



The Regulation and  
Quality Improvement  
Authority

## **Primary Unannounced Care Inspection**

**Service and Establishment ID:** The Pines (1644)  
**Date of Inspection:** 25 August 2014  
**Inspector's Name:** Kylie Connor  
**Inspection No:** 16639

**The Regulation And Quality Improvement Authority**  
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## 1.0 General information

<b>Name of home:</b>	The Pines
<b>Address:</b>	23 Upper Lisburn Road Belfast BT10 0GW
<b>Telephone number:</b>	(028) 9060 2343
<b>Email address:</b>	julie-ann@malonehealthcare.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Mr Kevin McKinney
<b>Registered Manager:</b>	Mrs Julie-Ann Russell
<b>Person in charge of the home at the time of inspection:</b>	8:00am to 2:00pm; David Perry, Senior Care Assistant 2:00pm to 8:00pm; Christine Jennings, Deputy Manager
<b>Categories of care:</b>	RC-DE, RC-PH, RC-I
<b>Number of registered places:</b>	31
<b>Number of residents accommodated on day of Inspection:</b>	27 (1 resident in hospital)
<b>Scale of charges (per week):</b>	From £461
<b>Date and type of previous inspection:</b>	11 March 2014 Primary Announced
<b>Date and time of inspection:</b>	25 August 2014 10:30am to 7:00pm
<b>Name of Inspector:</b>	Kylie Connor

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of 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 provider
- Discussions with the registered manager following the inspection
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff

- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

Any other information received by RQIA about this registered provider and/or the service delivery has also been considered by the inspector in preparing for this inspection.

## 5.0 Consultation Process

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

Residents	19
Staff	4 and the registered provider
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	23	6

## 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:

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

## 7.0 Profile of service

The Pines Residential Care home is situated on a major thoroughfare in the south of Belfast. It is a large detached property set in its own grounds with gardens to the rear of the home and car parking spaces to the front. The home is situated within the Belfast Health and Social Care Trust geographical area. It is owned and operated by Mr Kevin McKinney. Julie-Ann Russell has been the registered manager from September 2013.

The ground floor has two sitting rooms, a dining room, kitchen, laundry facilities, thirteen single bedrooms, ten of which are en-suite and nine double bedrooms, seven of which are en-suite. The first floor has a large sitting room, office and bedrooms. A hairdressing room is being installed. Access to the first floor is via a passenger lift and stairs.

There are currently plans to extend, renovate and improve the home. There are residential properties to either side of the home and there are local shops within walking distance.

A number of communal sanitary facilities are available throughout the home. A secure garden and seating area are located at the rear of the home where provision is made for residents who smoke.

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

### Residential care

I	Old age not falling into any other category
DE	Dementia (For a maximum of ten persons)
PH	Physical disability other than sensory impairment (For a maximum of three persons)

## 8.0 Summary of Inspection

This primary unannounced care inspection of The Pines was undertaken by Kylie Connor on 25 August 2014 between the hours of 10:30am and 7:00pm. Persons in charge, David Perry and Christine Jennings and Kevin McKinney, Registered Provider were available during the inspection and the latter two were available for verbal feedback at the conclusion of the inspection. The inspector also spoke to the registered manager by telephone.

The requirements and recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that one requirement and six recommendations were addressed. One requirement was not examined and is stated again. One requirement and six recommendations have not been fully addressed and are stated for the second time. The detail of the actions taken by the registered person can be viewed in the section following this summary.

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

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

inspection of the residential care home environment. Questionnaires were also completed and returned by six staff.

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

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. Issues were raised in regard to staffing and a requirement has been made. Comments received from residents and staff are included in section 11.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. There was evidence that décor and furnishings were being improved as part of an overall schedule of work.

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

Five requirements and nine recommendations were made as a result of the primary unannounced 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, registered manager, registered provider and staff for their assistance and co-operation throughout the inspection process.

## **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 which did not fully reflect best practice guidance in relation to restraint, seclusion and human rights and a recommendation has been made. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is not used and restrictive practices are put into place to reduce risk. A recommendation has been made to ensure timely review of these measures. 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 spoken to were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The 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 the Pines is substantially 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. 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 a number of hours 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 were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. A recommendation has been made to obtain written consent in regard to photography and other forms of media. The evidence gathered through the inspection process concluded that The Pines is compliant with this standard.



