



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Owenvale Court (1642)

Date of Inspection: 25 November 2014

Inspector's Name: Alice McTavish

Inspection No: IN016848

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

1.0 General information

Name of home:	Owenvale Court
Address:	607 Springfield Road Belfast BT12 7FN
Telephone number:	02890412030
Email address:	paula.kennedy@carecircle.co.uk
Registered Organisation/ Registered Provider:	Ciaran Sheehan
Registered Manager:	Paula Marie Kennedy
Person in charge of the home at the time of inspection:	Paula Marie Kennedy
Categories of care:	RC-A, RC-SI, RC-PH, RC-DE, RC-I
Number of registered places:	47
Number of residents accommodated on day of Inspection:	36
Scale of charges (per week):	Trust rate
Date and type of previous inspection:	Secondary Unannounced Inspection 27 May 2014
Date and time of inspection:	Primary Announced Inspection 25 November 2014 10.05am – 5.30pm
Name of Inspector:	Alice McTavish

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 is required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff, representatives and visiting professionals
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

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

Residents	8
Staff	2
Relatives	1
Visiting Professionals	1

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

Issued To	Number issued	Number returned
Staff	25	5

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

Owenvale Court residential care home is located on the Springfield Road in Belfast. The residential home is owned by Helm Housing Association and operated by Care Circle Ltd. Mrs Paula Kennedy is manager of the home and has been registered manager since March 2013.

Accommodation for residents is provided in large single rooms on the ground and first floors of the building. Access to the first floor is via a passenger lift and stairs. Each bedroom has an ensuite bathroom, built in wardrobes and a mini-kitchen equipped with a small sink, fridge and microwave.

There are large communal lounges on each floor and a spacious dining room on the ground floor. Other accommodation comprises a designated smoke room, quiet rooms, activity room, hairdressing room, laundry, catering kitchen, staff accommodation, reception/staff office and storage rooms.

There is ample private car parking to the front and rear of the home. Security gates are also in position. The external area of the home is appropriately secured and paved.

The home is registered to provide care for a maximum of 47 persons under the following categories of care:

Residential care

I	Old age not falling into any other category
DE	Dementia
PH	Physical disability other than sensory impairment
A	Past or present alcohol dependence
SI	Sensory impairment

8.0 Summary of Inspection

This primary announced care inspection of Owenvale Court was undertaken by Alice McTavish on 25 November 2014 between the hours of 10.05am and 5.30pm. Mrs Paula Kennedy was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that these requirements had been addressed within the timescales specified RQIA. The detail of the actions taken by Mrs Paula Kennedy can be viewed in the section following this summary.

Prior to the inspection, in July 2014, Mrs Paula Kennedy completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Paula Kennedy in the self-assessment were not altered in any way by RQIA.

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

Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place, however, this did not reflect best practice guidance in relation to restraint, seclusion and human rights and a recommendation is made that the policy is updated. See section 10, standard 10.1, of the report.

Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort.

Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge.

Staff members were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. A recommendation is made that RQIA is notified of any incident which affects the health, care or welfare of any resident. See section 10, standard 10.6, of the report.

The registered manager was aware of 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.

The evidence gathered through the inspection process concluded that Owenvale Court was compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents.

Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed, however, a recommendation is made that the programme is also displayed in a more prominent place. See section 10, standard 13.4, of the report. 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 employed an activity coordinator for thirty hours each week. In the absence of the activity coordinator activities are provided by designated care staff. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Comprehensive records were maintained.

The evidence gathered through the inspection process concluded that Owenvale Court was compliant with this standard.

Resident, representative, staff and visiting professional consultation

During the course of the inspection the inspector met with residents, a representative, staff and one visiting professional. Questionnaires were also completed and returned by staff.

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

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

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

Care Practices

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

Environment

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

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

No requirements and three recommendations were made as a result of the primary announced inspection, the details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

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

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 27 May 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	19 (3) Schedule 4 (7)	<p><u>Duty Roster</u></p> <p>The responsible person must ensure that the actual hours the registered manager works is included in the duty roster.</p>	Examination of the duty roster confirmed that the hours worked by the registered manager are included in the duty roster.	Compliant
2	27(4)(b) 27(4)(c) 27(4)(d)(iv)	<p><u>Fire Prevention</u></p> <p>The responsible person must ensure that copies of the reports for the current inspection and test for the fixed wiring installation should be submitted without delay to the RQIA.</p> <ul style="list-style-type: none"> • Confirmation that a smoke seal has been fitted to the meeting edges of the double doors to the large lounge on the ground floor. • Confirmation that the fire doors have all been checked to ensure that they close effectively with the self-closing devices and that they provide fully effective smoke sealing 	Examination of the relevant paperwork confirmed that smoke seals had been fitted on 29 May 2014; that the fire doors have been checked to ensure that they close effectively with the self-closing devices and that they provide fully effective smoke sealing; also that a fire blanket has been provided in the outside smoking area.	Compliant

