



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Calder Fountain (1584)

**Dates of Inspection: 17 September 2014 and
29 September 2014**

Inspector's Name: Alice McTavish

Inspection No: IN016868

**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:	Calder Fountain
Address:	Calder Fountain Centenary House 2 Victoria Street Belfast BT1 3GE
Telephone number:	(028) 9032 0320
Email address:	elaine.hamill@salvationarmy.org.uk
Registered Organisation/ Registered Provider:	Ms Kirsten Leigh Watters The Salvation Army
Registered Manager:	Ms Elaine Hamill
Person in charge of the home at the time of inspection:	Ms Elaine Hamill
Categories of care:	RC-A ,RC-D ,RC-MP, RC-E, RC-LD
Number of registered places:	28
Number of residents accommodated on day of Inspection:	23
Scale of charges (per week):	As per Trust arrangements
Date and type of previous inspection:	Secondary Unannounced Inspection 29 November 2013
Date and time of inspection:	17 September 2014 1000 – 1800 29 September 2014 1130 –1645
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 are required.

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

3.0 Purpose of the inspection

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

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

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

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

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

4.0 Methods/process

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

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

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

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

5.0 Consultation process

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

Residents	3
Staff	2
Relatives	0
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	15	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

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

Calder Fountain Residential care home is situated in inner Belfast and provides short, medium and long term residential care for vulnerable male adults. The home is adjacent to the larger Salvation Army hostel, Centenary House, and is run as a separate facility. Access to Calder Fountain is via a doorway on Waring Street or through Centenary House. There is a physical link between the two facilities and a shared dining canteen.

Calder Fountain occupies the ground, first, second and third floors of the block. The fourth and fifth floors accommodate men who may have moved from the homeless hostel in Centenary House on a temporary basis whilst preparing to live independently in the community. Only Calder Fountain is registered as a care home and is inspected under the Residential Care Homes Regulations (Northern Ireland) 2005.

Most residents of Calder Fountain have, or have had, drug or alcohol related problems. Some residents have mental ill health and a small number have a physical or learning disability. The age range in Calder Fountain is from eighteen to eighty plus years of age. A significant number of residents have been cared for by the Salvation Army for 20 or more years while others have been "in and out" over the years.

Accommodation is provided in single bed sit style, en suite rooms each with a small kitchen facility. There is a sitting room located on each of the three floors and these are equipped with a television and a selection of books. Many residents have televisions and music equipment in their own rooms. Recreational facilities including a snooker table are available on the ground floor. Catering is provided from one central kitchen in the men's hostel and the majority of residents take their meals at the adjoining canteen.

The residential home is owned by Helm Housing Association and operated by The Salvation Army. Ms Elaine Hamill is manager of the home and has been registered manager for seven years.

The home is registered to provide care for a maximum of 28 persons under the following categories of care:

Residential care

E	Service users who are over 65 years of age but do not fall within the category of old age
MP	Mental disorder excluding learning disability or dementia
LD	Learning Disability
D	Past or present drug dependence
A	Past or present alcohol dependence

8.0 Summary of inspection

This primary announced care inspection of Calder Fountain was undertaken by Alice McTavish on 17 September 2014 between the hours of 10:00am and 6:00pm. Ms Elaine Hamill 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 discussions demonstrated that these

had been addressed within the timescales specified RQIA. The detail of the actions taken by Ms Elaine Hamill can be viewed in the section following this summary.

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

During the inspection of 17 September 2014 the inspector met with residents, staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which did not reflect best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs.

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

A review of a sample of records evidenced that residents and their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Calder Fountain 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. A selection of materials and resources were available for use during activity sessions. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Calder Fountain was compliant with this standard.

Resident and staff consultation

During the course of the inspection the inspector met with residents and staff. Questionnaires were issued to staff but none were completed and returned.

In discussions with residents they indicated that that they were generally happy and content with their life in the home, with the facilities and services provided and their relationship with staff. One resident raised a complaint and stated that this was being processed through Salvation Army complaints procedure.