### 9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 11 March 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Article 16 of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and Regulation 12 of the Health and Personal Social Services Regulation and Improvement Authority (Registration) Regulations (NI) 2005	<p>The registered provider should submit an application for a minor variation as notified by the regulation team.</p> <p>This is in regard to changes being made to the use of the existing smoke room, alternative arrangements being made and the identified room where a hairdressing facility is being created. Any other changes identified following the inspection should also be included.</p>	This was addressed.	Compliant
2	3 (1) (a) (b) (c) Schedule 1 (2) (6) (a)	<p><b>Statement of purpose</b></p> <p><b>3.</b> - (1) The registered person shall compile in relation to the residential care home a written statement which shall consist of -</p> <p>(a) a statement of the aims and objectives of the home;</p> <p>(b) a statement as to the facilities and</p>	This was improved. A number of further improvements were noted following this inspection and it is stated again.	Substantially compliant

		<p>services which are to be provided by the registered person for residents; and                  (c) a statement as to the matters listed in Schedule 1.                  (2) The registered person shall supply a copy of the statement of purpose to the Regulation and Improvement Authority and shall make a copy of it available for inspection by every resident and any representative of a resident.</p> <p>The registered person shall - (a)keep under review and, where appropriate, revise the statement of purpose and the resident's guide;</p> <p>This should be submitted along with the variation application.</p>		
3	14 (4)	<p>The registered person shall make arrangements, by training persons employed or by other measures, to prevent residents being harmed or suffering abuse or being placed at risk of harm or abuse.</p> <p>The homes Vulnerable adult policy should be reviewed and a procedure developed to support and guide staff through the process of identification, reporting and recording.</p>	This was not examined and is stated again.	Not examined

4	29 (1) (4)	<p><b>Visits by registered provider</b></p> <p>Where the registered provider is an individual, but not in day-to-day charge of the residential care home, he shall visit the home in accordance with this regulation. Visits under paragraph (1) or (2) shall take place at least once a month or as agreed with the Regulation and Improvement Authority and shall be unannounced. 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. The template should be reviewed and updated in accordance with RQIA guidance.</p>	<p>Evidence reviewed confirmed that these are being completed every month. However, no changes have been made to the report template. There was evidence of residents, staff and visitors being spoken to with their opinions recorded and of the environment being inspected.</p> <p>In June 2014 an issue was identified in regard to care staff doing dishes and a recommendation made for the registered manager to assess the impact of this and determine if any alternative arrangements are necessary. There was no evidence subsequently recorded regarding action taken and the recommendation was not reviewed in July or August reports, despite the registered manager being in charge during the visit in July. An additional action has been appended to the requirement.</p> <p>The last evening visit took place in February 2014 and an action is appended to the requirement. This has been partly addressed.</p>	<p>Moving towards compliance</p>
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	11.1	The registered manager should develop a policy and procedure on care reviews.	The registered manager verified that this has not been addressed.	Moving towards compliance
2	11.3	The registered manager should ensure that the area of small sums is included in the pre review report completed by staff and that residents sign these to evidence their involvement in the process.	Records reviewed didn't contain a pre-review report. The registered manager confirmed that finances form part of the care review. This is addressed.	Compliant
3	11.5	<p>The home keeps records of review meetings that identify outcomes of the review, actions required and those responsible for these actions. When the meeting is organised by the home, a copy of the record of the meeting is issued to the resident and where appropriate their representative, and any others who contributed to the review, unless there are clear and recorded reasons not to do so.</p> <p>The registered manager should develop a template to record this information.</p>	Two records reviewed contained minutes from the trust. It was confirmed that all residents currently have involvement from a care manager. The home has not developed a review template for use where a care manager is not involved.	Substantially compliant

