

## **Primary Unannounced Care Inspection**

<b>Name of Establishment:</b>	<b>Kensington</b>
<b>Establishment ID No:</b>	<b>1624</b>
<b>Date of Inspection:</b>	<b>4 July 2014</b>
<b>Inspector's Name:</b>	<b>Kylie Connor</b>
<b>Inspection No:</b>	<b>16627</b>

**The Regulation And Quality Improvement Authority**  
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**1.0    General Information**

<b>Name of Home:</b>	Kensington
<b>Address:</b>	2 Groomsport Road Bangor BT20 5LN
<b>Telephone Number:</b>	(028) 9145 9047
<b>E mail Address:</b>	joanne.alpinehouse@hotmail.com
<b>Registered Organisation/ Registered Provider:</b>	Mr Sathrouhun Bogun
<b>Registered Manager:</b>	Mrs Joanne Glendinning
<b>Person in Charge of the home at the time of Inspection:</b>	Audrey Young Care Assistant
<b>Categories of Care:</b>	RC-I
<b>Number of Registered Places:</b>	7
<b>Number of Residents Accommodated on Day of Inspection:</b>	6
<b>Scale of Charges (per week):</b>	From £461
<b>Date and type of previous inspection:</b>	22 October 2013 Primary Announced Inspection
<b>Date and time of inspection:</b>	4 July 2014 11:00am to 4:00pm
<b>Name of Inspector:</b>	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 an unannounced primary 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 person in charge
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents

- Inspection of the premises
- Evaluation of findings and feedback
- Discussions and feedback to the registered manager prior to the report being issued

## 5.0 Consultation Process

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

Residents	4
Staff	1
Relatives	1
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	8	0

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards 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:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially Compliant</b>	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
<b>5 - Compliant</b>	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

Kensington Private Residential Home is a detached two-storey house which is situated in the town of Bangor, close to local amenities and within the South Eastern Health and Social Care Trust geographical area. The residential home is owned and operated by Mr Sathrouhun Bogun. The current registered manager is Joanne Glendinning.

There are two living/dining rooms, one twin bedroom, a staff/visitor toilet, a communal toilet and shower room, a conservatory and kitchen on the ground floor. The first floor has accommodation in five single bedrooms, a communal toilet and a separate communal bathroom. Access to the first floor is via a stair lift and stairs. The home also provides for catering and laundry services. There is no secure garden area but an area has been made available with outdoor seating for residents. There is off road car parking.

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

### Residential care

RC-I            Old age not falling into any other category

Prior to the report being issued an application for a variation to the homes registration was received by RQIA for one bed in the following category of care:

RC-MP (E) Mental disorder excluding learning disability or dementia – over 65 years

## 8.0 Summary of Inspection

This unannounced primary care inspection of Kensington was undertaken by Kylie Connor on 4 July 2014 between the hours of 11:00am and 4:00pm. Audrey Young, Care Assistant was available during the inspection and for verbal feedback at the conclusion of the inspection. The inspector was informed that the registered manager was unable to attend the home on the day of the inspection. The inspector spoke to Joanne Glendinning, registered manager prior to the report being completed.

The requirements and recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that one requirement and three recommendations had been addressed and one requirement in regard to the statement of purpose is stated for the third time. Failure to satisfactorily address this requirement may result in the Authority taking enforcement action. Three recommendations were not examined and have been stated in the quality improvement plan. The detail of the actions taken by Joanne Glendinning 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 by the registered manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff and a visitor, 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.

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. In discussion with residents they indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. The representative indicated their satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard.

Discussion with staff indicated that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties. Comments received from residents, a visitor and staff are included in section 11.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. A number of areas in regard to décor and furnishings were found to be in need of improvement.

A number of additional areas were also examined, these include the management of complaints, information in relation to resident dependency levels, care reviews, finance and fire safety. A serious concerns meeting took place on 29 July 2014 and the home has submitted a variation application and supporting information for the category of care RC-MP (E). Further details for some areas can be found in section 11.0 of the main body of the report.

A summary of the findings of the two standards inspected are outlined below. Two requirements and nine recommendations were made as a result of the primary unannounced inspection, details 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, visitor and staff for their assistance and co-operation throughout the inspection process.

### **Responding to resident's behaviour – Standard 10**

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy and procedure in place which needs to be reviewed to reflect 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 in the home and restrictive practices are only used as a last resort following assessment.