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 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 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, apart from corridors adjacent to designated smoking areas. Décor and furnishings were found to be of satisfactory 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.

Additional findings

During the course of inspection information was obtained which raised several areas of concern relating to the accommodation within the registered premises of prisoners on temporary release arrangements. A further inspection was undertaken on 29 September 2014 to examine the circumstances of such arrangements. See section 12.0 of the report.

Conclusion

Eleven requirements and five recommendations 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, 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 29 November 2013

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	27 (2) (b) (d)	<p>Fitness of premises The registered person shall, having regard to the number and needs of the residents, ensure that –</p> <p>the premises to be used as the home are of sound construction and kept in a good state of repair externally and internally; all parts of the home are kept reasonably decorated;</p> <p>This is in regard to the lack of pictures/ artwork in hallways and the number of ceiling and wall lights which were not working. (The summary refers).</p>	Examination of the facilities and discussion with the registered manager confirmed that the home is kept reasonably decorated. Pictures and artwork is now displayed and ceiling and wall lights are now working. Helm Housing has responsibility for ongoing maintenance and decoration and there are plans in place for further painting to be completed.	Compliant
2	12 (1) (a)	<p>The registered person shall provide care and any other services to residents in accordance with the statements of purpose, and shall ensure that the care, treatment, if necessary, and other services provided to each resident-</p> <p>(a) meet his individual need;</p>	Discussion with the registered manager confirmed that there is now a system in place to ensure that accurate and up to date records are kept of domiciliary care visits. The care manager is informed of any occasion when the service is not provided.	Compliant

		<p>This is in regard to an identified service. The home should ensure that accurate and up to date records are kept and that the identified care manager is informed of every occasion when the service is not provided. (The summary refers).</p>		
	<p>29 (2) (3) (4) (5)</p>	<p>Visits by registered provider (2) Where the registered provider is an organisation or partnership, the home shall be visited in accordance with this regulation by (a) the responsible individual or one of the partners, as the case may be; (b) another of the directors or other persons responsible for the management of the organisation or partnership; or (c) an employee of the organisation or the partnership who is not directly concerned with the conduct of the home (3) Visits under paragraph (1) or (2) shall take place at least once a month or as agreed with the Regulation and Improvement Authority and shall be unannounced.</p>	<p>Examination of the returned QIP and discussion with the registered manager confirmed that visits by the registered provider are now being completed by Ms Kirsten Watters who has recently been appointed to a senior post within The Salvation Army and is in the process of becoming responsible person, registration is pending.</p> <p>The registered manager agreed to forward the monthly visit report to the inspector when complete (currently in draft).</p>	<p>Compliant</p>

		<p>(4) The person carrying out the visit shall -</p> <ul style="list-style-type: none"> (a) interview, with their consent and in private, such of the residents and their representatives and persons working at the home as appears necessary in order to form an opinion of the standard of provided in the home; (b) inspect the premises of the home, its record of events and records of any complaints; and (c) prepare a written report on the conduct of the home <p>(5) The registered provider shall maintain a copy of the report required to be made under paragraph 4(c) in the home and make it available on request to -</p> <ul style="list-style-type: none"> (a) the Regulation and Improvement Authority; (b) the registered manager; (c) the resident or their representative; and (d) an officer of the HSS Trust in the area of which the home is situated. <p>(6) In the case of a visit under paragraph (2) -</p> <ul style="list-style-type: none"> (i) where the registered provider is an organisation, to each of the directors or other persons responsible for the management of the organisation; and 		
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		(ii) where the registered provider is a partnership, to each of the partners.		
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	5.1	<p>The registered manager should confirm in the returned QIP that each resident's needs assessment update has been completed. (The follow-up on previous issues refers).</p> <p>If this is not completed, the Authority may consider enforcement action.</p>	Examination of care records, of the returned QIP and discussion with the registered manager confirmed that each resident's needs assessment update has been completed.	Compliant
2	11.4	The registered manager should confirm the draft care review report presented at inspection or one which has been further improved has been implemented. (The follow-up on previous issues refers).	The registered manager confirms the draft care review report presented at inspection or one which has been further improved has been implemented.	Compliant
3	16.1	The registered manager should confirm that the protection of vulnerable adults' policy has been amended to state that the Trust should be informed of any alleged or actual allegation immediately. The policy and procedure should clearly state that this includes all incidents between residents. (The follow-up on previous issues refers).	Discussion with the registered manager and examination of the policy confirms that this has been amended to state that the Trust should be informed of any alleged or actual allegation immediately. The policy and procedure clearly states that this includes all incidents between residents.	Compliant

