Primary Announced Care Inspection

Service and Establishment ID:	**The Croft Community (1594)**
Date of Inspection:	**23 October 2014**
Inspector's Name:	**Alice McTavish and Laura O'Hanlon**
Inspection No:	**IN016865**

The Regulation And Quality Improvement Authority
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1.0 General information

Name of home:	The Croft Community
Address:	71 Bloomfield Road Bangor BT20 4UR
Telephone number:	0289145 9784
Email address:	pat@croftcommunity.com
Registered Organisation/ Registered Provider:	Patricia Ann Wilson
Registered Manager:	Patricia Ann Wilson
Person in charge of the home at the time of inspection:	Yvonne McCaughren (acting manager)
Categories of care:	RC-LD, RC-LD(E)
Number of registered places:	32
Number of residents accommodated on day of Inspection:	32
Scale of charges (per week):	As arranged with Trust
Date and type of previous inspection:	Primary Announced 26 February 2014
Date and time of inspection:	Primary Announced 23 October 2014 10am – 5.30pm
Name of Inspectors:	Alice McTavish Laura O'Hanlon

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 acting 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	8
Staff	2
Relatives	3
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	35	8

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

The Croft Community residential care home is situated in Bangor, Co. Down close to a variety of local amenities. The residential home is operated by The Croft Community Ltd. Oaklee Trinity Housing Association owns and maintains the buildings and grounds. Ms Patricia Wilson is manager of the home and has been registered manager for a number of years. Mrs Yvonne McCaughren is currently acting manager during the extended absence of Ms Wilson. Mrs McCaughren has been deputy manager for over ten years.

The Croft Community residential facility consists of four houses, each with their own staff team. The houses are named Clarke House, Bingham House, James and Smith House and Mayne House. Accommodation and care is provided for 32 adults who have a learning disability. Seven places are designated for respite care which is provided in James and Smith House**.** In addition, places are available to provide day care support for those residents who avail of respite.

Each house has its own cook with assistant catering staff where appropriate.

Clarke House accommodates ten residents. There are ten bedrooms with a wash hand basin in each room. There are five communal bathrooms and three sitting rooms, one of which is a conservatory. There is also a kitchen, dining area and a laundry which residents can use.

Bingham House caters for six residents. There are five bedrooms with one en-suite bedroom. There are also three bathrooms. Residents have two sitting rooms, one of which is a sun room. There is also a kitchen and dining area and an entrance hall.

James and Smyth House provides facilities for seven respite residents. The house includes seven bedrooms, one of which is en-suite, four bathrooms, two sitting rooms and two kitchen and dining areas. The meals for residents are cooked in Mayne House and delivered over the short distance in heated trolleys.

The newest building, Mayne House, caters for nine residents. There are nine large ensuite bedrooms, three sitting rooms and a large kitchen and dining area. There is also a laundry room and staff office accommodation. There is a cook and catering staff who look after Mayne House. Mayne House is spacious and has been planned to cater for the needs of an ageing population.

The community at Croft have recently used some ground to create a “memory garden”, a beautifully decorated area where residents can sit and enjoy the tranquil atmosphere.

The grounds of the main site are spacious with residents having the facility of ‘The Barn’ and ‘Croft Club’ on site.

The home is registered to provide care for a maximum of 32 persons under the following categories of care:

<u>Residential care</u>

LD Learning Disability
LD(E) Learning Disability – over 65 years
<u>Day care</u>

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of 15 residents.

8.0 Summary of Inspection

This primary announced care inspection of The Croft Community was undertaken by Alice McTavish and Laura O'Hanlon on 23 October 2014 between the hours of 10:00am and 5:30pm. Ms Yvonne McCaughren, acting manager during an extended absence of the registered manager, was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirement made as a result of the previous inspection was also examined. Review of documentation, observations and discussions demonstrated that the requirement had been addressed within the timescale specified RQIA. The detail of the actions taken by Ms Patricia Wilson can be viewed in the section following this summary.

Prior to the inspection, in June 2014, Ms Patricia Wilson completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Ms Wilson in the self-assessment were not altered in any way by RQIA.

