



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Stewart Lodge
Establishment ID No:	1606
Date of Inspection:	23 June 2014
Inspector's Name:	Kylie Connor
Inspection No:	16628

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Home:	Stewart Lodge
Address:	1 Ballyharry Heights Newtownards BT23 7GE
Telephone Number:	(028) 9182 1263
E mail Address:	janetstewart966@googlemail.com
Registered Organisation/ Registered Provider:	Mrs Janet Stewart
Registered Manager:	Mrs Janet Stewart
Person in Charge of the home at the time of Inspection:	Mrs Janet Stewart
Categories of Care:	RC-I, RC-DE (for no more than 2 persons)
Number of Registered Places:	8
Number of Residents Accommodated on Day of Inspection:	8
Scale of Charges (per week):	£481 to £496
Date and type of previous inspection:	10 September 2013 Primary Announced Inspection
Date and time of inspection:	23 June 2014 10:00am to 1:10pm
Name of Inspector:	Kylie Connor

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

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

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

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

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

4.0 Methods/Process

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

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

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

- Analysis of pre-inspection information
- Discussion with the registered manager/registered provider
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and with others in groups

- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

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

Residents	7
Staff	2
Relatives	0
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	5	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 and theme:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

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

Stewart Lodge is a Private Residential Home, owned and operated by Mrs Janet Stewart who made application to the Authority in 2005 for the position of registered manager and registered provider. This modern, well appointed, detached property is located between the towns of Newtownards, Donaghadee and Bangor. It is convenient to all local amenities, transport routes and the surrounding Ards Peninsula. The home is situated within the geographical area of the South Eastern Health and Social Care Trust.

The home is a non-smoking home and has eight single bedrooms located on the ground floor, four of which have en-suite facilities. Three of the en-suite bedrooms were added in 2006 as well as a sun lounge and dining area.

A communal shower room is fitted with a hairdressing sink and a separate toilet is available. The home does not have a bath, a decision made with involvement from residents and relatives. Communal areas include; a lounge connecting to a dining room, kitchen and laundry all of which are located on the ground floor.

The home is very well maintained, furnished and decorated throughout to a high standard. There is some car parking to the side of the home and outdoor space with seating.

Residents within the home are assessed as needing a low level of care and support and who are assessed as needing no assistance during the night.

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

Residential care

RC-I	Old age not falling into any other category (for 8 persons)
RC-DE	Dementia (for no more than two persons)

8.0 Summary of Inspection

This announced primary care inspection of Stewart Lodge residential home was undertaken by Kylie Connor, Inspector on 23 June 2014 between the hours of 10:00am and 1:10pm. Janet Stewart, Registered Manager was available during and for verbal feedback at the conclusion of the inspection.

The recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that the four recommendations achieved the level of compliant. This is commended. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided in the self-assessment were not altered in any way by RQIA. A number of other documents were returned prior to the inspection including, management of complaints, information in relation to resident dependency levels, care reviews, vetting, finance and fire safety. Further details in regard to a number of these areas can be found in section 11.0 of the main body of the report. No issues were identified.

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

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

A review of the returned questionnaires and discussion with staff indicated that staff were supported in their respective roles. There was evidence that staff are provided with the relevant resources and training to undertake their respective duties. The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Two requirements and two recommendations were made as a result of the primary announced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP). A number of improvements made are referred to below and in section 11.0 of the report.

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

Responding to resident's behaviour – Standard 5

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policies and procedure in place, along with a guidance document which partly reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that physical restraint is not used.

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 training records evidenced that staff have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information is recorded in the resident's care records. The registered manager is aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a three records evidenced that residents and/or their representatives had been included in decisions affecting their care. The evidence gathered through the inspection process concluded that Stewart Lodge is substantially compliant with this standard. Improvements were identified in the areas of policies and procedures and the homes statement of purpose.

Programme of activities and events – Standard 13

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home did not have a policy and procedure relating to the provision of activities. Through a review of care records and discussion 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, 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 with support from relatives. Residents were given opportunities to make suggestions regarding the programme of activities.