4	13	The home should consider the suggestion made by a resident to have access to the internet available to residents in the home. (The summary refers).	Discussion with the registered manager, with staff and residents confirms that internet access is now available to residents in the home.	Complaint
5	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. The duration of the activity should be recorded. (The summary refers).	Examination of care records and discussion with the registered manager confirms that a record is kept of all activities that take place, the duration of the activity, the person leading the activity and the names of the residents who participate.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
staff are aware of the residents diagnosis, actions and triggers that would escalate a crisis, these may come from other agencies ie mental health recovery team, forensic team who have worked with the resident prior to admission, this information will be recorded on the referral form or other assessments. staff engage with the resident and record on the risk assessment and support plan what is usual and the triggers to a crisis. interventions are recorded, if needbe, CPN, GP, ASW. Home Treatment team, one or all are contacted. recently a 'distressed action plan' has been put in place on each resident that requires medication.	Compliant
Inspection Findings:	
<p>The home had a policy and procedure entitled 'Working with Challenging Behaviour' in place. A review of the policy and procedure identified that it does not reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure did not include the need for Trust involvement in managing behaviours which challenge. It did not detail that RQIA must be notified on each occasion restraint is used. A recommendation is made in this regard.</p> <p>Observation of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge titled 'Conflict and Aggression in the Workplace' in 2013.</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.</p>	Substantially compliant

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 spoken with were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.	
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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>10.2 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>	
Provider's Self-Assessment	
<p>staff look for a trigger, ie being upset or bullied by another person. has medication been changed, refusal of medication, taking non perscribed drugs. GP, CPN informed. staff report to programme coordinator and complete an incident form which is sent to Service manager. staff will record any changes in residents file.</p>	Compliant
Inspection Findings:	
<p>The policy and procedure 'Working with Challenging Behaviour', March 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 . Reporting to senior staff; the document does not include the need to notify the Trust, relatives and RQIA. See recommendation in section 10 of the report. . Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff are aware of the need to report the uncharacteristic behaviour 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>	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: 10.3 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	
a consent form is signed by all residents for permission to share and to discuss the residents care with relevant people. a risk assessment and support plan is completed and shared with other staff and care manager, the resident signs these or it is recorded if the resident choses not to sign. The resident can choose not to give permission for his file to be read by others, this will lead to staff explaining the reason for sharing information.	Compliant
Inspection Findings:	
A review of three 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 where appropriate, the staff member drawing it up and the registered manager. Of the three care plans examined, each resident retained mental capacity to make choices and chose not to have representatives informed of the approach or response to be used.	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
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.	
Provider's Self-Assessment	
any specialist behaviour programmes are only set in place after assessment by an appropriately trained person. staff can have input into these. .	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: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment	
staff receive any training that is required for example, to address how to manage people hassling others for cigarettes, Salvation Army provide all training required. social worker is completing a dual diagnosis course. staff have completed mental health courses.	Compliant
Inspection Findings:	
A review of staff training records evidenced that staff had received training in behaviours which challenge 'Conflict and Aggression in the Workplace' in 2013. It is recommended that refresher training is provided before end of November 2014. Staff confirmed during discussion that they felt supported. Staff confirmed that the support ranged from the training provided, supervision and staff meetings. Discussion with staff confirmed that they were knowledgeable in regard to how a behaviour management programme could be in place, if required.	Substantially 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: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment incident forms are completed and circulated to Service Manager, Regional Manager, RQIA, Care Manager. a review of the risk assessment is completed after any incident. a multi-disciplinary meeting is called after each incident..	Compliant
Inspection Findings: A review of the accident and incident records and discussion with staff identified that no incidents had occurred outside of the scope of a resident's care plan. A review of three care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others. Staff confirmed during discussion that when any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	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>10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	
Provider's Self-Assessment	
<p>if there is a risk to the resident ie falling out of bed, using a wheelchair there is consultation with the OT, District Nurse to decide on the most suitable. These are recorded and RQIA informed. Medication is used on occasions so this is recorded on the recently developed 'distressed action Plan' these are completed with the assistance of the GP, CPN. staff had training in challenging behaviour.</p>	Compliant
Inspection Findings:	
<p>Discussion with staff, a review of 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>A review of the accident and incident records and residents' care records identified no restraint had been used. Staff confirmed that, should any restraint be used, that RQIA, Trust personnel and the resident's representative would be notified, also that the circumstances and nature of the restraint would be recorded on the residents care plan.</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. The care records of one resident identified that he had agreed to have his monies managed by staff daily to alleviate his anxiety; this had been discussed between the resident, his care manager and staff members. The resident had signed a written agreement to this effect. The care plan was updated accordingly and the risk management assessment was regularly reviewed.</p> <p>A number of restrictions are employed within Calder Fountain. Whilst residents are free to leave the building at any time, there are access controls at all entrances to the building. Residents hold key cards to access their own bedrooms to ensure security of their personal belongings.</p>	Substantially compliant

