



The Regulation and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Service and Establishment ID: Carmen House (1586)

Date of Inspection: 27 August 2014

Inspector's Name: Priscilla Clayton

Inspection No: IN017834

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

1.0 General information

Name of home:	Carmen House Residential Home
Address:	3 Carmen Lane Bangor BT20 3PL
Telephone number:	(028) 9145 9508
Email address:	carmenhouse@btconnect.com
Registered Organisation/ Registered Provider:	Mr Alexander Millar Carmen House Residential Home
Registered Manager:	Mrs Patricia Millar
Person in charge of the home at the time of inspection:	Mrs Patricia Millar
Categories of care:	RC-I , RC-DE
Number of registered places:	15
Number of residents accommodated on day of Inspection:	13
Scale of charges (per week):	£437 per week
Date and type of previous inspection:	Primary Announced Inspection 25 March 2014
Date and time of inspection:	27 August 2014 (10am – 3.30pm)
Name of Inspector:	Priscilla Clayton

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 unannounced 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 provider
- 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
- Discussion with two relatives.
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

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

Residents	12
Staff	5 (including the manager and registered provider)
Relatives	2
Visiting Professionals	1 (District Nurse)

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

Issued To	Number issued	Number returned
Staff	15	4

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

Carmen House Residential Care Home is situated in a residential area in the outskirts of the town of Bangor. Entrance to the home is via a private lane just off the busy main Bangor to Belfast Road

The residential home, which is a leased property, is operated by Mr Alexander Miller, responsible person. Patricia Miller is the manager and has been registered manager with RQIA since 2007. Mr Alexander Miller is also the cook.

Accommodation for residents is provided in single bedrooms in the two storey home. Access to the first floor is via a stair lift or stairs.

A communal lounge and dining area, situated on the ground floor, lead to the conservatory which looks out onto the front of the home .A smaller lounge is also provided for residents or visitors to use. Both lounges have large screen televisions and are comfortably furnished.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home.

A patio area is available at the rear of the home. Car parking spaces are available at the front of the home

The home is registered to provide care for a maximum of 15 persons under the following categories of care:

Residential care

I	Old age not falling into any other category
DE	Dementia (for 2 residents only)

8.0 Summary of Inspection

This primary annual unannounced care inspection of Carmen House was undertaken by Priscilla Clayton on 27 August 2014 between the hours of 10am and 3.30pm. The registered manager, Patricia Miller and Alexander Miller, registered provider, was available throughout the inspection and for verbal feedback at the conclusion of the inspection.

Four recommendations made as a result of the previous inspection conducted on 23 March 2014 were discussed with the manager and supporting evidence of action taken examined.. Review of documentation, observations and discussions demonstrated that all four recommendations had been addressed within the timescales required. The detail of the actions taken by the manager can be viewed in the section 9.0 of this report.

Prior to the inspection, the registered manager, Patricia Miller, completed and returned to RQIA a self-assessment on the provision of care using the standard criteria outlined in the standards to be inspected. The comments recorded by the manager in the in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, two relatives, one visiting professional, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff

questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. Through observations made, review of documentation and discussions with residents and staff, confirmation was obtained that restraint would only ever be used as a last resort and as agreed with the commissioning trust care manager.

Residents' care records outlined their usual routine, behaviours and means of communication on 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 was 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 make referral refer to the multi-disciplinary care management team.

The home had a policy and procedure in place on challenging behaviour. One recommendation was made in regard to the inclusion of best practice guidance in restraint, seclusion and human rights. Reference to DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) is recommended.

A review of a sample of records evidenced that residents and, where necessary, their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that is substantially 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. Through observations undertaken, 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 in the hallway of the home. 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. The home has employed an activity coordinator for a number of hours each week. In the absence of the activity coordinator activities are provided by designated 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 was not employed by the home had the necessary knowledge and skills to deliver the activity. Comprehensive records on the provision of activities were maintained. One recommendation was made in regard to the development of a policy and procedure relating to the provision of activities. The evidence gathered through the inspection process concluded that Carmen House is compliant with this standard.

Resident, representatives, staff and visiting professional consultation

During the course of the inspection the inspector met with residents, two relatives, staff and one visiting professional.