Activities are provided by designated care staff or very occasionally, staff were contracted in. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who are not employed by the home have the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Stewart Lodge is compliant with this standard. An improvement was identified in regard to developing a policy and procedure on activities and events.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 10 September 2013

No.	Regulation Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20.12	A staff satisfaction survey should be completed.	Evidence reviewed confirmed this is has been addressed.	Compliant
2	11.1	The registered manager should ensure that the care reviews policy (2013) and admissions policy are reviewed and improved.	Evidence reviewed confirmed this is has been addressed.	Compliant
3	16.1 16.2	The registered manager should review the homes Vulnerable Adult Policy and Procedure and the homes Whistle-blowing policy. Staff should read and sign the reviewed policy and procedure.	Evidence reviewed confirmed this is has been addressed. There was verification that contact numbers of relevant agencies are known.	Compliant
4	19.2	The registered manager should ensure that medical verification is obtained from staff members' GP and records made good.	The registered manager confirmed that the home has had no new staff recruited and confirmed that she is aware to ensure this information is obtained for future staff. The registered manager confirmed that the homes recruitment policy reflects this. This has been addressed.	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	
A Needs Assessment, Pre-Admission and Admission Forms together with the 'Getting to Know You' document is used to prepare a detail Care Plan for each individual resident. When a new resident is admitted to the Home all staff are briefed as to the Residents Needs and how the care package is delivered.	Compliant
Inspection Findings:	
<p>The home had a policy on challenging behaviour and separate guidelines for the management of challenging behaviour. Both were being updated at the time of the inspection. The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used.</p> <p>A review of the policy and procedure identified that it partly reflects the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) but improvements are needed in these areas and in regard to responding to uncharacteristic behaviour as detailed in section 10.2.</p> <p>Observation of staff interactions with residents and discussions with staff identified that informed values were demonstrated and staff were knowledgeable in regard to different types of restrictive practices.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge titled Challenging Behaviour Awareness on 27 January 2014 which the registered manager verified included a human rights approach.</p>	Substantially compliant

<p>A review of one residents’ care record identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident’s usual routines, behaviours and means of communication. Staff spoken with were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> <p>A review of the returned staff questionnaires identified that staff had received training in managing behaviours which challenge.</p>	
<p>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.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>Any change in resident behaviour is noted in the daily diary and reported to the Registered Manager. Staff would work with the resident to understand/find out the cause of the behavioural change and deal with any issues as necessary. Issues of concern are discussed at shift handover - breavement anniversaries. Staff have been trained in de-escalation techniques. We follow Trust guidelines and liaise with relevant professionals in assessment of residents needs and type of care required.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The policy and procedure referred to in 10.2 does not include the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust, relatives and RQIA. . Agreed and recorded response(s) to be made by staff 	Substantially compliant

<p>This is included in a recommendation made.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff are aware of the need to report the uncharacteristic behaviour to the registered manager. One care record was provided as an example of when uncharacteristic behaviour was responded to and of appropriate action taken. A review of the records and discussion with the registered manager and staff confirmed that relatives and professionals had been informed in a timely manner.</p>	
<p>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.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>Care needs are tailored to each individual resident depending on their specific circumstances. For example, a resident returned to the Home after 4 weeks in hospital. They had lost approximately 2.5 stone in wieght, were weaker and frailer. Following discussions with the family and Health Professionals a specific plan was put in place to stop the weight loss, address their lack of appetite and to build up their strength. There is a specific meal plan in place, daily programme, staff to assist at meal times. Staff gently encourage and motivate resident to eat and drink more.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of a previous residents’ care plan identified that when a resident needs a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident and the registered manager who also was responsible for drawing it up.</p>	Complaint