CCTV operates in entrance hallways, communal corridors, lounges, craft rooms and outside spaces. The Salvation Army has a policy in place regarding the use of CCTV, there are posters on display advising of this in the communal areas and it is also stated in the Individual Licence Agreement shared and signed by each resident. Concerns regarding the use of CCTV are described in section 12.0 of this report.

A review of the home's Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are not described. A recommendation is made in this regard.

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

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

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment there is an 'activity folder' we are required to complete 'meaningful activities' the folder is divided into 12 months, each member of staff has a month of activities to organise, they are required to have a consultation with the residents, decide what it is residents are doing, cost it, organise transport, organise risk assessments, and staff to cover. afterwards staff are required to complete an evaluation.	Compliant
Inspection Findings: The home had a policy and procedure document 'Organising Outings' dated March 2011. A recommendation is made that this policy should be reviewed. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. A wide range of activities are offered and some give opportunity for the residents to leave the confines of the inner city and enjoy being in the country i.e. dog walking for an animal charity and looking after rescued battery hens at a sanctuary. Discussion with residents and staff and a review of the records of activities and events indicated that residents benefitted 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.	Substantially 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	
resident can chose what they want to do, if one person wants to do something then this is arranged and a member of staff will go with them or a volunteer. Some residents enjoy organising their own activities, this is also facilitated. The Chaplain organises spirtual activities within the centre, showing films, relaxed coffee morning with prayers or reflection. Salvation Army have a 'bridge the gap' this is to encourage men to go out to other corps and churches within the community. we have a 'cook it' programme, staff are trained to facilate men going out buying food and cooking and sharing with other men. guitar club, a resident completing art work on the outside walls.	Compliant
Inspection Findings:	
Examination of the programme of activities identified that social activities are organised throughout each week. 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:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment	
residents who prefer to stay indoors are included in all consultations, staff will encourage them to join in but failing that one man is into computers and downloading music, he wanted someone to spend time with him to talk and enjoy some company, a volunteer was arranged who was interested in this activity to spend the day with him, he has since went out to have coffee in town, indoor films, going to the library one to one interaction. there is a craft room which can be accessed anytime so men can go there when they want. There is also a gym, a member of staff is a qualified instructor so a few men enjoy this.	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. Some residents choose to remain within the building, but none choose to remain within their own bedroom. Residents and their representatives were also invited to express their views on activities by means of 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: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
there is a large time table on the wall showing the months activities, there are posters up on each floor. staff speak to the residents individually to gauge interest.	Compliant
Inspection Findings:	
On the day of the inspection the programme of activities was on display in the entrance hallway and on each corridor. This location was considered appropriate as the area was easily accessible to residents. Discussion with residents 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.	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	
all activities are organised to enable all residents regardless of physical ability to take part. if we need a wheelchair we will hire one from red cross. staff have recently purchured a mobility scooter for a resident who has difficulty walking due to amputeed toes, he is very independent and likes to go into town, this allows him to go out alone in comfort. having residents who have committed offences against children, we enable them to go on outings by ensuring and organising at least 2 male staff and going to appropriate places.	Compliant
Inspection Findings:	
Activities are provided each week by designated care staff and by the Chaplain who is an artist and who provides craft classes. The staff members, the Chaplain and residents confirmed that there was a plentiful supply of activity equipment available. This equipment included art and craft materials, modelling clay (a kiln is provided), books, DVDs, CDs, musical instruments. The residents also have access to a fully equipped gymnasium and a Salvation Army staff member is a qualified instructor who can supervise.	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: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