During the inspection the inspectors met with residents, staff and relatives, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, reviewed 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. The home had a policy, Dealing with Aggressive Behaviour, dated 2009. A recommendation is made that the policy and procedures are updated. See section 10.0 of the report.

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. A review of the training records indicated that no recent refresher training has been provided. A recommendation is made that refresher training is provided. See section 10.0 of the report.

Staff members were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The deputy manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team. Staff regularly utilise the Behaviour Support Team as a resource in dealing with challenging behaviour. 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 The Croft Community 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 and identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities.

Activities are provided by care staff. Training has been provided for one staff member in activity provision in the areas of reminiscence therapy, chair based activities and in multi-sensory concepts. This is commended.

A selection of materials and resources was available for use during activity sessions. Comprehensive records were maintained.

The evidence gathered through the inspection process concluded that The Croft Community was compliant with this standard.

Resident, representatives and staff consultation

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

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

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

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

Care Practices

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

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a very high standard.

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

No requirements and six 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, relatives, the acting manager, members of the management committee 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 *add date*

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20 (3)	The registered manager shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence. Reference to this is made, in that a competency and capability assessment must be devised and put in place for any member of staff with this responsibility.	Examination of the returned Quality Improvement Plan and review of a sample of staff competence and capability assessments confirmed that any person who is given the responsibility of being in charge of the home for any period of time in the absence of the manager has been assessed as competent and capable to do so.	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: 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.	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
Detailed Care and Support plan is in place for every resident. Staff are actively involved in writing and reviewing this plan. It is a working document. When changes are made to the Care & Support, staff are informed verbally by Senior stafff and via the communication book. The Care & Support plan covers areas around communication - explaining the means of communication and the persons understanding. It also has a section that deals with behaviours and includes what staff need to do in order to minimise risks. Risk Assessments are kept under review and this document will highlight risks and give guidelines to minimise risks to resident, other residents and staff. All Care/Support plans and Risk assessments are in place to enhance the wellbeing of each individual. Each Care / Support plan and risk assessment is person-centred. All Care/Support plans along with risk assessments are reviewed every year at Care Management Review. Next of kin are also involved with these reviews.	Compliant
Inspection Findings:	
The home had a policy and procedure in place entitled Dealing with Aggressive Behaviour, dated 2009. A recommendation is made that the policy and procedure is reviewed to reflect 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. Observation of staff interactions with residents identified that informed values and use of least restrictive strategies were demonstrated. A review of staff training records identified that all care staff had received training in behaviours which challenge entitled Challenging Behaviour which included a human rights approach. The training, however, had not been	Substantially Compliant

provided recently. A recommendation is made that refresher training is provided to staff in the area of challenging behaviour. A review of 3 residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed and dated. Staff utilise an Individual Care Support Plan to provide information on residents needs and /or behaviours. Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff members spoken with were knowledgeable in relation to responses and interventions which promote positive outcomes for residents. A review of the returned staff questionnaires identified that staff feel they are well supported and are provided with adequate training.	

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR **Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.**	
Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
Staff will record behaviours that are uncharacteristic and will report to Senior staff or SW2 on duty. Previous daily notes will be checked to see if anything occurred, staff will check health/bowel movements/changes in routines etc. Senior staff will inform Manager/Deputy Manager for advice. GP appointment may be made to rule out physical issues. Next of kin will be informed and possible further information requested from family for additional advice. Care Manager may be informed by Manager if referral to other professions is required eg Behaviour Support team, Psychology etc . Psychology Team visit Croft for "open workshop" for advice etc every 3/4 months. Staff are invited to attend and discuss concerns and seek advice for best practice to try and prevent behaviours occurring.	Compliant
Inspection Findings:	
The policy on dealing with aggressive behaviour dated 2009 includes the following: . 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, relatives and Trust personnel . . Agreed and recorded response(s) to be made by staff Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined abov	Compliant

Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person charge. Three care records were reviewed and identified that they contained the relevant information regarding the resider identified uncharacteristic behaviour. Care records reflected evidence of liaison with the Behaviour Support Team A review of the records and discussion with visitors confirmed that they had been informed appropriately.	