		<ul style="list-style-type: none"> Confirmation that a fire blanket had been provided in the designated smoking area to the front of the outside of the building. 		
3	Regulations 27(2)(c)	The responsible person must ensure that the record for the most recent service of the resident's call system is submitted to the RQIA.	The registered manager confirmed that the record for the most recent service of the residents call system has been submitted to the RQIA	Compliant
4	Regulations 27(4)(b)	<p>The registered manager must ensure that the chairs in the smoking room are replaced with chairs that are clearly labeled to indicate compliance with the ignition sources 0 and 5 fire retardant standard.</p> <p>The registered manager must ensure there are sufficient chairs in the smoke room.</p>	Examination of the relevant certificate confirms that the seats in the smoking room conform to fire safety standards. The smoking room is supplied with a sufficient number of seats.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. This can be demonstrated by each resident's careplan and their daily routine. Responses and interventions would include contacting GP, Care Manager, Podiatrist and family members. This information is recorded in the careplan.	Compliant
Inspection Findings:	
<p>The home had a policy and procedure entitled 'Policy on Managing Challenging Behaviour' dated November 2014 in place. A review of the policy and procedure identified that it did not reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It did not detail that RQIA must be notified on each occasion restraint is used. A recommendation is made that the policy is updated.</p> <p>Observation of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge within dementia training on 2 April 2014 and 26 May 2014 which included a human rights approach.</p> <p>A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p>	Substantially compliant

<p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff members spoken with were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> <p>A review of the returned staff questionnaires identified that staff members had received training in managing behaviours which challenge.</p>	
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STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The above statement can be evidenced by each resident's careplan, including their daily routine and records documented in the multi-disciplinary section. All staff within the Home work closely with both residents and their families. Any unusual behaviour is reported to the Senior Carer in charge and will take appropriate action, ie, contact the GP, Care Manger or family. Hand-over sheets each morning identify any residents who are acting out of character so they can be closely monitored.	Compliant
Inspection Findings:	
The 'Policy on Managing Challenging Behaviour' includes the following: <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 and relatives . Agreed and recorded response(s) to be made by staff Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.	Compliant

<p>Three care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p>	
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<p>A review of the records and discussion with visitors confirmed that they had been informed appropriately.</p>	
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STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	
Provider's Self-Assessment	
Residents who require a consistent approach or response from staff is documented in the individual careplan. A chart may be introduced to ensure that the approach is standardised and that all staff are aware. Examples of consistent behaviour would be; smoking in designated areas or hygiene if residents are reluctant to bath, shower or shave. Family are contacted and this is also documented in the resident's careplan.	Compliant
Inspection Findings:	
A review of three care plans identified that when a resident needs a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
When there is a resident who has a specific behavioural management issue, the Manager would contact and liaise with members of the multi-disciplinary team, ie. Care Manager, Psychiatrist and GP in order to bring about a positive outcome. This is also documented in the careplan under the multi-disciplinary notes.	Compliant
Inspection Findings:	
The registered manager informed the inspector that there are currently no residents who have a specific behaviour management programme in place. Therefore, this criterion is not applicable at this time.	Not applicable

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	
Provider's Self-Assessment	
Training is on-going within the Home, any specialised needs are supported with training and guidance, provided by Care Circle.	Compliant
Inspection Findings:	
<p>The registered manager informed the inspector that there are currently no residents who have a specific behaviour management programme in place. A review of staff training records evidenced that staff had received training in behaviours which challenge which was contained within dementia training and that they would be equipped to manage challenging behaviour if required to do so.</p> <p>Staff confirmed during discussion that they felt supported and that the support ranged from the training provided, supervision and staff meetings.</p>	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All incidents are reported to Care Managers who liaise with the Home Manager and other multi-disciplinary bodies. It is usual practice that a review meeting would be held in order to promote best practice and care and resolve any issues.	Compliant
Inspection Findings:	
A review of the accident and incident records from January 2014 to October 2014 and discussions with staff identified that residents' representatives and Trust personnel had been appropriately notified. A recommendation, however, is made that RQIA should be notified of any incident which affects the health, care or welfare of any resident. A review of three care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others. Visitors and staff confirmed during discussion that when any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
<p>10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	
Provider's Self-Assessment	
<p>Owenvale Home operates a no-restraint policy. All residents, their families and Care Managers are aware of this. Residents who display challenging behaviour or any type of inappropriate behaviour are managed by contacting GP and Care Manager who in turn with the Home Manager resolve the issue. Sometimes this requires relocating residents to another environment.</p>	Compliant
Inspection Findings:	
<p>Discussion with staff and visitors, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint is only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies have proved unsuccessful.</p> <p>A review of records, discussion with residents and staff and observation of care practices identified that there are currently no types of restraint or restrictive practices used in the home which need to be described in the home's Statement of Purpose.</p>	Compliant