this is always taken into account. 2 men spend an entire day at the hen rescue centre while some men spend an hour at the assissi dog centre either taking a dog for a walk or just sitting having coffee. If a full day is planned, transport, medication, food are all organised with enough staff to cater for each persons needs to do whatever they want. less energetic activities are organised like a film day, reading club while another man enjoys playing badminton.	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: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment anyone brought in are access NI checked by salvation Army. evidence of qualifications are required. we do take up references from other organisations who have used their services..	Compliant
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	
staff are always present during any activity, risk assessments are carried out for activities, feedback is given within the week after the residents discuss with staff an example is when pet therapy was thought to be a nice activity, but the men did not enjoy this, they did not like 'just sitting petting a dog' but then someone suggested dog walking which they now enjoy at assisi.	Compliant
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.	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: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment there is a Salvation Army policy on activities, with the preparation, route planning, risk assessment, consultation with residents, feedback required.	Provider to complete
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.	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: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Salvation Army policy on activities is reviewed yearly. The programme of events is organised for a 6 month period. This can change whenever the needs of the residents changes or they just change their mind.	Compliant
Inspection Findings:	
A review of the programme of activities identified that it had last been reviewed in August 2014. The records also identified that the programme had been reviewed at least twice yearly. The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	Compliant

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

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

11.0 Additional areas examined

11.1 Resident's consultation

The inspector met with three residents individually. Residents were observed relaxing in the communal lounge area. Two of the three 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. One resident described his dissatisfaction regarding food served on one occasion in July 2014 and regarding the quality of bed linen. The resident stated that he had informed the registered manager of his complaint and was in the process of taking this further.

Comments received included:

"I'm quite content here. I have plenty to keep me occupied and I enjoy having a chat with the other men but I like to have my own time in my room in the evenings listening to my music."

11.2 Staff consultation

The inspector spoke with two staff, a care assistant and the Chaplain who provides activities and pastoral support to the residents. No staff completed and returned questionnaires. 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:

"I feel we staff are provided with lots of training to do our jobs. If there is anything we need further training about, this can be made available."

"I think the men are generally well looked after. The staff team here supports each other well and I love coming to my work."

11.3 Observation of care practices

The atmosphere in the home was friendly and welcoming. Staff 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, although it was evident that some malodours associated with heavy smoking were present.

11.4 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.

11.5 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.

11.6 Environment

The inspector viewed the registered home accompanied by Ms Elaine Hamill, by a member of care staff and alone. The communal areas and one vacant room were inspected. The areas of the environment viewed by the inspector presented as clean, organised and adequately heated. Some malodour was detected relating to the presence of designated smoking lounges. Décor and furnishings were found to be of a satisfactory standard. Concerns, however, were identified with regard to access into the registered premises from the upper two floors. See Section 12.0 of the report.

11.7 Guardianship information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

On the days of inspection, two residents were accommodated under Guardianship. A 'patient experience questionnaire' was completed with one resident who currently resides in the home under a Guardianship Order and who consented to meet with the inspector. The completed questionnaire was forwarded to the Mental Health Team in RQIA for information.