Residents' care records in the main outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs, however improvements have been identified. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information is recorded in the resident's care records. The registered manager is aware of his/her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. However, improvements are needed to ensure consistent practice. The evidence gathered through the inspection process concluded that Kensington is substantially compliant with this standard.

**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 had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that activity provision was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided but improvements have been identified.

There was evidence that activities were provided throughout the course of the week and were age and culturally appropriate, took account of residents' spiritual needs and occasionally facilitated inclusion in community based events in line with resident choice. Residents were given opportunities to make suggestions regarding the activity provision.

A selection of materials and resources were available for use during activity sessions but improvements have been identified. Some records were maintained but improvements have been identified. The evidence gathered through the inspection process concluded that Kensington is substantially compliant with this standard.



**9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 22 October 2013**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	3 (1) (c) Schedule 1	The registered manager should review the homes statement of purpose to ensure a statement as to the matters listed in Schedule 1.	Following the inspection a variation to the registration was submitted and the registered manager provided an updated statement of purpose which the inspector will review as part of this process. However, as part of this inspection improvements to the statement of purpose were identified and this is re-stated.	Substantially compliant
2	14 (4)	The registered manager should review and update the protection of vulnerable adult policy and procedure, as detailed in the report.  A copy should be sent to RQIA.	Evidence demonstrated that improvements have been made. The inspector advised the registered manager to update the contact telephone numbers for the Safeguarding of vulnerable adults' team in the Belfast trust and the regional out of hours' service.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	11.1	The registered manager should review and improve the policy and procedure on care reviews as detailed in the report and ensure that it refers to both Trust funded and self-funded residents.	Evidence reviewed confirmed that this has been addressed.	Compliant
2	11.3	The registered manager should review and improve the content of pre-review reports as detailed in the report, ensure resident involvement where possible and keep a copy of the pre-review report.	Care reviews had not taken place since the previous inspection for the residents' records being reviewed. This will be examined at the next inspection.	Not examined
3	19.1	The policy and procedures for staff recruitment detail the recruitment process and comply with legislative requirements and DHSSPS guidance. Attention should be paid to 19.2.	Evidence reviewed confirmed improvements have been made and the registered manager confirmed that employment guidance from the labour relations agency has been requested and training provided by them will be undertaken. This has been addressed.	Compliant
4	19.2	The registered manager should ensure that an employment health assessment is retrospectively obtained from staff members GPs to make good the record.	Access to files was not possible on the day of the inspection and this will be examined at the next inspection.	Not examined

5	19.3	The registered manager should review all staff files and ensure that Access NI checks are held in compliance with their guidance.	Access to files was not possible on the day of the inspection and this will be examined at the next inspection.	Not examined
6	27	The laundry shed should be cleared out and damaged areas repaired to ensure all fire risks are fully addressed.	Observation of the shed confirmed that improvements have been made. The inspector strongly advised the registered manager that this is maintained. This has been addressed.	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> All of our staff of Kensington Residential Home will be knowledgeable of each residents usual behaviours, this means that staff will be able to detect when a resident's behaviour is uncharacteristic and gives cause for concern. Staff are trained to seek to understand the reason for this behaviour. Records, assessments & careplans will contain details about each individual residents likes, dislikes, means of communication, disabilities, behaviours, conduct etc.	Substantially compliant
<b>Inspection Findings:</b> The home has a policy and procedure in regard to responding to behaviours which challenge and a recommendation has been made. The inspector advised the registered manager that it should: reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998); state the need for Trust involvement in managing behaviours which challenge and that RQIA must be notified on each occasion restraint is used.  Observation of the staff interactions, with residents and discussions with staff and residents identified that informed values were demonstrated and that least restrictive strategies are implemented. Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff spoken with was knowledgeable in relation to responses and interventions which promote positive outcomes for residents. One circumstance was identified where evidence was not available to demonstrate responses taken promoted positive outcomes for the resident, including informing the family and care manager and a recommendation has been made.	Moving towards compliance