4	11.6	The registered manager should ensure that staff receive training in the areas of Dementia Care and also in understanding and responding to behaviours which challenge.	Discussions with staff verified this training has been delivered. This has been addressed.	Compliant
5	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.  This relates to an identified care plan.	Evidence from a review of care records and discussion with staff confirmed that this has been addressed.	Compliant
6	16.2	The homes induction should be reviewed to ensure compliance with the NISCC Induction Standards (2007).	Evidence of one induction completed recently did not provide evidence that this has been addressed. The inspector noted that protection of vulnerable adult policy and procedure and the complaints policy and procedure are not included in the homes induction template. This has not been addressed.	Moving towards compliance
7	19.1	The policy and procedures for staff recruitment detail the recruitment process and comply with legislative requirements and DHSSPS guidance.	A checklist was reviewed and demonstrated that this has not been addressed.	Moving towards compliance

		<ul style="list-style-type: none"> <li>The recruitment checklist should also be reviewed to include birth certificates.</li> </ul>		
8	19.3	The registered manager should ensure that all Access NI certificates are retained in line with the principles of the data protection act 1998 and Access NI's code of practice.	Discussion with the registered manager confirmed that this has been addressed.	Compliant
9	19.2	<p>Before making an offer of employment: -</p> <ul style="list-style-type: none"> <li>The applicant's identity is confirmed</li> <li>Two written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer</li> <li>Any gaps in an employment record are explored and explanations recorded</li> <li>Criminal history disclosure information, at the enhanced level, is sought from AccessNI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this</li> </ul>	Discussions with staff confirmed that all information was submitted/requested apart from vocational qualifications including those which relate to mandatory training. It was further confirmed that a health questionnaire was completed and no report from a GP was requested. It was confirmed that the health questionnaire was comprehensive.	Moving towards compliance

		<p>regard)</p> <ul style="list-style-type: none"> <li>• Professional and vocational qualifications are confirmed</li> <li>• Registration status with relevant regulatory bodies is confirmed</li> <li>• A pre-employment health assessment is obtained</li> </ul> <p>Current status of work permit/employment visa is confirmed.</p> <p>An audit of staff files should be completed to ensure all staff employed from 2005 have all the required records, including birth certificates and any outstanding records are obtained.</p> <p>The registered manager should ensure that an Access NI application is completed for the identified staff member recruited internally.</p>	<p>The registered manager confirmed that she has begun auditing staff files but not completed the process.</p> <p>The registered manager confirmed that this has been addressed.</p>	
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10	19.4	Staff are issued with a written statement of main terms and conditions prior to employment and no later than thirteen weeks after appointment. This pertains to two identified staff. The registered manager should confirm that files have been audited and all staff have received a written statement of their main terms and conditions.	The registered manager stated that this has been addressed.	Compliant
11	19.6	Residents, or where appropriate their representatives, are involved in the recruitment process where possible.  The home should review methods of involving residents and/or their relatives.	The registered manager verified that this was discussed at a residents meeting and suggestions were made by residents regarding possible interview questions. This is addressed.	Compliant
12	23.3	The registered manager should provide an update in regard to progress made in relation to;  A staff training schedule/matrix should be completed, be comprehensive and kept up to date. Mandatory training requirements to be met. This should include the six monthly fire safety training sessions.	The registered manager confirmed that this is currently incomplete. This is stated as a requirement.	Moving towards compliance



**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider’s Self-Assessment</b>	
As per Policy, residents' needs are fully assessed prior to admission. A care plan is then developed which records behaviours and how to respond, enabling staff to gain knowledge of each individual's usual conduct, behaviour and means of communication, allowing them to care for the resident in a safe, positive environment . RQIA are notified of all notifiable incidents. In addition the NOK and Care Manager are notified.	Compliant
<b>Inspection Findings:</b>	
The home had a policy and procedure on responding to residents behaviours (no date of issue) in place. A review of the policy and procedure identified that it does not fully reflect nor reference the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure does not clearly state the need for Trust involvement in managing behaviours which challenge, it only makes reference to involvement following restraint. It detailed that RQIA must be notified on each occasion restraint is used. A recommendation has been made.  Observations and discussions with staff identified that informed values were demonstrated and that implementation of least restrictive strategies were employed.  Discussions with care staff evidenced that they had received training in behaviours which challenge which included a human rights approach.  A review of two residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.	Substantially compliant