11.8 Finances

The Resident Finance Questionnaire returned to RQIA indicated that the home does not provide an individual written agreement to each resident which outlines the charges for care. A requirement is made in this regard.

11.9 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 March 2014.

The review identified that the recommendations made as a result of this assessment had not been duly actioned; discussion with the registered manager noted that Helm Housing have responsibility for carrying out the recommendations and, despite being requested to do so, this had not been satisfactorily completed. A requirement is made in this regard.

A review of the fire safety records evidenced that fire training had been provided to all staff apart from relief staff. A recommendation is made that relief staff receive fire training. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.10 Vetting of staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Elaine Hamill. Mrs Hamill 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 Follow up inspection on 29 September 2014

The inspector was made aware that a room within Calder Fountain, room 13, was being used to accommodate different individuals who were on temporary discharge from prison. The inspector was advised that the prisoners were either on an overnight stay or accommodated on a short term basis, usually over a weekend. As a result of the issues identified during the inspection on 17 September 2014 a further unannounced inspection was undertaken on 29 September 2014.

The records provided on 29 September 2014 indicated that room 13 was being used to accommodate three individuals under temporary discharge from prison. Additional information subsequently indicated that the room had been used to accommodate nine individuals and that the duration of these stays had been between one day and, on one occasion, for as long as twelve weeks and six days. The records also indicated that two prisoners had been accommodated in the home during the same time period on more than one occasion. There had been no indication during either inspection that more than one room in Calder Fountain was being used to accommodate individuals on temporary discharge from prison.

RQIA is concerned that staff are not equipped with the relevant information to allow them to meet the needs of individuals under temporary discharge from prison. A review of the records identified that there were no risk assessments in place in relation to these individuals. The records held in respect of the three individuals did not evidence that a comprehensive assessment of the needs of the individuals had been undertaken by staff within Calder Fountain, nor was there evidence that there had been appropriate consultation regarding the assessment with the resident or a representative of the resident as appropriate. The information supplied in respect of one individual detailed that this person had had abdominal surgery and had an open wound. There was no indication how this person's specific health needs would be met.

The records held in respect of the three individuals did not evidence that the needs of the individuals had been kept under review or revised if required. RQIA is concerned that there was no evidence that the registered person had systems in place to review the effectiveness of care provided to the individuals accommodated under temporary discharge arrangements.

RQIA is also concerned in relation to the implementation of restrictive practices as the records for the three individuals stated specific conditions of the temporary release arrangements which included a curfew. It was identified that CCTV was being widely used throughout the home in communal areas including entrance hallways, activity room and in the hallways at the lifts and stairwells. It was also identified that people accommodated elsewhere within the building can have free access to the residential home.

Nine requirements were made in relation to these issues.

As a result of the serious issues which were identified during the inspections on 17 September 2014 and 29 September 2014, the matters were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting. Ms Kirsten Watters, responsible person, was invited to attend a meeting at RQIA on 5 November 2014.

13.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report arise from the inspection on 17 September 2014 and 29 September and were discussed with Mrs Elaine Hamill and Mr Stephen Potter, Centre Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection of 17 September and 29 September 2014.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of the inspections 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



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk



Quality Improvement Plan

Primary Announced Care Inspection

Calder Fountain

17 September and 29 September 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Elaine Hamill and / or Mr Stephen Potter either during or after the inspection visits.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 5.- (1)	<p>The registered person shall provide to each resident, by not later than the day on which he becomes a resident, a statement specifying –</p> <ul style="list-style-type: none"> (a) The fees payable by or in respect of the resident for the provision to the resident of any of the following services – <ul style="list-style-type: none"> (i) residential accommodation with board; and (ii) personal care; and, except where a single fee is payable for those services, the services to which each fee relates; (b) The method of payment of the fees and the person by whom the fees are payable. 	One		30 November 2014
2	Regulation 13. - (1)	<p>The registered person shall ensure that the residential care home is conducted so as –</p> <ul style="list-style-type: none"> (a) to promote and make proper provision for the health and welfare of residents; (b) to make the proper provision for the care and where appropriate, treatment and supervision of residents. 	One		Immediate and ongoing