<p>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.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>A previous resident had a specific behaviour management programme to address aggressive behaviour. Where there was displays of this behaviour staff would withdraw from the residents room. A Behavioural Care Plan can be implemented but on a limited basis. For example, a recent reassessment of care needs from residential to nursing resulted from liaison with a range of health care professionals.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The registered manager informed the inspector that there are currently no residents who have a specific behaviour management programme in place. Therefore, this criterion is not applicable at this time.</p>	Not applicable
<p>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.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Staff have received training in Managing Challenging Behaviour. This is certified training. Staff have received individual one-to-one training from the Registered Manager together with support and strategies on how to manage such behaviours. This focuses on de-escalating the situation and resolving issues of concern</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of staff training records evidenced that staff had received training in:</p> <ul style="list-style-type: none"> . Behaviours which challenge in January 2014. This Training was appropriate to the home's categories of care, RE-I and RC- DE. <p>There are no residents with a behaviour management programme in place, therefore this is not applicable at this time.</p>	Not applicable

<p>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.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
The home has an incident reporting procedure and adhere to the Vulnerable Adults Polic	Compliant
Inspection Findings:	
<p>A review and discussion of the accident and incident records from in the last 12 months and discussions with the registered manager and staff, identified that residents' representatives, Trust personnel and RQIA had been appropriately notified.</p> <p>A review of one care plan evidenced that it had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p>	Compliant
<p>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.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
This has never been as issue within the home to date. If this issue arose within the Home we would seek intervention from a Behavioural Support Team.	Compliant
Inspection Findings:	
<p>Discussion with the registered manager, staff, a review of a returned staff questionnaires, staff training records and an examination of three care records confirmed that physical restraint is not used in this home.</p> <p>A number of other types of restraint/restrictive practices were identified and the inspector was satisfied that these are only used as a last resort and following assessment of need to protect the residents or other persons and less restrictive strategies are implemented. A number of restraint/restrictive practices in place were recorded on the residents' care plan including alarm/locking of the front door for specified periods of time.</p> <p>Residents confirmed during discussion that they were aware of decisions that affect their care. Residents</p>	Substantially compliant

<p>confirmed that they had given their consent to the limitations, were aware that action has been taken/measures have been put in place to minimise the impact of these limitations. An example was given where the practice of locking the front door was kept under review, was amended in line with changing need.</p> <p>A review of the home’s Statement of Purpose evidenced that the types of restraint and restrictive practices which may be used in the home are partly described. These may include; bedrails, pressure mats, alarmed doors, the practice of weighing residents, use of medication and so on. A requirement has been made.</p>	
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<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially 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:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider's Self-Assessment	
Each resident completes a 'Getting to Know You' form. This helps to identify hobbies, interests, activities and events. A personal activities and events plan is prepared for each resident and is tailored for them. A range of activities and events is offered for all. Residents may choose to take part if they wish. Particular needs are tailored through personal activities	Compliant
Inspection Findings:	
The home did not have a policy on the provision of activities and a recommendation has been made. A residents' charter was in place. A review of one care record 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	Substantially Compliant

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>The purpose of the Activities and Events is to provide an enjoyable experience suited to each individuals needs. The individual Activity Plan is appropriate - culturally, spiritually, age relevant and to their own capabilities given their care needs. For example, Dance Unlimited event and weekly Gospel Praise and Songs. Specific faith groups alternate church services monthly. At Christmas the Home holds a Christmas Party and the local community (neighbours) attend this event.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Examination of the yearly activity planner and individual weekly activity plan identified that activities are organised daily. Discussions with the registered manager, staff and residents confirmed that residents are encouraged to retain their independence and skills.</p> <p>The activity 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, depending on ability and choice with support from families. Staff and residents confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis.</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: 13.3 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	
By working with the resident and/or family member in completing a Getting to Know You form the Home is actively seeking suggestions in how the Home can develop a programme of activities and events for each individual. This is revised so new things can be included. One resident stays in his room. They are actively approached and asked for ideas/suggestions.	Compliant
Inspection Findings:	
A review of the record of activities provided and discussion with residents, including residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued by the home, a residents' meeting, dated 13 June 2014, at a staff meeting with an external provider in May 2014 and regular one to one discussions with staff.	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	
A two week Activity Plan is displayed on the Homes noticeboard in the Hall. This schedule is available in large print if required. Reading glasses are available at the noticeboard. We encourage residents to take part but we don't require them to attend.	Compliant