<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.</p> <p>A review of the returned six staff questionnaires identified that five staff had received training on behaviours which challenge and the sixth staff member is working in the home, less than a year.</p>	
<p><b>Criterion Assessed:</b> 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Any staff member observing uncharacteristic behaviour will notify the Senior immediately, who will assess the situation and take action as appropriate eg notify relatives and multi-disciplinary team. The Senior person on duty ensures all incidents are appropriately recorded as per Policy and Procedure.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>The policy and procedure referred to in 10.1 did include most of the following:</p> <ul style="list-style-type: none"> <li>. Identifying uncharacteristic behaviour which causes concern</li> <li>. Recording of this behaviour in residents care records</li> <li>. Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>. Reporting to senior staff, the trust, relatives and RQIA.</li> <li>. Agreed and recorded response(s) to be made by staff</li> </ul> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Care records were reviewed and identified that they contained the relevant information regarding residents identified uncharacteristic behaviour. A review of the records and discussions with staff confirmed that residents’ family and relevant others had been informed appropriately.</p>	Compliant

<p><b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> Where a particular approach is required this will be recorded and communicated to staff through hand-overs and meetings. Residents or their representative are involved in the development of their care plan. Any particular issues are fully discussed with the Care Manager.</p>	Compliant
<p><b>Inspection Findings:</b> A review of two care plans identified that when a resident needed 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.</p>	Compliant
<p><b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> Any such issues would be discussed with the Care Manager and any other members of the multi-disciplinary team as necessary. All management programmes are monitored and reviewed appropriately.</p>	Compliant
<p><b>Inspection Findings:</b> Staff spoken to 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.</p>	Not applicable

<p><b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Training is provided for all staff in Dementia and Managing Challenging Behaviours. Supervision of staff is carried out enabling staff to fully discuss their concerns and to provide guidance and support.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Staff spoken to 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.</p> <p>Staff training addressed in 10.1.</p>	Not applicable
<p><b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Residents representatives and the Care Manager are kept fully informed and updated of any changes to a residents behaviour and subsequent care. Care Plans are reviewed as per Policy. If an incident happened outside of the care plan this would then be fully recorded and reported appropriately.</p>	Compliant
<b>Inspection Findings:</b>	
<p>A review of the accident and incident records of May and June 2014 and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified. A review of a number of care plans identified that they had been updated and included involvement of the Trust personnel and relevant others. However, from the original incident and agreed measures put in place, evidence demonstrated that these had not been reviewed or followed up in a timely manner. A recommendation has been made.</p>	Moving towards compliance

<p><b>Criterion Assessed:</b>                      10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Restraint is not used within the Home, however if deemed necessary, as per Policy and Procedure, restraint will only be used as a last resort to protect the resident when all other strategies have been unsuccessful.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Discussions with staff, a review of returned staff questionnaires and an examination of care records confirmed that physical restraint has not been used and is only to be used as a last resort by appropriately trained staff. No staff in this home are trained in restraint techniques which is in keeping with the homes categories of care and the policy and procedure referred to in 10.1 should reflect this.</p> <p>A review of the accident and incident records and residents’ care records identified that least restrictive practices may be used including observations at specified time intervals, controlled access through the front door. The circumstances and nature of the restrictive practices were recorded on the resident’s care plan.</p> <p>Some residents confirmed during discussions that they were aware of decisions that affected their care and they had given their consent to the limitations or were aware that action had been taken/measures have been put in place to reduce risks including locked/alarmed doors. There was an objection to control of access to exit the home. This was discussed with the deputy manager and registered provider who confirmed that measures were in response to identified risk and agreed. The home uses CCTV around the exterior of the home, external doors around the home are locked/alarmed, buzzer mats, a bedroom door alarm and bed rails may also be used.</p> <p>A review of the home’s Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are not described and a requirement has been made. The home should consider the following areas: physical, environmental, mechanical, technological, chemical and psychological.</p>	<p>Moving towards compliance</p>

<b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

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

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
<b>Provider’s Self-Assessment</b>	
The Home has a policy in place. In accordance with their assessed need the Activity Coordinator discusses with all residents their likes/dislikes, interests and hobbies and plans a positive, varied programme based on their identified needs, including one to one activity for those who choose to stay in their own room.	Compliant
<b>Inspection Findings:</b>	
The home has a policy on the provision of activities. A review of care records evidenced that individual social interests and activities were included in the needs assessment, a social history 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