3	Regulation 14. - (2)	<p>The registered person shall ensure as far as reasonably practicable that –</p> <p>(a) unnecessary risks to the health, welfare or safety of residents are identified and so far as possible eliminated; and</p> <p>(5) The registered person shall ensure that no resident is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other resident and there are exceptional circumstances.</p>	One		Immediate and ongoing
4	Regulation 13. - (8)	<p>The registered person shall make suitable arrangements to ensure that the home is conducted –</p> <p>(a) in a manner which respects the privacy and dignity of residents;</p>	One		Immediate and ongoing
5	Regulation 15. - (1)	<p>The registered person shall not provide accommodation to a resident at the residential care home unless –</p> <p>a) the needs of the resident have been assessed by a suitably qualified or suitably trained person;</p> <p>(b) the registered person has obtained a copy of the assessment; and</p>	One		Immediate and ongoing

		<p>(c) there has been appropriate consultation regarding the assessment with the resident or a representative of the resident as appropriate;</p> <p>(d) the registered person has confirmed in writing to the resident that having regard to the assessment the home is suitable for the purpose of meeting the resident's needs in respect of his care health and welfare.</p>			
6	Regulation 15. - (2)	<p>The registered person shall ensure that the assessment of the resident's needs is –</p> <p>(a) kept under review; and</p> <p>(b) revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.</p>	One		Immediate and ongoing
7	Regulation 16. - (1)	<p>The registered person shall ensure that a written care plan is prepared in consultation with the resident or resident's representative as to how the resident's needs in respect of his care, health and welfare are to be met.</p> <p>(2) The registered person shall ensure that –</p> <p>(a) the resident's care plan is available to the resident;</p>	One		Immediate and ongoing

8	Regulation 19. - (1)	The registered person shall – (a) maintain in respect of each resident a record which includes the information, documents and other records specified in Schedule 3 relating to the resident;	One		Immediate and ongoing
9	Regulation 17. - (1)	The registered person shall introduce and ensure systems are maintained for reviewing at appropriate intervals the quality of care and other service provision in or for the purposes of the residential care home and that any such review is undertaken no less than annually.	One		Immediate and ongoing
10	Regulation 17. - (2)	The registered person shall supply to the Regulation and Improvement Authority a report in respect of any review conducted by him for the purpose of paragraph (1) and make a copy of the report available to residents.	One		Immediate and ongoing
11	Regulation 27. - (4)	The registered person shall – (b) take adequate precautions against the risk of fire, including the provision of suitable fire equipment;	One		30 November 2014

		<p>Reference to this is made in that The Salvation Army should liaise with Helm Housing to ensure that any recommendations arising from the fire safety risk assessment are duly actioned.</p>			
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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> <p>Reference to this is made in that policy and procedure should be updated to include the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998), also to include the need for Trust involvement in managing behaviours which challenge and that RQIA must be notified on each occasion restraint is used.</p>	One		30 November 2014
2	10.5	<p>When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p> <p>Reference to this is made in that staff should be provided with refresher training in managing behaviours which challenge.</p>	One		30 November 2014

3	10.7	<p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> <p>Reference to this is made in that the home's Statement of Purpose should be updated to include details of all restrictions employed within Calder Fountain Residential Home.</p>	One		30 November 2014
4	13.1	<p>The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.</p> <p>Reference to this is made in that the policy document is not current and should be updated.</p>	One		30 November 2014
5	29.4	<p>All staff have training in the fire precautions to be taken or observed in the home, including the action to be taken in case of fire. The training is provided by a competent person at the start of employment and is repeated at least twice each year.</p> <p>Reference to this is made in that relief staff should be provided with fire training.</p>	One		30 November 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:

NAME OF REGISTERED MANAGER COMPLETING QIP	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

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