



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Service and ID:	Loughview Fold (1631)
Date of Inspection:	28 July 2014
Inspector's Name:	Kylie Connor
Inspection ID:	IN016634

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

General Information

Name of Home:	Loughview Fold (1631)
Address:	159a High Street Holywood BT18 9HU
Telephone Number:	(028) 9042 5117
E mail Address:	helen.craig@foldgroup.co.uk
Registered Organisation/ Registered Provider:	Fold Housing Association
Registered Manager:	Mrs Helen Craig (Acting)
Person in Charge of the home at the time of Inspection:	Mrs Helen Craig
Categories of Care:	I Old age not falling into any other category DE Dementia (for a maximum of 23 persons) PH Physical disability other than sensory impairment (for one individual)
Number of Registered Places:	28
Number of Residents Accommodated on Day of Inspection:	26 (2 designated beds for respite were vacant)
Scale of Charges (per week):	£461
Date and type of previous inspection:	18 June 2013 Primary Announced
Date and time of inspection:	28 July 2014 11:15am to 7:15pm
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 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 registered manager(acting)
- 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 plus the registered manager (acting)
Relatives	4
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	25	10

6.0 Inspection Focus

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

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

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

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

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

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of service

Loughview Fold Residential Care home is situated on the edge of Holywood close to local amenities.

The residential home is owned and operated by Fold Housing Association. Helen Craig is manager of the home and has been registered manager (acting) effective from 2 June 2014 as the Authority was informed that the previous registered manager moved to another service on a temporary basis.

Located in Holywood the home is convenient to shops, post offices and local social and recreational amenities. The home is situated within the South Eastern Health and Social Care Trust geographical area.

Accommodation for residents is provided for twenty-six permanent residents in the form of individual flatlets with en-suite toilet, wash hand basin and shower facilities in a three storey building. The home has designated another two beds for respite use only. Access to the first and second floors is via a passenger lift and stairs.

Communal lounge is provided on the ground floor and dining areas are provided on every floor. The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home. There is communal garden space with seating on the ground floor and a terrace on the first floor.

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

Residential care

I	Old age not falling into any other category
DE	Dementia (for a maximum of 23 persons)
PH	Physical disability other than sensory impairment (for one individual)

8.0 Summary of Inspection

This unannounced primary care inspection of Loughview Fold was undertaken by Kylie Connor, Inspector on 28 July 2014 between the hours of 11:15am and 7:15pm. Helen Craig, Registered Manager (Acting) was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirement and recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that one requirement has been addressed but one recommendation in regard to staffing has been re-stated as a requirement and one recommendation, not examined in detail has been stated again with an additional improvement appended. The detail of the actions taken by the registered manager (acting) can be viewed in the section following this summary.

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

During the inspection the inspector met with residents, staff, relatives, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, 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 that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. An issue was raised in regard to the frequency of residents meetings and staffing and recommendations have been made.

Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. An issue was raised in regard to how staff respond to a specific behaviour of an identified resident and staffing and recommendations have been made.

A review of the returned ten questionnaires and 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. The issue of staffing was raised by all groups spoken to and a requirement has been made. Comments received from residents, representatives, staff and visiting professionals 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 additional areas were also examined these include the management of complaints, information in relation to resident dependency levels, staffing, the registered provider visits and fire safety. Further details can be found in section 11.0 of the main body of the report. Additional information was returned and reviewed prior to the inspection including finance and vetting and no concerns were identified.

Four requirements and seven 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, relatives, registered manager (acting) 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 number of relevant policies and procedures in place which 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 which is in keeping with the categories of care the home is registered for. Residents' care records did not fully outline their usual routine, behaviours, means of communication and how staff should respond to their assessed needs.

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

A review of a sample of records and discussions with residents evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Loughview Fold 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 the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities.

