are provided on the first floor and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home. There is one large sitting room and a front reception with a seated area on a veranda overlooking the surrounding area countryside. Car parking spaces are available to the rear of the home.

The home is registered to provide care for a maximum of 17 persons under the following categories of care: RC-I, (Old Age) and RC-DE (Dementia) with a condition set of a maximum of 10 residents with a diagnosis of dementia.

## 8.0 Summary of Inspection

This primary announced care inspection of Ard Cuan was undertaken by Lorna Conn on 9 June 2014 between the hours of 10:00 am and 5:00 pm. Ms Frances Mullan 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. Review of documentation, observations and discussion demonstrated that all of these were now met, which was good to note. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

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

During the inspection the inspector met with residents, staff, relatives and visiting professionals, 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.

### Inspection findings

#### Standard 10 - Responding to Residents' Behaviour

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint and seclusion. However, it should be developed regarding human rights considerations and the policy on restraint be updated to clarify the use of restraint. Through the inspector's observations, a review of documentation and discussion 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. However, care plans require to be updated regarding the use of equipment, where it has been assessed as necessary.

Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team. The statement of purpose and residents guide should be developed to make reference to availability of the keypad codes and the process regarding the use of restrictive practices in the home.

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 Ard Cuan is Compliant with this standard.

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

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussion with residents and staff, it was confirmed that the programme of activities was based on the assessed needs of the residents, was age and culturally appropriate, took account of residents' spiritual needs and facilitated inclusion in community based events. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. 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 not employed by the home had the necessary knowledge and skills to deliver the activity. Records were maintained of activities delivered but these should include greater detail. The evidence gathered through the inspection process concluded that Ard Cuan is Compliant with this standard.

### **Resident, relatives, staff and visiting professional's consultation**

During the course of the inspection the inspector met with residents, relatives, staff and visiting professionals. Questionnaires were also issued to staff but none were returned in time for inclusion in this report.

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. Resident representatives indicated their satisfaction with the provision of care provided to their relatives and complemented staff in this regard.

Discussions with staff indicated that staff felt 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 the additional areas section 11 of the report.

### **Care Practices**

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

### **Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard. The garden was in the process of being developed with resident involvement to include a sheltered sitting area and raised flower beds which was good to note.

A number of additional areas were also examined and these included the management of complaints, information in relation to resident dependency levels and fire safety. Further details can be found in the additional areas section 11 of this report.



## **Conclusion**

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

The inspector would like to thank the residents, relatives, the visiting professional, 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 27 February 2014**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	Regulation 30 (1) (f)	The registered manager must ensure that all incidents / accidents are reported to RQIA in line with Regulation 30 which states "any accident in the home".	An examination of the incident/accident records since the last inspection indicated that these had been reported to RQIA in accordance with the legislation. This will continue to be monitored on an on-going basis through the inspection process.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	11.3	The registered manager should ensure reports completed by staff for residents' reviews are signed and dated by staff completing the report.	Three care files were selected at random and inspected. All were found to include fully completed and signed review reports which had been prepared by staff.	Compliant
2.	16.1	The registered manager should ensure the homes policy and procedure on protection of vulnerable adults includes a flowchart which includes the contact details of the trusts safeguarding team and the out of hours social work service.	The policy and procedure on protection of vulnerable adults dated 2 March 2014 was reviewed and was found to include a flowchart which detailed the contact details of the Trust's safeguarding team and the out of hours social work service.	Compliant
3.	17.10	The registered manager should ensure the complaints record is amended to reflect the level of satisfaction of the complainant in relation to the outcome of any complaints made.	Records were reviewed and complaints made since the last inspection were all found to include the level of satisfaction expressed with the handing of the complaint.	Compliant
4.	27.8	The registered manager should ensure the identified chair is repaired or replaced in identified resident's bedroom.	During the visual inspection of the home, the inspector observed that this had been addressed.	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>A section of the careplan is dedicated to the residents usual conduct, behaviours and means of communication. This gives staff at all levels the knowledge and understanding they need to respond to behaviours positively, this promotes positive outcomes for the residents.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The home had a 'Responding to Residents Behaviour' policy and procedure dated 14 July 2013 in place. A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) but should be developed regarding the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge titled 'understanding and responding to Challenging Behaviour' on 31 December 2012 which included a human rights approach. However, it is deemed good practice to provide annual updates.</p> <p>A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff spoken with were knowledgeable in relation to responses and interventions which promoted positive outcomes for residents.</p>	Substantially compliant

