



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Ballymacoss House (1577)

Date of Inspection: 8 January 2015

Inspector's Name: Alice McTavish

Inspection No: IN016864

**The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General information

Name of home:	Ballymacoss House
Address:	1 Johnston Way Knockmore Road Lisburn BT28 2XE
Telephone number:	0289260 3534
Email address:	ballymacoss@cedar-foundation.org
Registered Organisation/ Registered Provider:	Eileen Marian Thomson
Registered Manager:	Colette Speight
Person in charge of the home at the time of inspection:	Colette Speight
Categories of care:	RC-PH
Number of registered places:	12
Number of residents accommodated on day of inspection:	12
Scale of charges (per week):	Trust rates
Date and type of previous inspection:	Secondary Unannounced Inspection 5 September 2014
Date and time of inspection:	Primary Announced Inspection 8 January 2015 9.50am – 4.45pm
Name of Inspector:	Alice McTavish

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 is required.

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

3.0 Purpose of the inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff and resident representatives
- 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	7
Staff	2
Relatives	2
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	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:

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

7.0 Profile of service

Ballymacoss House residential care home is situated on the outskirts of the city of Lisburn within the South Eastern Health and Social Care Trust area. The residential home is operated by The Cedar Foundation, a voluntary organisation, and the building is owned by Habinteg Housing Association. Ms Colette Speight is manager of the home and has been registered manager since 2012.

Ballymacoss House is a purpose built facility accommodating twelve residents with physical disability. Accommodation is provided in single bedrooms with en-suite facilities. There is a snack kitchen for residents' use, a spacious dining room, sitting rooms, small sun room and additional toilets and bathrooms. Each resident's bedroom has direct access to outside space. Residents' meals are prepared in the main kitchen and there are laundry facilities on the premises.

There is a small car park to the front with gardens to the sides and back of the building.

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

Residential care

PH Physical disability other than sensory impairment

8.0 Summary of Inspection

This primary announced care inspection of Ballymacoss House was undertaken by Alice McTavish on 8 January 2015 between the hours of 9.50am and 4.45pm. Ms Colette Speight was available during the inspection and for verbal feedback at the conclusion of the inspection.

As the previous inspection resulted in no recommendations or requirements being made, no follow up was required during this inspection.

Prior to the inspection, on 3 July 2014, Ms Colette Speight completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Ms Colette Speight in the self-assessment were not altered in any way by RQIA.

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

A review of resident's care records identified that fire training provided to staff as part of mandatory training had been extended to those residents who wished to avail of this training. Certificates were awarded to residents who had successfully completed the training. This is to be commended.

Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had policies and procedures in place which reflected best practice guidance in relation to restraint, seclusion and human rights. A recommendation was made, however, that the policy document should be updated to include that senior staff, the Trust and relatives should be notified of any uncharacteristic behaviour and that RQIA must be notified on each occasion restraint is used. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs.

Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff members were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team. A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care.

The evidence gathered through the inspection process concluded that Ballymacoss House was 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 discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided.

The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. Activities are provided by care staff. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained.

The evidence gathered through the inspection process concluded that Ballymacoss House was compliant with this standard.

Resident, representatives and staff consultation

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

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

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

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

Care Practices

The atmosphere in the home was friendly and welcoming. Staff members 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 high standard.

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

No requirements and one recommendation were made as a result of the primary announced inspection, the details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

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

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 5 September 2014

No requirements or recommendations resulted from the unannounced inspection of Ballymacoss House which was undertaken on **5 September 2014**.