<p>A review of two 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. However, the comprehensiveness needs to be improved. Risk assessments were completed but the most recent review of risk was dated September 2013 and the last completed monthly care plan was dated May 2013. Discussion with one visitor confirmed that they had not been informed appropriately in regard to an identified behaviour and a recommendation has been made. A recommendation has been made.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge titled Challenging behaviours on 9 February 2011. Staff stated they had training last year but no human rights approach was included and there were no record of this training in the home. The registered manager confirmed that these records and a number of others are kept in a sister home due to lack of storage space in the office and in the home. A recommendation and a requirement has been made.</p>	
<p><b>Criterion Assessed:</b></p> <p>10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>. Staff are trained to seek to understand the reason for this change in behaviour. There may be many reasons behind the change in behaviour; the staff should follow a process of elimination.</p> <ol style="list-style-type: none"> <li>1. Could the change in behaviour be caused by an infection?</li> <li>2. Progression of an illness, such as dementia/depression/Alzheimer's etc.</li> <li>3. Have there been any recent changes to medication? Possible side effect of new medication.</li> <li>4. When did the resident last have their medications reviewed by their G.P.?</li> </ol> <p>Staff should inform the deputy manager as soon as possible in order to manage the situation. The deputy manager will in turn inform the manager of these changes. It is the managers responsibility to monitor the situation and where necessary contact the relevant professional services such as the residents G.P or mental health team etc. Family members and the residents representative will be kept informed.</p>	Substantially compliant

<p><b>Inspection Findings:</b></p> <p>The homes policy and procedure included the following with the exception of reporting to RQIA which was brought to the registered managers attention:</p> <ul style="list-style-type: none"> <li>. Identifying uncharacteristic behaviour which causes concern</li> <li>. Recording of this behaviour in residents care records</li> <li>. Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>. Reporting to senior staff, the trust, relatives and RQIA.</li> <li>. Agreed and recorded response(s) to be made by staff</li> </ul> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined immediately above and in the providers self-assessment. Staff are aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Details of one care record reviewed during the inspection and additional information forwarded to the inspector following the inspection evidence that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p>	<p>Substantially compliant</p>
<p><b>Criterion Assessed:</b></p> <p>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>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment</b></p> <p>Care plans are kept in the office and are accessible to all staff. All staff should make time to familiarise themselves with each individuals care plan. When a resident requires a consistent approach or response from staff, this will be detailed in the residents Care Plan. Where appropriate and with the residents consent, the resident's representative is informed of the approach or response to be used.</p> <p>If a resident requires a specific behaviour management programme, this will be approved by a trained professional and will form part of the residents Care Plan. The suitability of the placement for this resident should be reviewed regularly.</p>	<p>Substantially compliant</p>

<b>Inspection Findings:</b>	
A review of one care plan identified that when a resident needs a consistent approach or response from staff, this was detailed. However, consistency needs to be improved and the inspector refers the reader to comments in 10.1 and 10.2. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and/or the registered manager.	Substantially compliant
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The homes staff will at all times liaise with professionals in order to provide the best support and treatment needed in order to help the resident. The manager will contact the residents GP and care manager; they can make the relevant referrals to the services they feel would best help the resident. Management programmes will be recorded in the residents individual care plan.	Substantially compliant
<b>Inspection Findings:</b>	
The person in charge informed the inspector that there are currently no residents who have a specific behaviour management programme in place. Therefore, this criterion is not applicable at this time.	Not applicable
<b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
If a resident requires a specific behaviour management programme, this will be approved by a trained professional and will form part of the residents Care Plan. When a behaviour management programme is devised for a resident, all staff will be notified and provided with the relevant training, guidance and support. Training is ongoing within the home. Support and advice will come from the relevant services.	Substantially compliant

<b>Inspection Findings:</b>	
<p>The person in charge 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. However, the need for staff training is addressed in 10.1.</p>	Not applicable
<p><b>Criterion Assessed:</b> 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>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>. When an incident occurs that is outside the scope of the residents care plan, the staff will record the incident and report the incident to the deputy manager who in turn will report to the manager, Where a resident's behaviour presents a risk to him/herself or others, his/her care plan sets out a plan of care that meets his/her individual assessed needs.</p> <p>The suitability of the placement for the resident in a residential care environment must be regularly reviewed. Care plans are reviewed every month. This allows the plan of care to be updated should there be any changes to the resident's behaviours. We will seek advice from the relevant services. GP.s CPN and the mental health care Team. Medication will be reviewed at regular periods.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>A review of the accident and incident records demonstrated that there had been none in the last six months and discussion with staff identified that no notifiable accidents or incidents had occurred outside of the scope of a resident's care plan.</p> <p>A review of one care plan identified that following new behaviours records had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p>	Compliant