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	
When consistent approach or response is required for an individual resident this will be recorded in Care/Support plan. Next of Kin are informed. Any changes to care/support plans are discussed with resident if appropriate. Changes will also be discussed with Care Manager or other professionals as required. Any guidance offered by other professionals will be recorded in Care /Support plans. All changes to Care/Support plans are discussed at the Care Manager review.	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. Individual care support plans are reviewed every six months. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager. Care plans were also signed by the relevant Care Manager. Respite service users have included in individual management plans that there is liaison between the home and day centre; this helps to ensure that information is exchanged between facilities to assist in continuity of care.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
If a resident has a specific behaviour management programme put in place by a professional (e.g. Behaviour Support Team/Psyschology) this will form part of the individual resident`s Care/Support plan . Staff are informed and then follow the guidelines in place.	Compliant
Inspection Findings:	
A review of the Dealing with Aggressive Behaviour policy (2009) identified that it included the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan as necessary. A review of one behaviour management programme identified that it had been approved by an appropriately traine professional. The review also identified that the behaviour management programme forms part of the residents' c plan and there was evidence that it was kept under review. Staff discussions advised that Behaviour Support Nurs is utilised as a resource for dealing with challenging behaviour.	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: 10.5 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	
When a behaviour management programme is in place for a resident, staff are provided with the appropriate training, information, guidance and support to ensure everyone follows the programme. Staff are invited to Psychology "work-shops" within Croft to discuss concerns and receive further advice and guidance. Behaviour Support Team, Psychology & Care Management work have worked closely together with Croft in the past to ensure everyone is aware and understands the programme. It is kept under review and amended as and when required under the guidance of the Professional who put the plan in place.	Compliant
Inspection Findings:	
A review of staff training records evidenced that staff had received training in challenging behaviours but that refresher training was not recently provided. A recommendation has already been made. See standard 10.1. The home has received specialist training in managing behaviours for residents with a visual impairment and Makaton training has been provided to aid communication. Staff confirmed during discussion that they felt supported and that the support ranged from the training provided, supervision and staff meetings. Discussion with staff confirmed that they were knowledgeable in regard to the behaviour management programmes in place. Staff reported that they have a close liaison with the Behaviour Support Team and they value this as an informative resource.	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	
When an incident occurs outside the scope of the Care/Support plan it is recorded and reported to Senior of House and to Manager. Where appropriate the next of kin are informed. Incident report may be forwarded to Care Manager and referral made to appropriate Professional or other services. Care Manager may then call a multi-disciplinary review to discuss way forward. Care/supprt plan would be discussed and ajusted as required. All parties present would agree and sign the plan	Compliant
Inspection Findings:	
A review of the accident and incident records from October 2013 to August 2014 and discussion with staff identified that no incidents had occurred outside of the scope of a resident's care plan. A recommendation is made that all accidents and incidents which affect the health, care and welfare of residents are reported to RQIA. 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 and relatives 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. Staff advised that, where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	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: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
Restraint is only used as a last resort, we work very closely with Behaviour Support Team & other professionals for advice and guidance. We use other less restrictive strategies, if restaint is required then a very detailed plan would be put in place with full support of the appropriate Professionals. Family would be informed. Staff would receive appropriate training and guidance. Records would be maintained.	Compliant
Inspection Findings:	
Discussion with staff and visitors and a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint is only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies have proved unsuccessful. A review of the accident and incident records and residents' care records identified that Trust personnel and the resident's representative are notified on occasions when any restraint has been used. The circumstances and nature of the restraint were recorded on the residents care plan. A number of restrictions operate within the Croft Community. These include the use of locked entrance doors, pressure alarm mats and sound monitors which are used for those respite residents who are at risk of having epileptic seizures. A review of the home's Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are not fully described. A recommendation is made that the Statement of Purpose is reviewed and should include details of any restrictions which are employed within the home.	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