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
The policies and procedures Cedar have in regard to responding to behaviours which challenge are LOG002, Guidance on undertaking a risk assessment, TCF G006 Adverse Incidents, TCF GO11 Behaviours that Challenge and also a Service user of Rights. All staff working in Ballymacoss receive yearly training on the Management of behaviours that Challenge and Restrictive Practice. This training will highlight the Human Rights Act (1998) and specific training is also given in this area. Through training, staff respond ensuring the needs and the rights of the residents are protected and upheld and is evidenced in the care plan. All incidents/accidents are forwarded to RQIA on every occasion.. Any practices that would impact on the Human Rights of the residents are undertaken only with prior approval from the Individual, the Trust and relative/representative Care plans and risk assessments are used to identify triggers and also indicate how to appropriately respond, evaluate and review the care plan to ensure a positive outcome for the resident. Residents relatives and or representatives are involved in the care review	Compliant
Inspection Findings:	
The home had policies and procedures in place titled 'Guidance on Reducing Restrictive Practices and Promoting Positive Intervention' November 2013 and 'Procedure for Recording Uncharacteristic Behaviour' October 2014. A review of the policies and procedures identified that they reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policies and procedures included the need for Trust involvement in managing behaviours which challenge. A recommendation was made, however, that policy and procedure documents should be updated to include that senior staff, the Trust and relatives should be notified of any uncharacteristic behaviour and that RQIA must be notified on each occasion restraint is used.	Substantially compliant

Observation of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated.

A review of staff training records identified that all care staff had received training in behaviours which challenge between 7 May 2014 and 28 May 2014 which included a human rights approach.

A review of four 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 who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff members spoken with were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.

A review of the returned staff questionnaires identified that staff had received appropriate training in managing challenging behaviours.

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment The Cedar Foundation's policies and procedures on Managing Challenging Behaviour are available for all staff within the ISO 9001:2008 QMS and access is also available through the staff section of the website. Clear guidelines are in place for staff to ensure that reporting and recording procedures are followed. Staff are supported through reflection at supervision to ensure training needs can be identified and to reduce the re-occurrence of incidents where possible. The following policies and procedures are available TCFF017 Challenging Behaviour Incident Report TCFF003 Accident and Incident Reporting TCFF004 Adverse Incident Follow On LOGO10 Guidance on reducing restrictive practice and promoting positive Interventions LORSF003 Resident care Plan LOFO11 Generic Risk Assessment TCFG001 Behaviours tha Challenge.	Compliant

Inspection Findings:	
<p>The policies and procedures 'Guidance on Uncharacteristic Behaviour' October 2014 and 'Procedure for Recording Uncharacteristic Behaviour' October 2014 includes the following:</p> <ul style="list-style-type: none"> • Identifying uncharacteristic behaviour which causes concern • Recording of this behaviour in residents care records • Action to be taken to identify the possible cause(s) and further action to be taken as necessary • Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff members are aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Four care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records and discussion with visitors confirmed that they had been informed appropriately.</p>	<p>Compliant</p>

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Within Ballymacoss any resident who requires a consistent approach or response from staff have this recorded within their care plan and staff are made aware of this through handovers at shift change, team meetings and supervision. There are arrangements in place to obtain consent from the resident or their representative and Trust through yearly or as required reviews. This can be evidenced in the careplans. Approaches and responses are not implemented without consent of the care manager , resident and their representative	Compliant
Inspection Findings:	
A review of four 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.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment All individual behaviour management programmes have been approved by the Brain Injury Services or other trained professionals and form part of the resident's care plan. The Cedar Foundation have policies and procedures in place directing to multi disciplinary team support and guidance can be sought from professionals to develop the best response for the resident. LOGO10 Guidance on reducing restrictive practice and promoting positive interventions. TCFF017 Challenging Behaviour Incident Report TCFF003 Accident and Incident reporting TCFF004 Adverse Incident Follow On LORSF003 Care Plan LOFO11 Generic Risk Assessment TCFG001 Behaviours that Challenge Each resident at Ballymacoss has a review of their care at least annually and this evidence can be obtained in each residents careplan.	Compliant
Inspection Findings: 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