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

Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report. All comments were positive with no issues or concerns raised or indicated.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff was observed to treat the residents with dignity and respect taking into account their views. Very 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 well maintained.

Additional areas

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, staffing, information in relation 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.

One requirement and three recommendations were made as a result of the primary unannounced 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 visiting trust professional, registered manager, registered provider 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 25 March 2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	11.1	The registered manager should contact the referring trust when residents are due a care review if a date had not been provided by the trust. A record of these communications should be maintained by the home.	Discussion with the manager and examination of communication records verified that appropriate action had been taken by the manager to address this recommendation.	Compliant
2	11.5	Minutes from care review meetings should be maintained in the files of residents. When these are not provided by the trust in due course after review meetings, the home should maintain a record of communications to obtain same.	Minutes of care management reviews were contained within care records examined. All communications with the commissioning trust were being recorded.	Compliant
3	23.6	In the event where staff are absent from training days provided by the home arrangements should be in place for the training be followed up as quickly as possible. The date and content of the follow up training should be recorded.	Discussion and examination of records evidenced that the manager had taken appropriate action to ensure training was undertaken by staff.	Compliant
4	19.1	The Policy and Procedure on Recruitment of Staff should be amended to reflect the process of how vacancies are advertised and candidates are shortlisted.	Examination of the policy evidenced that additional information as recommended had been included.	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	
As a small home all staff get to know our residents quite quickly. Staff are encouraged to spend time with residents to promote a friendly and positive outcome for residents. Residents needs are discussed at all handovers.	Compliant
Inspection Findings:	
<p>The inspector was informed that restraint would only ever be used as a last resort and if a resident was in danger.</p> <p>Review of staff training records identified that all care staff had received training in behaviours which challenge which was included within training in protection of vulnerable adults.</p> <p>A review of three residents' care records identified that individual residents' usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions.</p> <p>The home had a policy on challenging behaviour which included restraint. Review of the policy identified that information on the procedure which staff should follow if a resident's behaviour becomes challenging should be included, additionally information as set within DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) should be included.</p>	Substantially Compliant

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 Staff are very quick to respond to any change in a residents behaviour. Will report this at handover and inform the R M immediately. All staff are trained to act in a professional manner.	Compliant
Inspection Findings: Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above in the managers self assessment. Staff members were aware of the need to immediately report any uncharacteristic behaviour to the registered manager and or the person in charge.	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
10.3 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.	
Provider's Self-Assessment	
All changes in a Residents behaviour would be documented in daily notes, reported to R M who would follow up with new care plan and report same to care manager and family after discussing the situation with the resident.	Compliant
Inspection Findings:	
There are two residents who have floor alarm mats and door alarm system in place due to the outcome of fall risk assessments. Care plans evidenced measures in place to minimise the risk of fall including the use of alarm mat. Care management review records examined reflected identified risks.	Compliant
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	
Should this happen we would follow the professional guidelines.	Not applicable
Inspection Findings:	
The manager and staff confirmed that no residents presented with behavioural needs. Should this be an Identified need the commissioning trust would be notified and a management plan agreed and established.	Not applicable at present

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	
Again if this should happen, special training would be put in place.	Not applicable
Inspection Findings:	
The manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.	Not applicable at present.
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	
	Not applicable
Inspection Findings:	
A review of a random sample of recorded accident and incident records and discussions with staff identified that no incidents had occurred outside of the scope of a resident's care plan part from when a resident had become ill. Relatives who spoke with the inspector confirmed that they were kept fully informed of their relative's health and wellbeing.	Not applicable at present.

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
10.7 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.	
Provider’s Self-Assessment	
Should this happen, staff have been trained to only use minor restraint mainly through verbal and to contact R M and R P immediately.	Not applicable
Inspection Findings:	
The manager confirmed that physical restraint would only ever be used if a resident was in danger or harm. Staff confirmed they had received training in the use of restraint which was included in the abuse of vulnerable adult training. Currently two alarm mats and a door alarm are in situ. Additionally the entrance door has a coded entry / exit mechanism in place. The manager confirmed that the door security was necessary to ensure that residents who required this level of protection were safe. Residents who were mentally able were aware of the code and could exit or enter the home as desired. This was discussed at length with the manager who confirmed that the care manager had been notified. RQIA had also been notified. Care records examined evidenced that the commissioning trust were aware of the identified risks and the measures in place to minimise the risks identified. Four of completed staff questionnaire returned to RQIA evidenced that staff training in challenging behaviour had been provided.	Compliant