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

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

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider’s Self-Assessment	
At present Owenvale are awaiting an appointed Activity Co-ordinator who has been successfully recruited. In the interim all staff have provided activities which include, film nights, barbeque, games ie wordsearches, reminiscence, music afternoons and chair aerobics. Lough Shore School also visit the Home on a regular basis throughout the year and provide reminiscence. Mass is also provided on a daily basis for any residents who wish to attend. Home Manager, based on identified needs and interests of residents has provided budgies and canaries within the Home, she also from time to time brings her dog in to visit.	Moving towards compliance
Inspection Findings:	
<p>The home had a policy ‘Planning Social Activities for Residents’ May 2012 and ‘Planning and Organising Community Visits for Residents’ May 2012. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</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 the assessed needs and interests of the residents.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
All activities are based on resident's agreement. Residents spiritual needs are met by daily mass and contacting both priests and ministers if a resident requests a spiritual visitor. Healthy living is promoted by arm-chair exercises which are carried out by the Belfast City Council. Staff also offer the 'Brighter Days' news sheets, crosswords and puzzles which have proved popular.	Moving towards compliance
Inspection Findings:	
Examination of the programme of activities identified that social activities are organised on a daily basis. The programme included activities which were age and culturally appropriate and reflected residents’ needs and preferences. The programme took into account residents’ spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
<p>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.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>All residents within the Home are given the opportunity to contribute by being invited to partake in all activities within the Home and staff ensure that those residents that generally stay in their room are invited to engage in activities and contribute to any suggestions. This can be evidenced by the Registered Providers visit which is completed on a monthly basis.</p>	Substantially compliant
Inspection Findings:	
<p>A review of the record of activities provided and discussion with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. No residents generally stayed in their rooms.</p> <p>Residents and their representatives were also invited to express their views on activities by means of resident and relatives meetings, one to one discussions with staff and care management review meetings.</p>	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
At present notices are placed within the Home to notify relatives as well as residents of up and coming activities.	Substantially compliant
Inspection Findings:	
On the day of the inspection the weekly programme of activities was on display in the ground floor lounge; a menu of activities had been placed on each table. This location was considered appropriate as the area was easily accessible to residents and visitors. A recommendation is made that the programme of activities is also displayed in a more prominent position so that relatives are aware of the activities offered. Discussion with residents confirmed that they were aware of what activities were planned.	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: 13.5 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	
Equipment aids include, newsletters, puzzles, wordsearches, DVD player, music centre, two quiet rooms, televisions and oratory. Birthday cakes are provided for each individual resident. Popcorn and crisps are provided for film nights. All staff support the activities by coming in on their day off for community activities like music evenings, staff also provide DVD's, popcorn and crisps.	Substantially compliant
Inspection Findings:	
The home employs a full time activity co coordinator between Monday and Friday; activities are provided for at weekends by care staff. The activity coordinator, care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included arts and crafts materials, board and floor games, newspapers and magazines, DVDs and CDs. The activity co-ordinator confirmed that local community resources were accessed and that there is a designated budget for activities.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	
Provider's Self-Assessment	
The Manager has allocated a time each day for activities to be carried out by staff. All other activities are timed so they don't conflict with early morning risers, meal times or bed times. This is planned to encourage all residents to participate if they so choose.	Substantially compliant
Inspection Findings:	
The activity co coordinator, registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
The Manager ensures that all activities delivered by an outside person are fit for purpose, this is evidenced by checking credentials or observing the activity and receiving feed-back from residents and their families.	Substantially compliant
Inspection Findings:	
The registered manager confirmed that she had obtained evidence from any person that is engaged to provide an activity that they had the necessary skills and knowledge to deliver that activity. The registered manager confirmed that there were processes in place to ensure that activities are supervised by care staff.	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:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment	
To date the activity of arm chair aerobics has been successful, however varies from week to week. The Library Board however was not successful due to residents non-participation. Musical activities are optional for residents and residents are free to listen to all or some of the activities. In all of the activities, whilst residents are encouraged to participate, their right to decline is also observed.	Substantially compliant
Inspection Findings:	
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