Inspection Findings:	
<p>On the day of the inspection, the programme of activities was on display in the entrance hall. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussion with residents confirmed that they were aware of what activities were planned and stated that the staff kept them informed on a daily basis.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	
Provider's Self-Assessment	
The Home actively works to make the activities and events as meaningful as possible with the appropriate resources. For example, games and soft balls for armchair aerobics. Staff supervise events and activities to ensure everyone is included and encouraged to part take	Compliant
Inspection Findings:	
<p>Equipment including, indoor bowls, velcro darts, home library resource, bird tables, gardening activities, softball, musical equipment, seasonal dressing up items were available in the home.</p> <p>There was evidence that activities are provided daily for different lengths of time by care staff. This depends on the residents' choice, staff stated, 'no-one is left out.' There was confirmation from the registered manager that a designated budget for the provision of activities is in place.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	
Provider's Self-Assessment	
The needs and abilities of the residents determine what activities and events are held, when and for how long and is appropriate to their care needs.	Compliant

Inspection Findings:	
The registered manager and residents confirmed that the duration of each organised activity takes place for approximately 30 minutes in the afternoon and are 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 impact on their participation in activities.	Compliant
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	
The Home Manager supervises events and activities to ensure any contracted in providers have the necessary skills and abilities. For example, BCM Mission Praise, Dance Unlimited, Hairdresser and Manacurist.	Compliant
Inspection Findings:	
The registered manager confirmed that the home has a number of external persons are contracted in occasionally to provide activities as stated above. The registered manager confirmed that she had obtained evidence from the person that they had the necessary skills and knowledge to deliver the activity. The registered manager confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.	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	
The staff would work with and inform contracted-in providers of any particualr needs of residents and would help encourage participation	Compliant

Inspection Findings:	
The registered manager confirmed that a system was in place to inform any person contracted to provide activities, of any change in residents' needs which would affect their participation in the planned activity.	Compliant
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	
The Home keeps a record of activities held, level of participation and name of person taking activity	Compliant
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature of the activity and the residents who had participated in or observed the activity. The inspector stated that activities are facilitated by the same staff member and where this is a different, the name of the member of staff is recorded and all activities are scheduled to take place between 15 to 30 minutes approximately. There was evidence following discussions with the registered manager that appropriate consents are being obtained at present in regard to photography and other forms of media.	Complaint
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	
The programme of activities and events is reviewed at least twice a year with a programme of events being planned and reviewed. This takes place prior to Christmas and before summer. The most recent being the 9th May 2014.	Compliant
Inspection Findings:	
A review of the programme of activities identified that it had last been reviewed in June 2014. The records also identified that the programme had been reviewed at least twice yearly.	Compliant

<p>The registered manager confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p> <p>Staff commented; 'the banter is great.'</p>	
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<p>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

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

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with seven residents both individually and in small groups. Residents were observed relaxing in the lounge, watching television, listening to music and chatting. Others were relaxing in their bedrooms, reading or resting. 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:

- "I've got quite a lot of visitors, my relative comes every day."
- "It's kept clean,"
- "It's nice and homely."
- "You couldn't ask for better staff."
- "I'm quite happy here to tell you the truth."

11.2 Relatives/representative consultation

There were no relatives spoken to during the inspection.

11.3 Staff consultation/Questionnaires

The inspector spoke with one staff, the registered manager and reviewed the information pertaining to four completed and returned staff questionnaires. There was evidence that staff were supported in their respective roles. The registered manager confirmed that staff are provided with the relevant resources to undertake their duties. The registered manager and staff demonstrated awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

Returned staff questionnaires were received after the inspection had been carried out.

Comments received included:

- "We make a big fuss of birthdays and all the good china comes out. They really love that."
- "They are all so different. They all have their own interests."
- "They love to listen to the piano being played."
- "The atmosphere is suited to the style of the home, friendly staff, approachable, issues dealt with sufficiently."