The home employs an activity coordinator part-time each week. In the absence of the activity coordinator activities are provided by designated care staff or are 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. Activity records were maintained. The evidence gathered through the inspection process concluded that Loughview Fold is compliant with this standard.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 18 June 2013

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	3 (1) (c) Schedule 1	<p>The registered person shall compile in relation to the residential home a written statement which shall consist of –</p> <p>A statement as to all of the matters listed in Schedule 1 (the summary and additional areas examined section of the report refers).</p>	<p>There was evidence that improvements had been made. The registered manager (acting) made further improvements and provided the inspector with evidence that this has been addressed. The inspector advised that the information provided in regard to reportable events should comply with Regulation 14 (6) and Regulation 30 (1) (2) of The Residential Care Homes Regulations (Northern Ireland) 2005.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	11.3	The registered manager should ensure that residents' sign the pre-review report if they participate, include finance support and information as detailed in the report.	This was not examined during the inspection and is stated on the quality improvement plan. However, one file evidenced that a number of care reviews had taken place within a short timeframe for an identified resident and there was no evidence of a pre-review report. The registered manager (acting) confirmed that this had not been completed.	Not examined
2	25.1	<p>At all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.</p> <p>The responsible person should make the increased staffing levels permanent and ensure sufficient numbers of staff are employed to facilitate this.</p>	There was evidence following discussions with the registered manager (acting), staff, residents and a review of the ten completed staff questionnaires that are issues in regard to the staffing levels during the day and at night which is impacting of staff ability to meet the needs of residents. This has been re-stated as a requirement.	Moving towards compliance

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	COMPLIANCE LEVEL
Provider's Self-Assessment Before each individual resident moves into Loughview they are assessed by the Registered Manager. This information is passed to the Senior team and care staff for introduction to the residents needs prior to admission to allow everyone that will be involved in the residents care to be informed of the residents physical, health and where applicable mental health needs.	Compliant
Inspection Findings: The home had a number of policies and procedures relevant to this standard including: Restraint (25 February 2014); Locking of Doors (25 February 2014); Deprivation of Liberty Safeguards (20 June 2013); Restrictive Practices and Use of Restraint in Care Services Schemes ((Draft/Not dated) and Ethical Use of Assistive Technology in Housing-With-Care Schemes (20 June 2013). A review of these identified that they reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). There is reference to consent, the involvement of the multi-disciplinary teams and forms part of reviews. Although reference is made to completing accident/incident reports, there is no reference that RQIA must be notified on each occasion restraint is used and a recommendation has been made. Observation of staff interactions, with residents and discussions with both identified that informed values and implementation of least restrictive strategies were demonstrated or would be implemented. A review of staff training records and returned staff questionnaires identified that twenty staff including care staff and two ancillary staff had received training in behaviours which challenge on an identified date in May 2013 or June 2014. There was no evidence that the training included a human rights approach and the inspector advised the registered manager (acting) that this should be included in future training.	Substantially compliant

<p>A review of a number of residents' care records identified that care plans did not comprehensively reflect individual resident's usual routines, behaviours and means of communication, including how staff should respond to assessed needs. A recommendation has been made. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents. Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision and staff meetings.</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
Provider's Self-Assessment	
<p>When a change in a residents normal behaviour is identified, it is reported to the Senior care worker who will liaise with the Registered Manager in establishing the way forward and who to contact in regards of getting assessment, tests, and treatment commenced where applicable. This is also discussed with the residents family and / or NOK.</p>	Compliant
Inspection Findings:	
<p>There was reference in relevant policies and procedures regarding uncharacteristic behaviour and a recommendation is made to ensure all of the areas below are included;</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 <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager (acting) and/or the person in charge.</p>	Substantially compliant

Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment Any response or approach needed consistently with a resident is discussed with the resident, their family / NOK and with their Care Manager. All necessary responses / approach is detailed in each residents individual person centred care plan.	Compliant
Inspection Findings: A review of care plans identified that when a resident needed a consistent approach or response from staff, this was not detailed comprehensively. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.	Substantially compliant
Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment Specific Management programmes are agreed as part of a multi-disciplinary team, and with the resident and families understanding and agreement.	Compliant
Inspection Findings: The registered manager (acting) informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.	Not applicable

Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment All staff are introduced to the management programme for the resident and provided with specific training where applicable. Following each review the staff are provided with information on the success of the management programme and / or any changes to the programme via the EPIC system with progress reports, care plans and daily handovers.	Compliant
Inspection Findings: The registered manager (acting) informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time. Staff training is addressed in 10.1.	Not applicable
Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment Incidents are reported to the relevant care professionals and forms completed are forwarded. Care review is arranged and minutes retained for reference.	Compliant
Inspection Findings: A review of the accident and incident records and discussions with the registered manager (acting) identified that the residents representative and the trust is informed however, notification is not being made to the Authority and a requirement has been made. A review of care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.	Moving towards compliance

Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider's Self-Assessment Staff are informed on the appropriateness of restraint and use of restraint where and when appropriate. Any form of restraint that may need to be used should less restrictive strategies be unsuccessful are discussed and agreed at a mutli-disciplinary care review and minutes retained on file for the resident.	Compliant
Inspection Findings: Discussions with staff, visitors, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that physical restraint is not used in the home which is in keeping with the homes categories of care. Policies reviewed state that restraint is only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful. A review of the home's Statement of Purpose evidenced that the types of restrictive practices used in the home on occasion are described with consideration of the human rights act (1998). Advice was given to the registered manager (acting) that all forms of restrictive practices in the areas of physical/ environmental/ mechanical/ technological/ chemical/ psychological need to be kept under review and detailed, for example; use of pressure mats, locked/alarmed doors, night checks, arrangements in regard to smoking materials, arrangements to weight residents and so on. Residents confirmed during discussion that they were aware of decisions that affect their care. A number of residents confirmed that they had given their consent to some of the identified limitations and were aware that action has been taken to minimise the impact of these limitations. One resident, in regard to locked doors said, "I've a card to get around the home."	Compliant

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

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

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment The programme of activities is based on the likes, needs and interests of each individual resident. The feedback is recorded by the activity organiser following each activity and event.	Compliant
Inspection Findings: The home had an Activities policy dated 13 May 2014 on the provision of activities. A review of care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant
Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment The Activity organiser is fully informed of each residents likes, dislikes, and interests to allow her to provide a programme of activities that will meet their individual needs.	Compliant

Inspection Findings:	
Examination of the programme of activities identified that social activities are organised daily. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.	Compliant
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	
Every resident is personally invited to attend activities and events. In the event of residents not wanting to be part of a group activity the organiser will make arrangements for the resident to be engaged in one-one activities in their room should this be their preference.	Compliant
Inspection Findings:	
A review of the record of activities provided and discussions with residents, including a number of 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 annually by the home, resident meetings, resident feedback recorded on activity sheets, one to one discussions with staff and care management review meetings.	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	
The activities programme is displayed on each floor on the residents noticeboard. Where requested, residents will receive an individual copy to their room.	Compliant

Inspection Findings:	
On the day of the inspection the July programme of activities was on display on the notice board on the ground floor and also on the first and second floors. This location was considered appropriate as the area was easily accessible to residents and their representatives. Discussions with residents and representatives confirmed that they were aware of what activities were planned or had been carried out. The programme of activities was presented in an appropriate format to meet the residents' needs and the large print and picture format used is effective. A number of residents spoken to confirmed that they receive an individual copy.	Compliant
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The activity organiser is aware of each individual's personal needs in regards to what will aid their participation in each activity. The organiser will be mindful of these needs when preparing for the activity.	Compliant
Inspection Findings:	
The home employs a part-time activity co-coordinator and care staff also facilitate activities when she is not working. The care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included arts and craft materials, quoits, magnetic darts and boccia. There was confirmation from staff and the registered manager (acting) that a budget for the provision of activities was in place.	Compliant
Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The organiser is fully informed of each residents needs and abilities in regards to engagement in meaningful activities. Based on this knowledge and information, the duration of the activity is based on the abilities of the participants / residents.	Compliant

Inspection Findings:	
The care staff, registered manager (acting) and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant
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	
When a person outside of the organisation is brought in to provide an activity within the home, they are always accompanied by the activity organiser employed within the Home for the duration of the activity. Written feedback from the resident and organiser is obtained and kept on record to inform decisions on whether the activity will take place again.	Compliant
Inspection Findings:	
The staff and registered manager (acting) confirmed that persons are contracted in to provide musical activities and 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 person contracted into the home is always accompanied throughout the duration by the activity organiser who will inform them of any specific individual needs applicable to residents attending the activity.	Compliant