<p><b>Criterion Assessed:</b>                      13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p> <p>The programme provided offers a wide range of activities, including visits from local clergy, arts and crafts, gentle exercise, musical events and outings. The Activity Coordinator plans the programme to ensure as wide a range as possible allowing all residents to participate. The programme also includes themed and seasonal occasions.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>Examination of the programme of activities identified that social activities are organised by the activity worker for four sessions per week. However, these may be cancelled if staffing levels do not permit due to staff ringing in sick with little notice.</p> <p>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.</p>	<p>Substantially compliant</p>



<p><b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>The Activity Coordinator holds regular meetings with the residents to discuss suggestions for forthcoming events, and always discusses with those residents on a one to one basis who choose not to attend the meeting to seek their opinions and suggestions.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of the record of activities provided and discussions with residents, including residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued by the home, resident meetings, one to one discussions with staff and care management review meetings.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>The Activity Coordinator discusses the programme at the residents' meeting. The programme of events is displayed in a monthly calendar. Specific themed events are also displayed on specific notices as appropriate. Residents are reminded on a daily basis what the activity taking place is.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>On the day of the inspection the programme of activities was on display on the ground floor. This location was considered appropriate as the area was easily accessible to residents and their representatives. The activity co-ordinator stated that a number of residents receive their own individual monthly activity calendar and that there were plans to produce a monthly newsletter but access to a computer was hindering progress. Discussions with the registered provider provided assurances that this would be made available without delay.</p>	Substantially compliant

Discussions with residents confirmed that they were aware of what activities were planned as staff kept them informed which was their preference. The programme of activities was presented in an appropriate format to meet the residents’ needs but should be kept under review.	
<b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
The Activity Coordinator ensure a wide range of resources are available including games, quiz books, puzzles, gardening equipment, arts and crafts materials, audio books etc. ensuring that the needs of all residents can be met. Activities take place in different areas of the home including the dining room and lounges allowing certain groups to be participating in different things as best meets their needs.	Compliant
<b>Inspection Findings:</b>	
The home employs an activity co-coordinator for three to four sessions per week from 2:00pm to 5:00pm. Evidence demonstrated that there is some activity organised every day. The session due to take place on the day of the inspection was due to care staff sick leave which the activity co-ordinator confirmed happens occasionally once per month. Activities are also provided by care staff or external providers. There was some mixed opinions in regard to the provision of equipment. The activity coordinator and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included jigsaws, arts and craft resources, skittles, a large connect 4 and musical instruments. There was confirmation from the registered provider and activity co-ordinator that finance is made available for the provision of activities.	Compliant
<b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
The Activity Coordinator through assessment and monitoring of each resident, ensures the duration is appropriate to each individual.	Compliant
<b>Inspection Findings:</b>	
The activity co coordinator, care staff 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 activity participation.	Compliant

<p><b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>A range of activities are provided by persons outside the Home, including live singing, gentle exercise and a number of spiritual meetings and services. Staff monitor these activities to ensure its suitability for the residents..</p>	Compliant
<b>Inspection Findings:</b>	
<p>The deputy manager confirmed that a number of persons are contracted in to provide activities and that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>If there is any information that may be relevant to the external person then they would be notified before commencing the activity. Staff continue to monitor throughout the activity to ensure suitable for all residents.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The deputy manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> The Activity Coordinator maintains records of all activities, the person leading the activity and the names of the residents participating.</p>	Compliant
<p><b>Inspection Findings:</b> A review of the record of activities identified that records had been maintained of the nature, the name of the person leading the activity and the residents who had participated in or observed the activity. The start and finish times of the activity were not recorded and a recommendation has been made. There was no evidence that appropriate consents were in regard to photography and other forms of media. A recommendation has been made.</p>	Substantially compliant
<p><b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> The programme is reviewed through residents meetings and satisfaction surveys on a regular basis to ensure it meets residents' changing needs.</p>	Compliant
<p><b>Inspection Findings:</b> A review of the programme of activities identified that it was being reviewed at monthly residents meetings. The records also identified that the programme had been reviewed at least twice yearly. The registered manager and activity coordinator 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.</p>	Compliant

<b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

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

## 11.0 Additional Areas Examined

### 11.1 Resident's consultation

The inspector met with nineteen residents individually and in groups. Residents were observed relaxing in the communal lounge areas whilst others were resting 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. No concerns were expressed or indicated.