11.4 Visiting professionals' consultation

No professionals were spoken to during the inspection.

11.5 Observation of Care practices

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

11.6 Complaints

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

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that there were no complaints made during the year 2013.

11.7 Environment

The inspector viewed the home 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, appropriately decorated and furnished. Residents' bedrooms were observed to be homely and personalised. The registered manager stated that she intends to develop the garden area with involvement of residents.

11.8 Guardianship Information / Resident Dependency Information

A review of the resident dependency information submitted prior to the inspection included information on guardianship. No issues were identified.

11.9 Fire Safety

The inspector examined the home's most recent fire safety risk assessment dated 18 February 2014. The review identified that the recommendations made as a result of this assessment had been duly actioned. The most recent estates inspection took place on 17 September 2013.

A review of the fire safety records evidenced that fire training, had been provided to staff on August 2013 but records did not evidence that the second 6 monthly fire safety training had been delivered. This issue has previously been stated as a recommendation in the inspection report dated 22 January 2013. A requirement has been made and the inspector advised the registered manager that compliance must be maintained. The registered manager stated that informal updates had been delivered through the year but no records were made in line with the minimum standards.

The records evidenced that an evacuation had been undertaken in August 2013 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Janet Stewart, Registered Manager 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:

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



Quality Improvement Plan

Primary Announced Care Inspection

Stewart Lodge

23 June 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Janet Stewart, registered manager 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.

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	27 (4) (e)	<p>The responsible person shall: make arrangements for persons working at the home to receive suitable training, from a competent person, in fire prevention.</p> <ul style="list-style-type: none"> • Make arrangements for all staff to 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 • Records should be up to date <p>(Section 11.9 of the report refers)</p>	Two (previously stated as a recommendation in report dated 22 January 2013)	The home is currently putting in place a procedure for twice yearly training. We are working closely with our Fire Risk Assessor.	From the date of the inspection and on-going
2	3 (1) (a) (b) (c) Schedule 1	<p>The registered person shall compile in relation to the residential care home a written statement which shall consist of –</p> <p>(a) a statement of the aims and objectives of the home;</p> <p>(b) a statement as to the facilities and services which are to be provided by the registered person for residents; and</p> <p>(c) a statement as to the matters listed in Schedule 1.</p>	One	The home is compiling a statement which will include parts a, b and c.	1 October 2014

		<ul style="list-style-type: none"> • Further improve information of all types of restraint which may be in use to meet the assessed needs of residents are stated and explained with reference to good practice guidelines including: the Human Rights Act (1998); DHSSPS (2005) Guidance on Restraint and Seclusion in Health and Personal Social Services and DHSSPS (2010) and Circular HSC/MHPD – MHU 1/10-revised. Deprivation of Liberty Safeguards (DOLS) – Interim Guidance • It should clearly state the two categories of care the home is registered for, including numbers in each category <p>(Section 10.7 of the report refers)</p>		<p>The home is using the guidelines on good practice detailed to enhance the information regarding restraint in order to meet the assessed needs.</p> <p>the statement will specifically detail the two categories of care the home is registered for, namely RC-1 (Elderly and Infirm) and RC-DE (Dementia).</p>	
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Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	10.1 10.2	Improve the policy and procedure on responding to behaviours, including responding to uncharacteristic behaviour and ensure that the following are fully reflected; Human Rights Act (1998); DHSSPS (2005) Guidance on Restraint and Seclusion in Health and Personal Social Services and DHSSPS (2010) and Circular HSC/MHPD – MHU 1/10- revised. Deprivation of Liberty Safeguards (DOLS) – Interim Guidance.	One	The Home will improve the Policy and Procedure on responding to behaviours and in particular uncharacteristic behaviour. This will follow the guidance papers detailed.	1 October 2014
2	13.1	Develop a policy and procedure on activity and events.	One	The Home will develop a new Policy and Procedure on Activity and Events.	1 October 2014

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

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

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	K.Connor	3/9/14
Further information requested from provider			