Inspection Findings:	
Staff and the registered manager (acting) confirmed that a system was in place to inform any person contracted to provide activities of any change in residents' needs which could 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	
A record is kept of all activities taking place, resident feedback is recorded, residents who attended and participated in the activity, person leading the activity. This is all retained on file and completed by the facilitator of the activity.	Compliant
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. The duration was not recorded and a recommendation has been made.	Substantially compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The programme is reviewed monthly with the Activity organiser, Senior responsible for that month and the Registered Manager.	Compliant
Inspection Findings:	
A review of the programme of activities identified that it had last been reviewed during the last two six monthly residents meetings. The registered manager (acting) and care staff confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	Compliant

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

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

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with seven residents individually. Residents were observed relaxing in the communal lounge area whilst others were resting, engaging in an activity or chatting to visitors in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. A number of residents raised the issue of adequate staffing levels and of agency staffs' knowledge of the routines within the home and of their responsibilities. A requirement has been made. A suggestion was made to increase the frequency of resident meetings, specifically to restart "the monthly meetings with the manager." A recommendation has been made.

Comments received included:

- "I'm going on here from day to day and we're comfortable. I've no problems, I'm happy enough."
- "They have different activities, the organiser is really very good."
- "Usually staff are available when needed. You don't see them (staff) in the afternoon, they disappear."
- "The food is supreme."
- "I think it's quite good."
- "They have had problems getting staff to cover shifts, they do use agency, the standards haven't slipped, but people from agency don't always know what to do and residents direct. For example, (we say) you have to set the table for the next meal."

11.2 Relatives/representative consultation

Four relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. One issue was raised in regard to adequate staffing levels. A requirement has been made. One issue was raised in regard to responses by staff to a known behaviour of an identified resident. A recommendation has been made. One suggestion was made to organise more outings and a recommendation has been made. Relatives were aware that residents are supported to make good use of the outdoor space on sunny days.

Comments received included:

- "The care is excellent."
- "There are a number of activities, it is her choice...observed that everyone is more than willing to participate."
- "Staff are very kind and very caring."
- "They don't have enough staff, the girls are run off their feet. From any of the homes I've been in, this is definitely one of the best."

11.3 Staff consultation/Questionnaires

The inspector spoke with two staff, the registered manager (acting) and ten staff completed and returned questionnaires. A review of the completed questionnaires and discussion with staff identified 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 a varied programme of activities is in place.

Concerns were expressed regarding staffing levels and a gap was identified in supervision of residents and a requirement has been made. The registered manager (acting) confirmed that there had been an on-going recruitment process and new staff had recently started and a number will start soon. Staff stated that not everyone had completed training in new health conditions and a recommendation has been made.

Comments received included:

- "Three new staff have just started."
- "The manager does her best and is approachable."
- "(Since the change in manager) Things run pretty smoothly here, the change has been seamless.....Staffing is the biggest issue."
- "Our concerns voiced are listened to."
- "I think this is a good, well run home."
- "More staff needed at night."
- "I have just started in this home and what I have seen so far I am pleased with."

11.4 Visiting professionals' consultation

There were no visiting professionals 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 indicated that no complaints have been made in the year 2013 or to the date of the inspection.

However, records were found to be in place which detail 'concerns' raised with the individual completing the monthly registered provider visits. A requirement has been made.

11.7 Environment

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

maintained. The registered manager (acting) was advised to ensure that excess toilet rolls in communal facilities are not on open display. A room was observed with no shades on two ceiling lights. The registered manager (acting) confirmed that these would be supplied by the home if the resident was not intending to use their own. Workmen were observed replacing a number of glass panels in windows. The registered manager (acting) confirmed that new garden furniture has been purchased.

11.8 Guardianship Information/Resident Dependency

A review of the information submitted prior to the inspection identified no issues.

11.9 Fire Safety

The inspector examined the home's most recent fire safety risk assessment dated 10 March 2014 which did not record actions taken to address the recommendations made and a recommendation has been made.

A review of the fire safety records and discussions with staff evidenced that fire training, had been provided to staff during March, April and June 2014. The records also identified that an evacuation had been undertaken 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.