<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Restraint is not used in Kensington Residential Home. Very occasionally circumstances will arise that are totally unexpected and staff will be faced with a situation for which there has been no planning possible. If such an incident occurs the first concern should be to take vulnerable people out of danger of injury, secure the help of other staff, speak calmly and clearly using short phrases. Remember at this time agitation will be very high and much of what is said will not be heard. Reassurance will come through upon tone of voice and body language.	Compliant
<b>Inspection Findings:</b> Discussion with staff, a visitor and a review of staff training records and an examination of care records confirmed that physical restraint is not used in this home which is in keeping with the needs of residents and the category of care the home is registered for.  Residents confirmed during discussion that they were aware of decisions that affect their care. Residents confirmed that they were not aware of any limitations or measures put in place at the time of the inspection. Discussion with the registered manager confirmed that the home's Statement of Purpose does not include the types of restraint and/or restrictive practices used in the home, including bedrails, pressure mats, sensors, arrangements to weigh residents, arrangements to conduct night checks. A recommendation carried over has been amended to include this.	Substantially compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

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

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> The Home offers a structured programme of varied activities and events, relating to the Statement of Purpose and identifying the needs of the Residents. Our programme of activities and events offers positive outcomes for residents and is based on the needs and interests of each individual resident.	Substantially compliant
<b>Inspection Findings:</b> <p>The home have a policy on the provision of activities. A review of two care records evidenced that some individual social interests and activities were detailed but further improvements are needed and these should be reflected in the needs assessment and the care plan. A recommendation has been made. The inspector provided guidance information in regard to making improvement in social history information.</p> <p>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 resident choice and existing knowledge of the assessed needs and interests of the residents. A visitor made positive comments when an example was given when she observed staff engaging in one to one activities with her relative. However, the visitor also noted that there was a need for regular activity in the afternoon and more information about what activities are undertaken. A recommendation has been made.</p> <p>A number of residents in the home were observed to be very independent and informed the inspector that they go out on a daily basis. They confirmed that they don't want to participate in activities in the home during the day but confirmed that they participate in activities in the evening and one resident plays chess with a volunteer in the living room once per week.</p> <p>There was no programme of activities on display. However, a poster was observed on the back of a living room door detailing the types of activities available. A recommendation has been made.</p>	Substantially compliant

<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>The residents are all asked about hobbies and interests they enjoy currently and hobbies, interests and activities they enjoyed prior to coming into the home. We base our programme of activities around the information we have gathered (where appropriate). The residents decide what activity takes place daily. All activities will be age &amp; culturally appropriate.</p>	<p>Substantially compliant</p>
<b>Inspection Findings:</b>	
<p>Examination of the record of activities identified that individual social activities take place during the week. Records evidenced that a number of residents are very independent and less reliant on staff to engage in an activity of their choice. Evidence demonstrated that they have their own routine which includes; going for walks, shopping, listening to music, visiting friends, out with family members, gardening and reading. For other residents, records evidenced that staff engage in activities during the week. Activity records stated; 'we played a game;' 'had a game of snakes and ladders;' 'had a head massage;' 'played a game of famous couples;' 'had a chat;' 'had a hand massage.'</p> <p>Staff confirmed that residents are asked on a daily basis what they would like to do and confirmed that staff during the day spend time chatting to residents, playing memory games, staff stated, "what goes with cup....you get some funny answers." However, staff confirmed that they are not recording these activities or feedback from residents. A recommendation has been made.</p> <p>The records included activities which were age and culturally appropriate and reflected residents' needs and preferences. There was confirmation that activities took into account residents' spiritual needs with a church service facilitated every other month and facilitated residents inclusion or offer to participate in community based events.</p> <p>Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	<p>Substantially compliant</p>