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially 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	
Activities are arranged around residents interests and needs, to keep mind and body active.	Compliant
Inspection Findings:	
Review of three care records evidenced that individual resident social interests and activities were included in their needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the wide range of activities and events provided. These activities were based on the assessed needs and interests of the residents. The home does not have a written policy on residents' involvement in activities and events. The manager confirmed that a policy would be developed.	Compliant
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 at Carmen would cover all of the above requirements.	Compliant
Inspection Findings:	
Examination of the programme of activities identified that social activities are organised and provided each day. 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	Compliant

<p>community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis. Four completed staff questionnaires returned to RQIA confirmed that respondents were very satisfied with the provision of activities.</p>	
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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	
As a small home all residents are given the opportunity to make suggestions and be involved in the activities of their choice.	Compliant
Inspection Findings:	
A review of the record of activities provided and discussions with residents and staff identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the manager, through one to one discussions with staff, care management review meetings and resident meetings. Positive responses were received from residents in their returned satisfaction questionnaires undertaken this year.	Compliant
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	
Programme of activities is displayed in areas where all residents and visitors can see on a daily basis what is happening. Special events ie Musical, Xmas, Easter & Halloween have separate posters and when time allows printed copies of events posted out to all family members.	Compliant

Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display in the main hallway of the home. This location was considered appropriate as the area was easily accessible to residents and their representatives. The programme was designed in pictorial format in addition to written form.</p> <p>Discussions with residents confirmed that they were aware of what activities were planned and how much they enjoyed participation, especially the sing – a –longs which took place on the day of inspection..</p> <p>The programme of activities was presented in an appropriate format to meet the residents’ needs</p>	<p>Compliant</p>

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	
Staff are always on hand to help residents when required to take full advantage of the activity or event in progress.	Compliant
Inspection Findings:	
The home employs a trained activity co-ordinator who organises activities each morning. The activity co-ordinator was on annual leave on the day of this inspection. Staff confirmed that they also provide activities and were aware of the importance of social interaction for residents as a source of stimulation and enjoyment.	Compliant
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	
Activities are spaced out to allow residents free time for relaxing or watching TV. Sessions are kept to period of between 20 minutes, one hour or two hours depending on activity or craft.	Compliant
Inspection Findings:	
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. Residents confirmed they were never expected by staff to participate in activities and were always asked if they wanted to join in.	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	
Activities are provided by in-house staff except for musical events or spiritual needs where the R M has personally monitored the people in question.	Compliant
Inspection Findings:	
The manager confirmed that certain activity such a musical sessions is undertaken by a commissioned trained person. Staff is present with residents during these sessions.	Compliant
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 inform any change in details or health where an activity is due to take place by a person contracted in. They will also monitor the activity in progress.	Compliant
Inspection Findings:	
The manager confirmed that any information which they have permission to give would be shared. Staff are always present when activities are commissioned from a contracted person.	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: 13.9 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	
A full record is kept of all activities taking place.	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.	Compliant
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	
As a small home our activities are planned in advance but can be reviewed on a daily basis depending on any changes required to suit our residents.	Compliant
Inspection Findings:	
The manager confirmed that the programme was reviewed quarterly or more frequently when residents suggested another activity they would like to have added. 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. This was also reflected in the audit dated January 2014 which was displayed on the notice board.	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 8 residents individually and with others in group format. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

"The staff is great. They go to great lengths to make sure we get everything we need and want"
 "The staff is so kind. I am very well looked after. I have plenty of company and there is lots to do."

'Staff are very kindly. Everything is kept clean. I am very satisfied and there is always something going on. I enjoy the singing.'

"I really like it here, next best thing to home, friendly, would not want to move"

"The home is always nice and clean – no bad smells"

"The food is great, all home baked and plenty to eat"

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 and management in this regard. No concerns were expressed or indicated.

11.3 Staff consultation

The inspector spoke with three care staff who 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.