11.10 Staffing

Discussions with the registered manager (acting) confirmed that four nights a week there is one senior care assistant and two care assistants on duty from 8:00pm to 8:00am and three nights a week there is one senior care assistant and two care assistants on duty from 8:00pm to midnight and one senior care assistant and one care assistant are on duty from midnight to 8:00am. A requirement has been made.

11.11 Registered Provider Visits

A review of reports completed in January 2014 and April 2014 evidenced that a number of issues of reporting and recording accidents and incidents had been identified. There was no evidence that effective action was taken to ensure the home complied with Regulation 30 of The Residential Care Homes (Northern Ireland) Regulations 2005 or to ensure that issues identified were resolved. Two requirements have been made. There was evidence of residents and staff being interviewed and some visitors had been contacted by telephone.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Helen Craig, 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

Loughview Fold

28 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 Helen Craig, Registered Manager (Acting) 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	20 (1) (a) (Section 9.0 and 11.0 of the report refers)	<p>Staffing</p> <p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents -</p> <p>ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents</p> <ul style="list-style-type: none"> • Review arrangements to address the gap in supervision for the identified resident and confirm outcome • Review the adequacy of staffing levels day and night including referring to RQIA staffing guidelines, with consideration of the environment, categories of care, needs of residents and confirm outcome 	Two (previously stated as a recommendation)	<p>Staffing levels at Loughview have been independently assessed by an external consultant in accordance with RQIA guidelines. Recruitment processes are in train for vacant posts, the working patterns within the rota is being reviewed and temporary staff are used to fill vacant posts pending recruitment.</p> <p>The Acting Manager has met with the HSCT Representative for the identified resident and the HSCT are seeking funding to increase the additional support hours currently provided.</p>	By return of QIP

		<ul style="list-style-type: none"> Review and improve systems in place to ensure that agency staff are fully informed of the routine of the shift, their role and responsibilities 		<p>Association policy and procedure in respect of the induction/ informing agency staff is robust, has been submitted to RQIA on prior occasion and the Acting Manager has reminded all senior staff to ensure there are no occasions when temporary staff are not clear on the routine of the shift or their roles and responsibilities.</p> <p>Workplans are held at the scheme and provided to temporary staff to facilitate their knowledge in the routine of shift.</p>	
2	30 (1) (2) (10.6 and section 11.11 of the report refers)	<p>Notification of death, illness and other events</p> <p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of -the death of any resident, including the circumstances of his death; the outbreak in the home of any infectious disease which in the opinion of any medical practitioner attending persons in the home is sufficiently serious to be so notified; any serious injury to a resident in the home; any event in the home which adversely affects the care, health, welfare or safety of</p>	One	<p>Further training was provided to the senior team on the 28/8/14 with new reporting and audit documentation introduced as part of a review of policy and procedure by the office of the Registered Person</p> <p>Copies of statutory guidance are available to all senior staff.</p>	By return of QIP

		<p>any resident; any theft or burglary in the home; any accident in the home; any allegation of misconduct by the registered person or any person who works at the home. Any notification made in accordance with this regulation which is given orally shall be confirmed in writing within three working days of the oral report.</p> <ul style="list-style-type: none"> • Provide training in notification of death, illness and other events to relevant staff • Review and improve recording and audit systems in place to ensure ease of effective management and compliance with this regulation 			
3	29 (4) (a) (b) (c) (Section 11.11 of the report refers)	<p>Registered provider visits</p> <p>The person carrying out the visit shall – interview, with their consent and in private, such of the residents and their representatives and persons working at the home as appears necessary in order to form an opinion of the standard of provided in the home; inspect the premises of the home, its record of events and records of any complaints; and prepare a written report on the conduct of the home.</p> <ul style="list-style-type: none"> • Improve methods of ensuring compliance of Regulation 30 and review need for monitoring visits 	One	<p>The person carrying out registered provider visits complies with the guidance issued by RQIA and on all occasions other than where the resident chooses another location, conversations are held in the privacy of the resident's own accommodation. Regulations and standards do not specify requirements for visits to occur outside normal working hours. The person undertaking registered provider visits however takes a flexible approach across all registered</p>	From the date of the inspection and on-going