Comments received included:

- "I can't fault anything at the moment. They have asked me what I like and they are doing their best."
- "The staff are very kind and considerate."
- "Everything they do, they do very well."
- "The food is quite varied."
- "It's well run."
- "The food is excellent."
- "The arts and craft activities are quite popular. I like being here very much."
- "On the whole it is enjoyable."

### 11.2 Relatives/representative consultation

There were no relatives who met with the inspector during the inspection.

### 11.3 Staff consultation/Questionnaires

The inspector spoke with four staff of different grades and six 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. A suggestion was made to provide staff on the floor with a cordless telephone. The registered provider confirmed that this would be put in place. Issues were raised regarding the duty rota. This was discussed with the registered provider and with the registered manager who confirmed that a number of changes would be made to address these. A requirement has been made.

Comments received included:

- "There is very good quality and choice...chef will make variations." (regarding the food) I find most things in the home are really quite good. The team work really well together and are well liked by residents."
- "It's a good home, the only recent issue is the rota."
- "Can be a bit stressed with the amount of shifts and the way they are laid out."

- “I think the care at the pines both day and night is excellent, we all work as a team to look after the residents.”

#### **11.4 Visiting professionals’ consultation**

There were no professionals who met with the inspector 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 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 all but one resident in the home had been subject to a care review by the care management team of the referring HSC Trust between 1 April 2013 and 31 March 2014.

#### **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.

It was confirmed that lessons learnt from investigations were acted upon.

#### **11.8 Environment**

The inspector viewed the home alone and inspected a number of residents’ bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents’ bedrooms were observed to be homely and personalised. Décor and furnishings were found to have been improved in a number of areas and discussions with the registered provider confirmed that work was ongoing throughout the home.

#### **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 recommends that the home's most recent fire safety risk assessment is returned to the estates inspector with a copy of the risk assessment of the smoking area.

A review of the fire safety records evidenced that fire training, had been provided to staff on 2 December 2013. It was not clear if these records were up to date. Discussions with staff and an analysis of returned questionnaires indicated that staff had received training in fire safety every six months. The records also identified that an evacuation had been undertaken on 29 June 2014. There was evidence 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 Julie-Ann Russell confirming that all staff employed at the home, including agency and bank staff (the latter is not used in this home) 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 Julie-Ann Russell, 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

The Pines

25 August 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 Kevin McKinney and Julie-Ann Russell either during or after the inspection visit.

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

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

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

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

**Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	3 (1) (c) Schedule 1 (Section 9 and 10.7 of the report refers)	<p><b>Statement of purpose</b></p> <p>The registered person shall compile in relation to the residential care home a written statement which shall consist of -</p> <ul style="list-style-type: none"> <li>• a statement as to the matters listed in Schedule 1.</li> <li>• Describe the types of restrictive practices which may be used with consideration of the Human Rights Act (1998)</li> </ul>	Two	Statement of purpose reviewed and updated.	1 December 2014
2	29 (1) (4) (section 9 of the report refers)	<p><b>Visits by registered provider</b></p> <p>Where the registered provider is an individual, but not in day-to-day charge of the residential care home, he shall visit the home in accordance with this regulation.</p> <ul style="list-style-type: none"> <li>• The homes report template should be reviewed and updated in accordance with RQIA guidance.</li> <li>• Efforts should be made to vary the times of the visits and review the previous action plan on every visit.</li> </ul>	Two	Report template reviewed and updated in accordance with RQIA guidelines. Visits are carried out at varying times including evenings and week-ends.	From the date of the inspection and on-going