<p><b>Criterion Assessed:</b>                      10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p>	
<p>If a resident's behaviour is out of character and staff feel there is cause for concern they monitor the situation and report it to their line manager, there is a procedure in place to guide staff when reporting such incidents. All relevant agencies' will be informed if deemed necessary.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The 'Responding to Residents Behaviour' policy and procedure included the following:</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 are 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 uncharacteristic behaviour.</p>	<p>Compliant</p>

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.3 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>Provider's Self-Assessment</b>	
If a new approach to care is introduced all staff are informed using the shift handover. A flag system is in place in the daily recordings which inform staff there are changes to the care plans. Where appropriate the residents representative will be informed.	Compliant
<b>Inspection Findings:</b>	
<p>A review of three care plans identified that when a resident needs a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager. However, in two out of the three care plans examined, the use of restrictive practices such as bedrails or pressure mats were not detailed.</p> <p>The registered person is recommended to ensure the identified care plans have been updated to detail the use of equipment where it has been assessed as necessary.</p>	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>	
If there is a more permanent change to a resident's behaviour, management will draw up behavioural management programme and advice will be sought from the relevant professionals. Completed behaviour management programmes will form part of the residents care plan.	Compliant
<b>Inspection Findings:</b>	
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.	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>	<b>COMPLIANCE LEVEL</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>Provider's Self-Assessment</b>	
If a behaviour management programme is put in place management give guidance to staff, this is recored in the careplan. Extra training can be brought into the home to help staff as necessary. Ard Cuan use training, guidance and support as a key to consistent good care.	Compliant
<b>Inspection Findings:</b>	
<p>A review of staff training records evidenced that staff had received training in behaviours which challenge entitled 'understanding and responding to Challenging Behaviour' on 31 December 2012 which included a human rights approach. However, it is deemed good practice to provide annual updates in this area. Staff also had received training in dementia awareness on 13 December 2012 which was good to note.</p> <p>The registered manager informed the inspector that there are currently no residents who have a specific behaviour management programme in place. Therefore, the remainder of this criterion is not applicable at this time.</p>	Compliant



<p><b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p>	
<p>If an incident occurs outside the scope of a residents care plan this is recorded and reported to management. If it is an incident that requires a report to be sent to RQIA this is done within 24 hours of the incident. The care manager and if necessary the next of kin will also be informed, so they can be included in a full review of the residents care. Care plans will be updated as necessary.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>A review of the accident and incident records from September 2013 to date of this inspection and discussion with staff identified that no incidents had occurred outside of the scope of a resident's care plan.</p>	<p>Compliant</p>

<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> 10.7 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>	
When a resident's behaviour requires a form of restraint staff must follow the homes strict policy and guidelines, this is only when less restrictive strategies have been unsuccessful and only to protect the resident, fellow residents or staff. Records are kept of all instances when restraint is used.	Compliant
<b>Inspection Findings:</b>	
<p>Discussions with staff and the registered manager confirmed that physical restraint was not used. Staff are not trained in use of this type of restraint and this should be clarified within the home's policy on restraint.</p> <p>Discussion with the registered manager confirmed that other restrictive practices in the home include an external front door and garden gate with a key pad; bedrails and pressure mats. Where residents required equipment; records reviewed indicated that this had been assessed as the least restrictive approach and consent to its use had been sought from the resident and/or their representative. Records of care management reviews confirmed that this had been kept under review and that the registered manager made monthly checks on this equipment.</p> <p>Review of the current statement of purpose and residents guide indicated that the key pads on the front door and garden gate or the restrictive practices were not included.</p> <p>The registered person is recommended to update the statement of purpose and residents guide to make reference to availability of the keypad codes and the process regarding the use of restrictive practices in the home.</p>	Substantially compliant

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

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

<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>	
Our policy is to keep our residents physically and mentally active, we identify their needs and interests and record the information in their careplans. All records are individualised with the help of the residents to promote positive outcomes.	Compliant
<b>Inspection Findings:</b>	
<p>The home had a policy dated 10 January 2014 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. Records examined included a social profile completed on admission and an updated 'what's important to me' form which both focused on the person's interests, hobbies and social history. This was good to note.</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 the residents. On the day of the inspection several residents were observed to be enjoying craft in the main lounge and others were noted to be reading their papers; completing crosswords and watching sports programmes on TV's in their rooms –all of which were detailed in their social profiles and their what's important to me' forms.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant

<p><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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p> <p>To ensure our programme of activities are enjoyable and age and culturally appropriate we take guidance from residents and their representatives, this is detailed in the residents care plan. The programme aims to promote physical and spiritual well being, while being flexible if the residents needs change. Evidence of this will be detailed on the individual activity logs. Community events are listed weekly from local sources, the home will facilitate outings when possible. All events are recorded.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>Examination of the programme of activities identified that social activities are organised three times per day across the seven days of 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 discussion that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	<p>Compliant</p>