		<p>taking place outside of normal working hours given issue raised regarding staffing levels</p> <ul style="list-style-type: none"> • Improve follow-up and monitoring of issues identified in action plans 		<p>services for The Association, often working outside normal working hours and that is reflected in the visit reports. Action plans are followed up on and improved means of documenting follow up on accident/ incident reporting introduced as an outcome to this inspection.</p>	
4	24 (3) (4) (8)	<p>Complaints</p> <p>The registered person shall ensure that any complaint made under the complaints procedure is fully investigated.</p> <p>The registered person shall, within 20 days after the date on which the complaint is made, or such shorter period as may be reasonable in the circumstances, inform the person who made the complaint of the investigative process, outcome and action (if any) that is to be taken.</p> <p>The registered person shall supply to the Regulation and Improvement Authority at its request a statement containing a summary of the complaints made during the preceding twelve months and the action that was taken in response.</p> <ul style="list-style-type: none"> • Review the 'concerns' system in place to ensure compliance with the 	One	<p>Noted and use of local record book for concerns expressed has been reviewed .</p> <p>The complaints return has been reviewed and no complaints to be submitted.</p>	By return of QIP

		<p>homes complaints procedure</p> <ul style="list-style-type: none">• Review and re-submit the complaint return to RQIA for the year 2013			
--	--	---	--	--	--

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	11.3 (Section 9 of the report refers)	The registered manager (acting) should ensure that residents' sign the pre-review report if they participate, include finance support and information as detailed in the report. <ul style="list-style-type: none"> • Provide an update of action taken and confirm that pre-review reports are completed for all review meetings for the identified resident 	One	Actioned as of day of inspection	By return of QIP
2	10.1 10.2	Review relevant policies and procedures to ensure that; <ul style="list-style-type: none"> • it states that RQIA must be notified on each occasion restraint is used • it states the process outlined in the report regarding uncharacteristic behaviour 	One	Policies in respect of Behaviours that challenge has been reviewed further following inspection guidance and is re-issued. Policy in respect of Use of restrictive practices/ restraint includes those elements recommended by The Inspector. This policy is awaiting required governance approval prior to issue.	1 October 2014
3	10.3 (section 11.2 refers)	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.	One	Actioned and care plans are currently under review.	1 October 2014

		<ul style="list-style-type: none"> Review and improve all care plans to ensure that all known behaviours are recorded with how staff should respond Confirm that the identified issue raised by a representative has been resolved and is recorded in the residents care plan 		Care plan updated to ensure all relevant information is captured.	
4	13.9	<p>A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p> <ul style="list-style-type: none"> The duration (i.e. start and finish times) should be recorded 	One	Actioned	By return of QIP
5	1.2 (Section 11.1 and 11.2 refers)	<p>Residents' views are taken into account in all matters affecting them, and the home has forums or systems where residents and their representatives can express their views and be consulted about the running of the home.</p> <ul style="list-style-type: none"> The frequency of the resident meetings should be reviewed and improved. Discuss outings with residents 	One	<p>Outings are frequently discussed with residents and arranged for, however, when the date arrives the residents invariably choose not to go, as is their right. Resident meetings are held quarterly and did at no time occur on a monthly basis. The Acting Manager is arranging a meeting at which the frequency residents wish meetings held, outings arrangements and activities will form the core agenda</p>	By return of QIP

6	23.4 (Section 11.3 refers)	<p>The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <ul style="list-style-type: none"> All staff should complete training in the identified health/medical condition 	One	In regards to identified health/medical condition, on day of inspection 50% of the staff team excluding new starts had received the training. The RM had put in place a file in regards to the medical condition for staff reference to inform them of the condition whilst training was pending. The specialist nurse has been contacted and is arranging to provide further training to the team at the earliest opportunity.	1 October 2014
7	29.1 (11.9 refers)	<p>There is a current Risk Assessment and Fire Management Plan that is revised and actioned when necessary or whenever the fire risk has changed.</p> <ul style="list-style-type: none"> Complete the action taken regarding recommendations made and provide a copy to the estates inspector 	One	The current fire risk assessment was received on the day of inspection. The actions identified in process of being managed alongside colleagues in Property Services and, on completion of the action plan a copy will be provided to the Estates Inspector.	By return of QIP

Please delete the page in red if paperlite

Inspection ID:

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	Helen Craig
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Fiona McAnespie

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	V. Connell	23/9/14
Further information requested from provider			