3	14 (4) (section 9 of the report refers)	<p>The registered person shall make arrangements, by training persons employed or by other measures, to prevent residents being harmed or suffering abuse or being placed at risk of harm or abuse.</p> <ul style="list-style-type: none"> <li>The homes Vulnerable adult policy should be reviewed and a procedure developed to support and guide staff through the process of identification, reporting and recording.</li> </ul>	One	<p>Training in Protection of Vulnerable Adults is provided for all staff. Protection of Vulnerable Adults Policy has been reviewed and updated.</p>	By return of QIP
4	20 (1) (a) (section 11 of the report refers)	<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 - 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"> <li>Continue to review the management of staffing in the home and respond appropriately</li> <li>Ensure that staff do not engage in mixed duties</li> </ul>	One	<p>Staffing levels within the Home are continually monitored in accordance with number and dependency level of residents. Staff do not engage in mixed duties.</p>	From the date of the inspection and on-going

5	20 (1) (c) (section 9 of the report refers)	<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 -ensure that the persons employed by the registered person to work at the home receive - mandatory training and other training appropriate to the work they are to perform;</p> <ul style="list-style-type: none"> <li>• Provide a copy of an up to date training matrix for all staff.</li> </ul>	Two	Mandatory and other appropriate training is provided for all staff. Training matrix completed.	By return of QIP
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<b>Recommendations</b>					
<b>These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.</b>					
<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	11.1	The registered manager should develop a policy and procedure on care reviews.	Two	Policy on Care Reviews has been developed.	By return of QIP
2	11.5	The home keeps records of review meetings that identify outcomes of the review, actions required and those responsible for these actions. When the meeting is organised by the home, a copy of the record of the meeting is issued to the resident and where appropriate their representative, and any others who contributed to the review, unless there are clear and recorded reasons not to do so. <ul style="list-style-type: none"> <li>The registered manager should develop a template to record this information and ensure that a template is available for residents with no trust involvement.</li> </ul>	Two	A report is completed by the Home prior to the review and this is retained on file along with the minutes of the review. The Home uses the same format in the event that the resident does not have any trust involvement.	By return of QIP
3	16.2	The homes induction should be reviewed to ensure compliance with the NISCC Induction Standards (2007).	Two	Induction policy reviewed and updated in accordance with NISCC Standards.	By return of QIP
4	19.1	The policy and procedures for staff recruitment detail the recruitment process and comply with legislative requirements and DHSSPS guidance. <ul style="list-style-type: none"> <li>The recruitment checklist should also be reviewed to include birth certificates.</li> </ul>	Two	Recruitment checklist has been updated to include birth certificates.	By return of QIP

5	19.2	<p>Before making an offer of employment: -</p> <ul style="list-style-type: none"> <li>• The applicant's identity is confirmed</li> <li>• Two written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer</li> <li>• Any gaps in an employment record are explored and explanations recorded</li> <li>• Criminal history disclosure information, at the enhanced level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard)</li> <li>• Professional and vocational qualifications are confirmed</li> <li>• Registration status with relevant regulatory bodies is confirmed</li> <li>• A pre-employment health assessment is obtained</li> <li>• Current status of work permit/employment visa is confirmed.</li> </ul> <ul style="list-style-type: none"> <li>• An audit of staff files should be completed to ensure all staff employed from 2005 have all the required records, including birth certificates and any outstanding records are obtained.</li> </ul>	Two	Audit of staff files commenced and will be completed by 30 <sup>th</sup> November 2014.	1 December 2014
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6	10.1 10.2	Review relevant policy and procedures to ensure compliance with DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).	One	Policy and procedure reviewed to ensure compliance with guidelines.	1 December 2014
7	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"> <li>• Ensure that timely review takes place of all measures put in place to minimise risks</li> <li>• Confirm that the identified restrictive practices have been reviewed with involvement of the resident, their representative and the trust.</li> </ul>	One	All measures put in place are reviewed in a timely manner. Identified restrictive practices have been reviewed accordingly with the resident, representative and Care Manager.	By return of QIP
8	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"> <li>• Ensure that there are appropriate consents in place in regard to photography and other forms of media.</li> </ul>	One	Activity co-ordinator keeps a record of all activities that take place. Consent form held on file for all residents.	1 December 2014
9	29	The registered person should send a copy of the fire safety risk assessment with actions taken and the risk assessment of the fire area to the estates inspector.	One	Updated Fire Safety Risk Assessment currently being completed. Copy will be forwarded to RQIA.	By return of QIP



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

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	J-A Russell
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	K McKinney

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	X	K.Connor	22/10/14
Further information requested from provider			