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	
Provider's Self-Assessment	
Staff at Ballymacoss receive the following training annually to support and guide them to respond and care for residents. Managing behaviours that Challenge Restrictive Practice Safeguarding Vulnerable Adults Reporting and Recording Human Rights Support and Care Planning Should a learning need be identified through supervision/practice, staff will be provided with the above additional training to support and guide them. Daily observation from Senior Support staff and regular staff meetings ensure that staff are consistently implementing the behaviour management programme	Compliant
Inspection Findings:	
A review of staff training records evidenced that staff had received training in: <ul style="list-style-type: none"> . Challenging Behaviour provided in the home between 7 May 2014 and 28 May 2014 . Training in regard to the home's categories of care including Epilepsy training on 12 February 2014, Swallow Awareness training on 15 September 2014, Protection of Vulnerable Adults in November 2014 and Disability Equality training in February 2014. Staff confirmed during discussion that they felt supported. Staff confirmed that the support ranged from the training provided, supervision and staff meetings.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
<p>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>	
Provider's Self-Assessment	
<p>The Cedar Foundation have in place policy and guidance around management of incidents and this can be found within Ballymacoss. This guidance clearly states reporting responsibilities, to whom and within what time frame.</p>	Compliant
Inspection Findings:	
<p>A review of the accident and incident records from January 2014 to December 2014 and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified.</p> <p>A review of four care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p> <p>Visitors and staff confirmed during discussion that when any incident is managed outside the scope of 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>	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Cedar have a policy and guidance on "reducing restrictive practice and promoting positive interventions. All staff are trained in Human Rights and Restrictive Practice and are therefore aware that they cannot implement any form of restrictive practice without prior agreement with the resident, representative and Trust. Restraint is not currently used at Ballymacoss and if required training would be provided. If restraint was found to be used RQIA would be notified and the appropriate doc Form 1a and follow up would be completed.	Compliant
Inspection Findings:	
<p>Discussion with staff and visitors, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint is only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies have proved unsuccessful.</p> <p>Residents confirmed during discussion that they were aware of decisions that affect their care. Residents confirmed that they had given their consent to the limitations. Care records contain written authorisation from resident's GP for the use of any equipment which might be viewed as a form of restriction, e.g. bed rails, wheelchair lap belts, and there is signed agreement of the resident and resident representative.</p> <p>A review of the home's Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are described.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider’s Self-Assessment	
The programme of activities at Ballymacoss is person centred and based on the interests of residents. Residents, including those who generally stay in their rooms are given the opportunity to contribute suggestions through residents meetings/interaction with staff. All activities are purposeful, age and culturally appropriate and takes into account the individual spiritual need. Documentation of activities is kept in a central file in the office and also on an activity sheet in the care plan. The documentation will include comments to be made as to whether the individual enjoyed the activity.	Compliant
Inspection Findings:	
The home had a policy ‘Residential Day Activities Policy’ dated May 2014 on the provision of activities. A review of four care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. 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. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.2 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.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
All activities are person centred and are enjoyable, purposeful, age and culturally appropriate and take into consideration the residents spiritual needs. Activities available promote well being /healthy living and are flexible and responsive to residents changing needs. Activities facilitate social inclusion in community events in line with the mission, vision and values of Cedar Foundation.	Compliant
Inspection Findings:	
Many of those who reside at Ballymacoss House attend day care on week days and most arrange their own social outreach opportunities. Examination of the programme of activities identified that social activities are organised each evening, at weekends and on special occasions. 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.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
All residents are given the opportunity to contribute suggestions and be involved in the development of the programme of activities. This is evidenced through minutes of Residents Meetings, Reviews, and through discussion on a day-day basis with staff.	Compliant
Inspection Findings:	
A review of the record of activities provided and discussion with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. No residents choose to remain in their room. Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, resident meetings, one to one discussions with staff and care management review meetings.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment	
The programme of activities is displayed in residents' lounge, their individual bedroom, daily diary and central file in the office	Compliant
Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display in the notice board in the communal sitting room whilst posters advertising events were positioned in the entrance hallway. These locations were considered appropriate as they are easily accessible to residents and their representatives.</p> <p>Discussion with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate large print format to meet the residents' needs.</p>	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider’s Self-Assessment	Provider to complete
Inspection Findings: Activities are provided for by care staff. Care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included a pool table, Wii computer game, board games, puzzles, CDs, DVDs, arts and crafts materials. Residents manage their own budgets and fund their own outside activities. Transport is provided by The Cedar Foundation on week days during business hours and residents meet the costs of transport at all other times.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	
Provider’s Self-Assessment	
In order to fully meet the needs and abilities of the resident, activities are agreed in advance with the individual or group	Compliant
Inspection Findings:	
Care staff, the 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. Care staff demonstrated an awareness of individual residents’ abilities and the possible impact this could have on their participation in activities.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Provider’s Self-Assessment	
	Not applicable
Inspection Findings:	
The registered manager confirmed that there are no outside agencies contracted to provide activities in the home. Therefore, this criterion is not applicable at this time.	Not applicable