<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Most off the activity programme takes place in the afternoons, as the more active residents in the home prefer to be out and about weather permitting. The residents each choose what activity they would like to take part in. There can be as many as six activities on the go at any one time. The residents that would normally stay in their rooms are made aware of the afternoon activities, and will be invited each day to join in. The residents are given the opportunity to contribute and suggest activities when the residents meetings take place.	Substantially compliant
<b>Inspection Findings:</b> A review of the record of activities provided and discussion with resident's, identified that residents were given opportunities to put forward suggestions for activities. Evidence demonstrated that there are no residents who generally stay in their rooms. The registered manager confirmed that residents and their representatives were also invited to express their views on activities by means of, satisfaction questionnaires issued annually by the home to families, resident meetings, one to one discussions with staff and care management review meetings.	Compliant
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> There is growing list of activities are displayed in both the main rooms and hallway of the home in large print.	Substantially compliant
<b>Inspection Findings:</b> On the day of the inspection there was no programme of activities on display. A poster of activities available was observed on the door of a living room. This location was easily accessible to residents and their representatives however; the poster could not be easily read as it was insufficiently attached to the door. The registered manager confirmed that this would be addressed. Evidence confirmed that scheduled activities in the afternoon, from 3.00pm for approximately 20 to 30 minutes would benefit a number of residents. A recommendation has been made.	Moving towards compliance

<b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
All equipment is supplied by the home. Jigsaw puzzles, games, knitting equipment, bingo cards and any other materials needed. Staff are on hand throughout the duration of activities.	Substantially compliant
<b>Inspection Findings:</b>	
Activities are provided for each week by all care staff. Discussions with care staff and residents confirmed that there was not an acceptable supply of activity equipment available. This equipment included some board games, reminiscence activities, CDs and DVDs and art and craft materials. There was confirmation from the registered manager finance provision is made available budget for the provision of activities is in place. There is no equipment which encourages an element of physical activity i.e. velcro darts, skittles, indoor bowls and no staff have received any training including armchair based movement activities A recommendation has been made.	Substantially compliant
<b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The activities usually take place after lunch around 2.30pm the residents are brighter and appear to enjoy the activities better at this time of day. However the timing of the activities is the residents choice.	Substantially compliant
<b>Inspection Findings:</b>	
The person in charge 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. Evidence confirmed that records of time spent chatting during the day about, "the old times, music, knitting, crochet, topical subjects, the tennis, rugby and the news" are not made but staff stated, "they do respond well to that." Records of activities in the evening were reviewed, these did not record the duration. A recommendation has been made.	Substantially compliant

<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
At present the activity programme is provided by the staff of the home.	Compliant
<b>Inspection Findings:</b>	
The registered manager confirmed that no-one is currently contracted-in to provide activities. Therefore, this criterion is not applicable on this occasion.	Not applicable
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
n/a	Provider to complete
<b>Inspection Findings:</b>	
The registered manager confirmed that no-one is currently contracted-in to provide activities. Therefore, this criterion is not applicable on this occasion.	Not applicable
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The activities book is kept in the office and is completed daily and sign by the members of staff that organized the activities.	Compliant

<b>Inspection Findings:</b>	
The inspector refers the reader to comments in 13.2 and 13.6.	Substantially compliant
<b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
We are always happy to introduce new activities, Suggestions are very welcome. We will regularly review the suitability of the programme of activities. The residents input is encouraged.	Substantially compliant
<b>Inspection Findings:</b>	
<p>Evidence demonstrated that activity provision is reviewed on an on-going basis with residents and annually at care reviews and annual questionnaires. The registered manager and staff confirmed that planned activities were also changed at any time at the request of residents but that choices are made on a daily basis.</p> <p>Some 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. Other residents indicated that they wanted more structured activities in the afternoon. A recommendation has been made.</p>	Substantially compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

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

## **11.0 Additional Areas Examined**

### **11.1 Resident's consultation**

The inspector met with four residents individually. Residents were observed relaxing in the communal lounges. 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. One suggestion was made to improve activities in the afternoon and a recommendation has been made.

Comments received included:

"I like reading, you can learn from reading."

"It's quiet and peaceful."

"This is a good home here, no doubt about it, the staff are very good to us. They give us good food and plenty of it."

"It's a great place."

"I'm never in. I was in ards yesterday on the bus."

### **11.2 Relatives/representative consultation**

One visitor who met with the inspector indicated satisfaction in the main with the provision of care and life afforded to their relative and complemented staff in this regard. However, two issues were raised in regard to activity provision and communication from staff when a relative declines personal care. Recommendations have been made.

### **11.3 Staff consultation/Questionnaires**

The inspector spoke with one member of staff who confirmed that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness of how to respond to resident's behaviours and indicated that varied activities take place. There were no completed staff questionnaires received within the timeframe for reporting.