Staff demonstrated an awareness of the usual behaviour of all residents and felt confident that they would be able to recognise and appropriately respond to any changes in behaviours. Staff believed that a varied programme of activities is in place and that residents are provided with good opportunity to participate.

Staff confirmed that they were satisfied with staffing levels.

No staff questionnaires were returned to RQIA within the timescale.

11.4 Visiting professionals' consultation

One visiting professional who spoke with the inspector expressed high levels of satisfaction with the quality of care, facilities and services provided in the home. No issues or concerns were expressed.

11.5 Observation of Care practices

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

11.6 Care Management Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion and return by the manager. The information provided in this questionnaire indicated that not 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. The manager informed the inspector that she had notified the trust and omission was due to staff shortages. Overdue reviews have since been undertaken. the form. The manager explained that she always retains a record of when reviews are due and dates held.

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 one complaint received was 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 any investigations were always acted upon.

11.8 Staffing

The home retains a staff duty roster. On the morning of the inspection the care team consisted of manager and one senior care staff member. The activity coordinator was on leave. Examination of the duty roster verified that the manager and one care staff were rostered each am. Four staff questionnaires returned to RQIA indicated they were satisfied with staffing levels. One of the four questionnaire indicated that staff are required to undertake duties not related to care.

RQIA Staffing guidance for Residential Care Homes (June 2009) recommends "one person in charge and two or three care staff" This issue was discussed with the manager and is raised for action within the appended Quality Improvement Plan. Additionally, given the number of residents accommodated staff should not undertake duties which are not related to care

11.9 Accidents / Incidents

Records of accidents / incidents occurring in the home were being retained. Discussion took place with the registered provider and registered manager regarding notification to RQIA of accidents as several minor accidents had not been notified. The registered provider informed the inspector that they were not aware of having to report all accidents but always reported accidents when injury occurs or if a resident was admitted to hospital. This issue is raised for action within the appended Quality Improvement Plan.

11.10 Environment

The inspector viewed the home accompanied by the manager 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 satisfactory, homely and well maintained. New flooring in the hallway and dining room has been installed since the last inspection. Carpet in the lounge has also been replaced. This is to be commended.

11.9 Guardianship Information

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

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

11.10 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.

All fire doors were closed and fire exits unobstructed.

Staff receives fire safety awareness training twice yearly.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Alexander Miller, registered provider, who confirmed that all staff employed at the home, including agency and bank staff had been vetted (enhanced and barred list check) 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 the registered persons, Alexander and Patricia Miller, 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:

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



Quality Improvement Plan

Primary Announced Care Inspection

Carmen House

27 August 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 Mr Alexander Millar and Mrs Patricia Millar during and on conclusion the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 30	<p><u>Accidents / Incidents</u></p> <p>The registered manager must ensure that any accident occurring in the home is notified to RQIA.</p>	Once	Every incident / accident will now be sent to RQIA not just serious incident as detailed in form 1a	Immediate and ongoing

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	Standard 10.1	<p><u>Policy / procedure</u></p> <p>The home had a policy on challenging behaviour which included restraint. Review of the policy identified that information on the procedure which staff should follow if a resident's behaviour becomes challenging should be included, additionally information as set within DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) should be included.</p>	Once	Our policy/procedures on restraint has been updated to include the extra requested information	31 October 2014
2	Standard 13.1	<p><u>Policy / Procedure – activities</u></p> <p>The development of a policy / procedure on Activities / Social Events is recommended.</p>	Once	This has been produced by our activities co-ordinator and added to our Policy & Procedures	31 October 2014
3	RQIA Staffing guidance for Residential Care Homes (2009)	<p><u>Staffing</u></p> <p>Review of the current care staffing levels is recommended as the current staff provision of one care staff and the manager on duty each morning falls short of RQIA Staff guidance For Residential Care Homes.(2009) (Ref: Section 11.8) Additionally staff should not be undertaking duties not related to care.</p>	Once	<p>A further shift has been added to the morning schedule. This will give us 3 care staff including manager, one domestic/laundry, 1 activities and 1 in the kitchen.</p> <p>All staff work separate shifts between care and domestic.</p>	31 August 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	Patricia Millar
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Alexander Millar

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	P.Clayton	20/10/14
Further information requested from provider			