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.8 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.	COMPLIANCE LEVEL
Provider’s Self-Assessment	Provider to complete
Inspection Findings: The registered manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion is not applicable on this occasion.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Provider’s Self-Assessment	
Within Ballymacoss an activity record is kept detailing the activity who participated and what staff member facilitated the activity. Evidence of this can be found in the activity file.	Compliant
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. There was evidence that appropriate consents are in place in regard to photography and other forms of media.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	
Provider's Self-Assessment	
All activities and social outreach are person centred at Ballymacoss and the individual will express their views on a on going basis	Compliant
Inspection Findings:	
<p>A review of the programme of activities identified that it had last been reviewed in November 2014. The records also identified that the programme is reviewed every three months.</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

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Resident's Consultation

The inspector met with six residents individually and with others in groups. Residents were observed relaxing in the communal lounge areas. In accordance with their capabilities all residents 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 comfortable here. I like living here and the staff are all very helpful, they are very good. I am well looked after."
- "The staff are all very good and they are always available to help me if I need anything, even at night. I have been happy living here, the place is kept very clean and it's good to have my own bathroom."
- "I'm very happy here. It's a good place to live and I am well looked after."
- "I wouldn't have it any other way, this a great place to live, the staff are well trained, they are great and the manager is very good. If I need help with anything, I use my buzzer and the staff come to me quickly. I love the food, the cook knows exactly the sort of things I like to eat. It is brilliant living here."

11.2 Relatives/Representative Consultation

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

Comments received included:

- "I think the care here is very good. The staff are always around, they are friendly and helpful and (my relative) enjoys living here."
- "I can honestly say that we are delighted with the care given to (our relative). I couldn't complain about any single aspect - (our relative) is extremely well looked after, the staff look not only look after (our relative) but look after us as family as well. (Our relative) has not once complained about the care and that gives us, as family, confidence that (our relative) is very well looked after,"

11.3 Staff Consultation/Questionnaires

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

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

Comments received included:

- “We try to create a very independent, very friendly, caring and loving atmosphere in this home. There is a high degree of dedication from staff to fulfil all the care needs and preferences of the residents. There is a supportive staff team who work well together; they (staff) are very good at identifying changing needs in residents so that responses can be made in a timely manner.”
- “I get great job satisfaction working here; I feel that the home provides a homely atmosphere which is relaxed and caring towards the residents. The care is not only given to the people who live here, but to the family members as well. The staff all get on with each other and we are all committed to providing good care.”

11.4 Visiting Professionals’ Consultation

No professionals visited the home on the day of the inspection.

11.5 Observation of Care Practices

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

11.6 Care Reviews

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

11.7 Complaints

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

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

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

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

11.8 Environment

The inspector viewed the home accompanied by Ms Colette Speight 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 high standard.

11.9 Guardianship Information/Resident Dependency

Returned information was reviewed and no issues were identified. Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

11.10 Fire Safety

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

The inspector examined the home's most recent fire safety risk assessment dated 27 August 2014. The review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training had been provided to staff on 29 May 2014 and 3 December 2014. The records also identified that an evacuation had been undertaken on 3 December 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

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

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Colette Speight 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:

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



Quality Improvement Plan

Primary Announced Care Inspection

Ballymacoss House

8 January 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with Ms Colette Speight either during or after the inspection visit.

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

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

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

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

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	10.1	<p>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> <ul style="list-style-type: none"> Reference to this is made in that policy and procedure documents should be updated to include that senior staff, the Trust and relatives should be notified of any uncharacteristic behaviour and that RQIA must be notified on each occasion restraint is used. 	One	The procedure for Recording Uncharacteristic Behaviour has been updated to reflect that uncharacteristic behaviour must be reported using the adverse incident process and that the relatives and Trust must be notified and RQIA anytime restraint is required to be used	20 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Colette Speight
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Eileen Thomson

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Alice McTavish	18 February 2015
Further information requested from provider			