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	
Provider's Self-Assessment	
A record of all activities carried out within the Home are in place inclusive of resident participation.	Substantially compliant
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. There was evidence that appropriate consents are in place in regard to photography and other forms of media.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	
Provider's Self-Assessment	
At present whilst there is no activity co-ordinator onboard the Manager ensures that the current activities are varied and meets residents changing needs.	Substantially compliant
Inspection Findings:	
<p>A review of the programme of activities identified that it is reviewed weekly.</p> <p>The registered manager and activity coordinator confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	Compliant

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

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

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with three residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "I'm very well looked after here. There's staff around to help, if you need it. The food is great."
- "They look after us well here."
- "There's plenty of staff around...I don't have to wait very long for help if I need it."
- "The staff are all very attentive. Nothing is too much trouble for them."
- "The place is spotlessly clean, the bedrooms are lovely and the food is great. I have (a special dietary requirement) and the cook makes sure I get the sort of food that I need."

11.2 Relatives/representative consultation

One relative 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. No concerns were expressed or indicated.

Comments received included:

- "It seems good here. There's always plenty of staff around."

11.3 Staff consultation/Questionnaires

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

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

Comments received included:

- "There is definite improvement as the staff duty roster has been reviewed and there is a higher staff to resident ratio, there is now an activities co-ordinator and there is sleepover staff at night and this has all improved life for the residents."

- “The manager has made it possible for all available staff to take time out each morning to have their morning tea or coffee with the residents. The lounge has been rearranged so that the tables and chairs are in clusters around the room and this is better than having the seats along the walls. The tea is served in china cups with saucers and they are placed into the china cabinet after being washed. This reminds our residents of how it used to be done and they all like it.”
- “I think the residents are looked after very well, the staff are very attentive. I am a new staff member and working here feels comfortable and homely.”

11.4 Visiting Professionals’ Consultation

The inspector had opportunity to speak with one professional who expressed high levels of satisfaction with the quality of care, facilities and services provided in the home.

Comments received included:

- “I have always found the care to be very good in Owenvale. The staff are always visible and available and they appear to be knowledgeable about the residents. I have no issues or concerns.”

11.5 Observation of Care Practices

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

11.6 Care Reviews

Prior to the inspection a residents’ care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that most of the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014. The registered manager confirmed that care reviews are completed throughout the year and that all residents have an annual care review.

11.7 Complaints

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

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

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant’s satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

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

11.9 Guardianship Information/Resident Dependency

Returned information was reviewed and no issues were identified. Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 7 May 2014. The review identified that the recommendations made as a result of this assessment had been forwarded to Helm Housing Association and Care Circle and that the information had been sent to the RQIA Estates inspector.

A review of the fire safety records evidenced that fire training had been provided to staff between March 2014 and November 2014. The records also identified that fire drills are undertaken weekly 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.

11.11 Vetting of Staff

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

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Paula Kennedy as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Primary Announced Care Inspection

Owenvale Court

25 November 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Paula Kennedy either during or after the inspection visit.

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

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

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

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

Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	10.1	<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"> Reference to this is made in that the policy should be updated to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) and to detail that RQIA must be notified on each occasion restraint is used. 	One	Policy on restraint has been updated to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) and to detail that RQIA must be notified on each occasion restraint is used.	31 December 2014

2	10.6	<p>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> <ul style="list-style-type: none"> Reference to this is made in that RQIA should be notified of any incident which affects the health, care or welfare of any resident. 	One	<p>All staff have been made aware of notifiable incidents affecting the health, care or welfare of any resident. A training session was held on Friday 9th January 2015 in which all seniors attended and one of the issues discussed was reporting notifiable events to the RQIA.</p>	Immediate and ongoing
3	13.4	<p>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.</p> <ul style="list-style-type: none"> Reference to this is made in that the programme of activities should also displayed in a more prominent position so that relatives are aware of the activities offered. 	One	<p>A programme of events/activities are now displayed on a notice board in the main lounge and are updated on a daily basis.</p>	31 December 2014

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Paula Kennedy
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	ciaran sheehan

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Alice McTavish	21 January 2015
Further information requested from provider			