Comments received included:

"What really works well, there is great staff, because it's a small home....the residents are all individual characters... it's like a family home. If I was older I'd like a place like this because of its smallness, it's a lovely old house....(the registered manager) really does her best...need to keep the place looking a bit smarter."

### **11.4 Visiting professionals' consultation**

There were no visiting professionals 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 in 2013. The registered manager was made aware of an issue raised by a visitor and confirmed that this would be responded to in line with the complaints policy.

## **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 and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised and most were decorated to an acceptable standard. Although fit for purpose, a requirement has been made regarding some areas of the homes décor and furnishings, which were found to be in need of improvement and these areas include the following;

- The top of the wooden coffee table in the conservatory has been significantly damaged
- Two bedrooms are in need of re-decoration
- Paintwork on doors, skirting and door saddles throughout the home is chipped/damaged
- The flooring in the upstairs toilet is stained, the paint on the wall tiles is flaking
- There are no hand-sanitisers available in the public areas of home for visitors/staff to use
- The pull-cord in the bathroom is discoloured
- Storage needs within the home need to be reviewed and improved

The washing machine in the shed is leaking and the floor was wet. The registered manager later confirmed this has been fixed. The inspector advised the registered manager that the upstairs toilet and bathroom would benefit from total refurbishment in the near future.

The conservatory is being used by a resident to grow tomato plants again this year. A visitor book was on display with signage for all visitors to sign it.

## **11.8 Resident Dependency Levels/Guardianship Information**

A review of the information submitted prior to the inspection revealed no issues. During the inspection it came to the inspectors' attention that not all residents fell within the category of care the home is registered for. A serious concerns meeting took place on 29 July 2014 and the home has submitted a variation and supporting information.

## 11.9 Fire Safety

The registered manager confirmed that the home's most recent fire safety risk assessment was completed in February 2014 and no recommendations were made. Evidence revealed that resident peeps records had been reviewed May 2014 and smoke alarms were tested by a contractor in May 2014

Evidence verified that all safety checks were up to date to 23/6/14 and haven't been done since the deputy manager was on leave. The registered manager confirmed that this responsibility had been allocated to another staff member and undertook to address this issue. Staff training records were not examined on this occasion. 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 Joanne Glendinning 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 Unannounced Care Inspection**

**Kensington Residential Home**

**4 July 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 Joanne Glendinning, 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	3 (1) (c) Schedule 1	<p>The registered manager should review the homes statement of purpose to ensure a statement as to the matters listed in Schedule 1. (The follow up on previous issues refers)</p> <ul style="list-style-type: none"> <li>Any restraint or restrictive practices which may be in use at any time in the home should be detailed with arrangements for assessment and review to ensure they are the least restrictive option. (10.7 refers)</li> </ul> <p><b>Failure to meet this satisfactorily may result in the Authority initiating enforcement action.</b></p>	Three	The manager has reviewed and amended the homes statement of purpose, in relation to use of restraint and the use of restrictive practices. A copy of the amended statement has been forwarded to the care team for inspection.	1 October 2014
2	27 (2) (a) (b) (d)	<p>The registered person shall, having regard to the number and needs of the residents, ensure that - the physical design and layout of the premises to be used as the home meets the needs of the residents; the premises to be used as the home are of sound construction and kept in a good state of repair externally and internally;</p> <p>(d) all parts of the home are kept clean and</p>	One	The registered person recognizes that the home should be kept in good decorative order, both internally and externally, Maintenance of the home should be ongoing. The registered person recognizes that the home should be kept in good decorative order, both internally and externally, Maintenance of	1 September 2014

		<p>reasonably decorated;</p> <p>The following issues should be addressed;</p> <ul style="list-style-type: none"> <li>• The top of the wooden coffee table in the conservatory has been significantly damaged</li> <li>• Two bedrooms are in need of re-decoration</li> <li>• Paintwork on doors, skirting and door saddles throughout the home is chipped/damaged</li> <li>• The flooring in the upstairs toilet is stained, the paint on the wall tiles is flaking</li> <li>• There are no hand-sanitisers available in the public areas of home for visitors/staff to use</li> <li>• The pull-cord in the bathroom is discoloured</li> <li>• Storage needs within the home need to be reviewed and improved to ensure all relevant records are stored in a lockable cabinet(s) which are fit for purpose. (Section 11.0 and 10.1 refers)</li> </ul>		<p>the home should be ongoing. The wooden coffee table in the conservatory had been damaged with water as one of the residents had been using it for gardening purposes, the table has now been covered with a waterproof fabric. Arrangements are being made RE: refreshing paintwork throughout the home. In addition to the hand sanitiser situated at the signing in book there is now an extra sanitiser attached to wall in entrance hallway. The pullcord in the bathroom has now been replaced. The storage problem is being addressed and suitable furniture fit for purpose is being sourced at present.,</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.**