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	
Each Resident has a person centred Care/Support plan in place. Residents are actively involved in choosing their activities within and outside of Croft. Residents are encouraged to engage in activities out in the local community. In some of the Houses residents meet on a Sunday evening with staff to plan their weeks activities.Others meet on a monthly basis. Everyone is encouraged to contribute to the meeting. Minutes are recorded.	Compliant
Inspection Findings:	
The home had a policy dated October 2014 on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussion with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS **The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.**	
Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
The programme of events offered is very much led by the residents choices. We encourage residents to attend activities based out in the community. Encouraged to attend local church & Bible class, Gateway, Sycamore, Special Olympics, local library, local gym, shopping centres, out for coffee, concerts,10 pin bowling, cinema, swimming. We have recently developed raised beds in the garden and residents have enjoyed growing and eating their own lettuce, tomatoes, beetroot, potatoes and spring onoins. Sunflowers grown have now been put on display at the front of the House much to the delight of residents. Residents have enjoyed indoor bowling & golf via the use of a Wii. Residents have also been involved in choosing holidays and staff have supported this to take place. This year residents will have had a holiday in Portaferry, Share Centre in Enniskillen and a 4 day break in a hotel at Limavady.	Compliant
Inspection Findings:	
Examination of the programme of activities identified that social activities are organised on a daily basis. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS **The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.**	
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
Most of the residents take their House meetings very serious and generally do not need much encouragment to take part. Residents are encouraged to voice their views and helped with the process of taking turns so as everyone is given opportunity to take part. Pictures, signs and symbols are used where appropriate to aid communication. Times of meetings can be ajusted in order to suit all residents particularly if it classes with a TV programme.l	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. Staff confirmed that residents choose activities for the forthcoming week during house meetings each Sunday. No residents choose to remain in their own rooms. Residents and their representatives were also invited to express their views on activities by means of 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	
Where appropriate a schedule is displayed with timetable of events. This includes symbols that are appropriate to the group of residents. Others perfer to tell their own families verbally. Programme of activities is discussed at Care Management review and copies given to families and care Manager.	Compliant
Inspection Findings:	
On the day of the inspection the programme of activities was on display in the communal dining room. This location was considered appropriate as the area was easily accessible to residents and their representatives. Discussion with residents confirmed that they were aware of what activities were planned. The weekly programme of activities was presented in an appropriate large print, pictorial 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	
The programme of activities is centred around the needs and choices of the residents. Staff are available to provide the necessary support, with appropriate equipment. We purchased special hand tools for use in the garden. We put in place raised beds in order facilitate residents with gardening.	Compliant
Inspection Findings:	
Activities are provided for on a daily basis by care staff. As many residents attend day centre between Monday and Friday, the activities are planned for evenings and at weekends. Residents are encouraged to use the on-site coffee shop, multi-sensory room and games rooms which opens on alternate Tuesday and Friday evenings. Care staff and residents confirmed that there was a plentiful supply of activity equipment available. This equipment included board games, puzzles, toys, arts and crafts materials, CDs, DVDs, and magazines. Training has been provided for one staff member in activity provision in the areas of reminiscence therapy, chair based activities and in multi-sensory concepts. This is commended. There was confirmation from the registered manager that supplies for activities are funded by The Croft Community.	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	
The timetable of events and activities are centred around the needs of each resident. Residents always have the choice of attending or remaining at home.	Compliant
Inspection Findings:	
Care staff, the acting 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	
Not applicable. We do not bring in people to provide a activity, we encourage residents to access community based activity.	Not applicable
Inspection Findings:	
The acting 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	
Not applicable	Not applicable
Inspection Findings:	
The acting manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion i 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	
Activities that residents are offered or actually involved in within and outside in the community are recored in each residents daily notes.	Compliant
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. There was evidence in individual care records that appropriate consents are in place in regard to photography and other forms of media.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS **The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.**	
Criterion Assessed: 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	
Residents are fully involved in all choices regarding activities through the regular House meetings. Residents always have the choice to attend an activity or remain at home.	Compliant
Inspection Findings:	
A review of the programme of activities identified that it had last been reviewed on 19 October 2014. The records also identified that the programme had been reviewed at least twice yearly. The acting 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 Residents' consultation

The inspectors met with eight residents individually and with others in groups. Residents were observed relaxing in the communal lounges and dining areas. In accordance with their capabilities all residents indicated 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:
'I love my room. It's great here.'
'This is the best place to live.'