<b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Residents are given the opportunity to contribute suggestions through forums, questionnaires and reviews. The information is recorded in the residents careplan.	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.  Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, 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>	
The programme of activities is displayed in the living room on a large white board. Individualised programmes are displayed in the residents room.	Compliant
<b>Inspection Findings:</b>  On the day of the inspection the daily programme of activities was on display in the living room. This location was considered appropriate as the area was easily accessible to residents and their representatives.  Discussion with residents/representatives confirmed that they were aware of what activities were planned.  The programme of activities was presented in an appropriate format to meet the residents' needs, i.e. larger print.	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>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p>	
<p>When support, equipment or aids are required for participation this is recorded in the residents careplan, so staff can ensure this is provided.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>Activities are provided three times per day across seven days by designated care staff and by others who were contracted in.</p> <p>The care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included arts and craft materials, DVD's; a pool table; board games; knitting patterns and wool and newspapers. The home also has chickens outside which some residents enjoy feeding.</p> <p>The registered manager confirmed that a budget for the provision of activities and day trips was in place and that equipment was readily purchased as required.</p>	<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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
It is recorded in the residents activity sheet the duration of each activity. As most of the activities are individualised , the needs and the residents abilities are taken in to account.	Compliant
<b>Inspection Findings:</b>	
<p>The care staff and 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>	<b>COMPLIANCE LEVEL</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>Provider's Self-Assessment</b>	
The manager or senior staff monitor activities provided by any person contracted in to the home, ensuring they have the necessary skills to deliver the activity. This is recorded in the activity log.	Compliant
<b>Inspection Findings:</b>	
The registered manager advised that four people are employed to provide music; knitting; flower arranging and local history talks in the home.	Compliant
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><b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b> Any person contracted in by the home are given a breif account of any changed needs of residents prior to the activity. The person contracted in gives feedback at the end of each session. This is recorded.</p>	<p>Compliant</p>
<p><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 would affect their participation in the planned activity and staff are always present when activities are planned.</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> 13.9 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>	
All activities are recorded in the activity log, who leads the activities and the residents who participate.	Compliant
<b>Inspection Findings:</b>	
An examination of the record of activities identified that records had been maintained in the activity log of the nature of the activity and the residents who had participated in or observed the activity. Recording of activities should be reviewed to include the duration and the name of the person leading the activity.  There was evidence that appropriate consents were in place in regard to photography and other forms of media.	Substantially 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>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>The main programme of activities is reviewed bi- annually and recorded in the minutes of the residents forum and activity log.</p>	Compliant
<p><b>Inspection Findings:</b></p> <p>A review of the programme of activities identified that it had last been reviewed in March 2014. The records also identified that the programme had been reviewed at least twice yearly.</p> <p>The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	Compliant

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

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

## 11.0 Additional Areas Examined

### 11.1 Residents consultation

The inspector met with 12 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:

'The staff are very good and the food is great'.

'It's very very good here. I enjoy everything'.

'I enjoy the exercises and the gardening. The food is beautiful'.

'I'm perfectly happy here'.

### 11.2 Relatives/representative consultation

One relative spoke to the inspector during the inspection and expressed their satisfaction with the provision of care and complemented staff in this regard. No concerns were expressed or indicated. Their comments included:

'The home has been a Godsend and my relative has come on leaps and bounds. She's very happy and her health and mood have improved. I can't say good enough about them. I'm delighted with it and they keep me informed. Anything I ask for I get. My relative says "the girls are great and they really look after me" '.

### 11.3 Staff consultation

The inspector spoke with four staff of different grades who were on duty during the inspection. Discussions with staff indicated that the quality of care provided was good and that they were supplied with the relevant resources to undertake their duties. Staff demonstrated awareness of how to respond to resident's behaviours and confirmed that a varied programme of activities was in place.

Comments received included:

'The care is fantastic and all the food is homemade. We always give them a choice and I enjoy doing the activities and being able to interact with residents. We are always looking for something different for activities and we ask them. Some residents particularly enjoy the gardening and there's plenty of equipment'.

'The care is great and residents have got great enjoyment out of the craft this afternoon. Any changes in people's needs are recorded in the records and passed on in handovers. The activities are geared towards the residents and we ask them in the residents forum. There's plenty of equipment and anything that's needed is provided.'

'The care is absolutely excellent. I've never worked anywhere where you can get your breakfast in bed and get up and go to bed whenever you like. The door is always open to their family'.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training. However, some updates were required in accordance with the RQIA training guidance and good practice. A recommendation was made and is detailed within the attached QIP.