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	11.3	<p>The registered manager should review and improve the content of pre-review reports as detailed in the report, ensure resident involvement where possible and keep a copy of the pre-review report.</p> <ul style="list-style-type: none"> <li>An audit should be completed for all residents records and confirm findings.</li> </ul>	One	The registered manager or the deputy manager will with the input of the residents complete pre review reports prior to the actual review taking place, both the resident and the manager or deputy manager shall sign the completed pre review form. Any concerns will be addressed and the outcome recorded.	By return of Quality Improvement Plan
2	19.2	<p>The registered manager should ensure that an employment health assessment is retrospectively obtained from staff members GPs to make good the record.</p> <ul style="list-style-type: none"> <li>An audit should be completed for all records and confirm findings.</li> </ul>	One	All members of staff have in place employment health assessments, unfortunately on the day of inspection the staff files were unavailable. An audit is in place and has been updated.	By return of Quality Improvement Plan
3	19.3	<p>The registered manager should review all staff files and ensure that Access NI checks are held in compliance with their guidance.</p> <ul style="list-style-type: none"> <li>An audit should be completed for all records and confirm findings.</li> </ul>	One	All files have been audited RE: accessni checks, all files are compliant	By return of Quality Improvement Plan



4	10.1	Review the policy and procedure on behaviours which challenge in line with the guidance in the report.	One	The registered manager is addressing this issue at present. The policy has been updated and further training is currently being arranged.	1 October 2014
5	10.1	<p>Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.</p> <ul style="list-style-type: none"> <li>Review residents' records to ensure that they fully reflect all known behaviours and the agreed actions to be taken by staff. Update the records accordingly when residents decline personal care including informing family and care manager.</li> <li>Review residents records to ensure care plans and risk assessments are reviewed in a timely manner, stating the timescale for review.</li> </ul>	One	All members of staff have a duty to make time to read all the individual residents care plans, the care plans have details of the residents behaviours, means of communication, professional bodies involvement with the resident, the care plans are reviewed monthly or before if needed, any changes to a residents plan of care, due to a change in behaviours or a decline in health will be recorded in the residents file and both the care manager and the residents family members will be informed off these changes	1 September 2014
6	10.1	Staff should receive awareness training in restraint and restrictive practices in residential care	One	Currently awaiting a date for training.	1 November 2014
7	13.1 13.4 13.10	The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	One	Residents have on file a comprehensive record (social history) detailing what newspapers they like to read, what hobbies they enjoy and	By return of Quality Improvement Plan

		<ul style="list-style-type: none"> <li>• Develop a record which comprehensively records residents' social history and ensure activity needs are reflected in assessments and care plans.</li> <li>• Develop a programme of activities to take place in the afternoon.</li> <li>• Improve the information available in the home to visitors of what activities have taken place and/or are planned.</li> </ul>		<p>previously enjoyed before coming to live in residential care, what type of programmes they enjoy watching on television (if any). what type of music they like to listen to, With residents input we have put together a programme of activities.</p> <p>The details of which will be displayed for visitors to view</p>	
8	13.2 13.6 13.9	<p>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> <ul style="list-style-type: none"> <li>• Improve records of all activities which take place, including the nature of the activity, the duration and comments from residents.</li> </ul>	One	<p>A residents meeting was held by the deputy manager in Kensington Residential Home to gain feedback from each resident as to what activities would interest them, at what time would they like the activities to take place, and what equipment would they like the registered person to supply.</p>	By return of Quality Improvement Plan
9	13.5	<p>Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p> <ul style="list-style-type: none"> <li>• Review and improve the provision of equipment and activity resources.</li> <li>• Identify and facilitate staff to receive training in activities.</li> </ul>	One	<p>Following a residents meeting where we to gained feedback from the residents in relation to what activities they would be happy to take part in, we have purchased some new equipment.</p>	1 November 2014

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

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Joanne Glendinning.
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Mr Bogun

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