11.2 Relatives/representative consultation

Three relatives belonging to two residents who met with the inspector indicated satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated regarding the care provided. The parents of one resident, however, expressed concern regarding the proposal that residents would move towards a supported living arrangement and how this would affect the service user.

Comments received included:
'Incredibly supportive'

'Good social life'

'Good communication between staff and residents, and families'

11.3 Staff consultation/Questionnaires

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

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

11.4 Observation of Care practices

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

11.5 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 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 acting manager confirmed that a number of care reviews have since been completed.

11.6 Complaints

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

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

A review of the 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 acting manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

The inspector viewed the home accompanied by Ms Yvonne McCaughren and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a high standard.

11.9 Guardianship Information

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.

The inspector examined the home's most recent fire safety risk assessment dated April 2014.

The review identified that the recommendations made as a result of this assessment had been passed to Oaklee Trinity Housing Association who has responsibility for maintaining the buildings. Some areas of work remain outstanding and the information regarding this will be forwarded to RQIA Estates inspector. A recommendation is made that the home should undertake further discussion with Oaklee Trinity Housing Association to have outstanding works satisfactorily completed.

A review of the fire safety records evidenced that fire training had been provided to most staff on a variety of dates throughout 2014 with fire warden training provided to senior care staff in September 2014. A recommendation is made that fire training is provided to those staff members who have not received training and that the training records are maintained on a training form.

The records identified that an evacuation had been undertaken and recorded in the diary and the fire drill book. Different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

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

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Yvonne McCaughren as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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

The **Regulation** and **Quality Improvement** **Authority**

Quality Improvement Plan

Primary Announced Care Inspection

The Croft Community

23 October 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 Yvonne McCaughren either during or after the inspection visit.

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

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

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

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

Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	10.1	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. Reference to this is made in that the policy and procedure document should be updated.	One	Staff have knowledge of each of the individuals usual conduct and behaviours. This is evident through each of the individual care plans as well as daily notes etc. in the house diary. We have updated the policy document to ensure it specifically calls this out.	23 January 2015
2	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. Reference to this is made in that arrangements should be made for the provision of refresher training to staff in the area of challenging behaviour.	One	We have held two training sessions in December (December 4th and 5th) and further sessions are scheduled for January 8th & 9th 2015	23 January 2015
3	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.	One	We have an indicident and accident policy which was updated this year. As per policy - all accidents and incidents which effect the health, care and welfare of the	Immediate and ongoing

		Reference to this is made in that all accidents and incidents which affect the health, care and welfare of residents are reported to RQIA.		residents are reported to RQIA and other relevant parties.	
4	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. Reference to this is made in that the Statement of Purpose should be reviewed to include details of any restrictions which are employed within the home.	One	We are currently updating our Statement of Purpose and we will reference our restraint policy within.	23 January 2015
5	29.1	There is a current Risk Assessment and Fire management Plan that is revised and actioned when necessary or whenever the fire risk has changed. Reference to this is made in that the home should undertake further discussion with Oaklee Trinity Housing Association to have outstanding works satisfactorily completed.	One	We are in current discussion with Oakley to see how we can integrate the Barn / Coffee shop with the overall fire alarm system. We do have fire alarms in each of the Barn and Coffee shop but not integrated at present with the rest of the buildings.	Immediate and ongoing
6	29.4	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. This training is provided by a competent person at the start of employment and is repeated at least twice every year. Reference to this is made in that fire training should be provided to those staff members who have not received training and that the training records are maintained on a training form.	One	Staff records are up to date and plans in place to ensure all staff are aware of the fire procedures.We have a clearly documented Fire Evacuation Policy. In addittion to this included in each of the clients care and supoport plans we have a PEP.	23 January 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Yvonne McCaughran. Yvonne McCaughran
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Yvonne McCaughran. Clive Evans.

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	YES.	Alice McTavish	5 Jan 2015.
Further information requested from provider			