#### **11.4 Visiting professional consultation**

One professional visited the home during the inspection and spoke with the inspector. This professional expressed high levels of satisfaction with the quality of care, facilities and services provided in the home. Her comments included:

'The staff are very pleasant and there's a lovely atmosphere in the home. The girls are very quick to phone me if they are worried and the communication with staff is good. The meals look great and smell fantastic'.

#### **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. A review of the questionnaire and complaints records held on site evidenced that nine 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 accompanied 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 satisfactory standard. However, the inspector noted that one bedroom window did not provide sufficient privacy for the resident and a requirement was made regarding a review of the window covering in bedroom 1 in consultation with the resident and the home's fire safety assessor. The garden was in the process of being developed with resident involvement to include a sheltered sitting area and raised flower beds which was good to note.

#### **11.8 Guardianship Information**

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

## **11.9 Fire Safety**

The inspector examined the home's most recent fire safety risk assessment dated 7 January 2014. The registered manager confirmed that most of the actions required had been addressed and one was in the process of being actioned. A review of the fire safety records evidenced that fire training, had been provided to staff on 22 May 2014 and previously on 23 October 2013. The records also identified that an evacuation had been undertaken on a monthly basis since January 2013 and that different fire alarms were tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

### **11.10 Equipment**

The inspector noted that a new piece of equipment was present in the home for use with one identified resident. The inspector has recommended that clarification be sought from the Trust who provided it regarding its maintenance and that checks are in place to ensure it remains in good working order.

### **11.12 Resident Dependency Information**

Prior to the inspection the home submitted the resident information/dependency sheet which indicated that residents' dependency levels had been assessed. One resident was found to have a higher level of dependency. This was discussed during the inspection with the registered manager and the inspector advised of the necessity for needs and staffing to be monitored and staffing increased as necessary. The registered manager gave assurances that this would be the case.



## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Frances Mullan, 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:

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



## Quality Improvement Plan

### Primary Announced Care Inspection

Ard Cuan

9 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 Ms Frances Mullan during the inspection visit.

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

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

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

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

<b>Statutory Requirements</b>					
<b>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>					
<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.	13 (8) (a)	The registered person must ensure that the window covering in bedroom 1 is reviewed in consultation with the resident and the home's fire safety assessor.  <b>(standard 1.1)</b>	One	The window covering was reviewed in consultation with the resident and their advocate. The resident has decided not to have a covering on the window at this time. This will be reviewed regularly.	With immediate effect from the date of the inspection.
2.	27 (2) (c)	The registered person must ensure that clarification is sought from the Trust regarding the maintenance of the Quick Move equipment and that checks are in place to ensure it remains in good working order.  <b>(standards 27.10 &amp; 28.3)</b>	One	The Quick move was serviced on the 7/2/14 by the trust and will be serviced on an annual basis. The home do monthly checks which are recorded in maintenance file.	With immediate effect from the date of the inspection.
3.	6 (a)	The registered person must ensure that the statement of purpose and the residents guide are reviewed to include the stipulation that a maximum of 10 residents with a diagnosis of dementia may be accommodated.  <b>(standards 20.6 &amp; 20.9)</b>	One	The statement of purpose and residents guide have been amended accordingly.	By 30 July 2014.

**Recommendations**

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

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1.	10.3	The registered person is recommended to ensure the identified care plans have been updated to detail the use of equipment were it has been assessed as necessary.	One	The identified care plans have been updated and detail the use of equipment assessed as necessary.	With immediate effect from the date of the inspection.
2.	10.7, 20.6 & 20.9	The registered person is recommended to update the statement of purpose and residents guide to make reference to availability of the keypad codes and the process regarding the use of restrictive practices in the home.	One	The statement of purpose and residents guide have been updated to include information on the homes use of restrictive practices, and the availability of key pad codes.	By 9 July 2014.
3.	13.9	The registered person is recommended to review the recording of activities to include the duration and the name of the person leading the activity.	One	The duration and the person leading the activity is now recorded in the homes activity file.	By 9 July 2014.
4.	23.3	The registered person is recommended to ensure that annual updates in mandatory training for challenging behaviour, vulnerable adults and first aid are provided in accordance with the RQIA training guidance and good practice.	One	The homes training programme has been amended and is now in line with RQIA training guidelines.	By 6 December 2014.
5.	10.1 & 10.7	The registered person is recommended to update the 'Responding to Residents Behaviour' policy and procedure and the policy on restraint.	One	The policies, Responding to residents behaviour and restraint, have been updated.	By 30 July 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)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Frances Mullan
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Jim Caldwell

<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	27 August 2014
Further information requested from provider			