



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment: Redlands
RQIA Number: 1645
Date of Inspection: 5 March 2015
Inspector's Name: John McAuley and Kylie Connor
Inspection ID: IN021306

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 Service:	Redlands
Address:	20 Adelaide Park Belfast BT9 6FX
Telephone number:	028 90661526
E mail address:	redlands20@hotmail.co.uk
Registered Organisation/ Registered Provider:	Whiteabbey Proprietors Ltd Mr Mark John Uprichard
Registered Manager:	Mrs Irene Best
Person in charge of the home at the time of inspection:	Care Assistant Martin Murphy until 8am then the registered manager
Categories of care:	RC-I, DE
Number of registered places:	17
Number of residents accommodated on Day of Inspection:	15
Scale of charges (per week):	£515.00 - £550.00
Date and type of previous inspection:	9 July 2014 Primary announced inspection
Date and time of inspection:	5 March 2015 7.30am – 9.30am
Name of Inspector:	John McAuley and Kylie Connor

2.0 Introduction

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

This is a report of an unannounced secondary care inspection to examine issues raised by anonymous complaint received by RQIA on 3 March 2015 and to examine 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 unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

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

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

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

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

4.0 Methods/Process

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

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with three residents
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection focus

The inspection sought to assess the issues raised as a result of an anonymous complaint received by RQIA on 3 March 2015 and therefore examine the level compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

Standard 25 - Staffing

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home'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.

6.0 Profile of service

Redlands Private Residential Home is a detached, three storey building situated between the Malone Road and Lisburn Road in a quiet residential area of South Belfast. The home is located within the Belfast Health and Social Care Trust geographical area. The residential home is owned and operated by Whiteabbey Proprietors Ltd and the current registered manager is Ms Irene Best.

The home is registered to accommodate seventeen persons in single rooms, some of which have an en-suite. Two living rooms, kitchen, dining room and a number of bedrooms are located on the ground floor. The staff office is located on the 1st floor with the remaining bedrooms. The third floor is not used for residents. The location of the home ensures easy access to public transport, medical, leisure, community and church facilities. There is some car parking available at the front of the home and a courtyard at the back with a summerhouse.

The home is registered to provide care for a maximum of seventeen persons under the following categories of care: RC-I (Old age) and RC-DE (Dementia).

7.0 Summary of inspection

This secondary unannounced care inspection of Redlands Residential Care Home was undertaken by John McAuley and Kylie Connor on 5 March 2015 between the hours of 7.30am and 9.30am.

Mr Mark Murphy was the night care assistant in charge of the home until the registered manager Mrs Irene Best arrived for duty at 7.50am and was available during the inspection and for verbal feedback of the inspection findings.

There were four requirements and four recommendations made as a result of the previous inspection on 9 July 2014. A review of these found that all these had been addressed satisfactorily within the timescale. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

The focus of this inspection was on two issues relating to an anonymous complaint received by RQIA on 3 March 2015. These issues related to the staffing levels in the home and early morning rising of residents.

As a result Standard 25 of the Health and Social care of the DHSSPS Residential Care Homes Minimum Standard on staffing was reviewed as well as general observations of care practices. A review of this standard found that the number of staff on duty was appropriate for the care needs of residents. This was evidenced via, discussions with staff, three residents, a review of the duty rota, and an examination of care records and accident reports. One requirement was made in respect of ensuring the domestic hours are recorded in detail in the duty rota, otherwise there were processes in place to ensure the effective management of this standard. This standard was overall assessed as compliant.

Observations of care practices found that there were no residents woken early to facilitate staff routines. Evidence was to the contrary in that residents were resting / relaxing / sleeping, with breakfast served in an individual basis to their rooms without any rush.

The overall atmosphere was one which facilitated residents' choice, dignity and fulfilment, as well as being sensitive to residents' individual needs.

No evidence was found to substantiate the anonymous allegations raised on 3 March 2015.

During the inspection the inspectors met with three residents and staff, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with the three residents they confirmed that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. The details of these discussions are in section 10.0 of the main body of this report.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their respective duties.

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained.

A review of the accident / incident reports and complaints records was also undertaken. These were found to be appropriately maintained.. Further details can be found in section 10.0 of the main body of the report.

One requirement was made as a result of the secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

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

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 9 July 2014.

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	30 (f)	The registered person must ensure that all accidents on the home are reported to RQIA without delay and that all Trust personnel are informed.	A review of the last three months accident reports found that these evidenced that appropriate reporting is in place.	Compliant
2.	27 (2) (b)	The registered person must ensure that the ground floor external fire exit door is made good.	The external fire door was found to be in operational order.	Compliant
3.	27 (2) (d)	The registered person is required to ensure that the décor in the alcove in the blue lounge is made good.	The décor of the alcove in the lounge was found to be of a high standard.	Compliant
4.	15 (2) (a)	The registered person must ensure that a review is convened with the Trust to consider the needs of one identified resident and the appropriateness of the placement.	This review has taken place. There was further evidence of reviews being put in place for changing needs of other resident(s) as appropriate.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	10.1	The registered person is recommended to update the challenging behaviour/ restraint policies to include a wider view of behaviours that challenge; reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998); include the need for Trust involvement in managing behaviours which challenge and detail that restraint is not used.	The home's policy on challenging behaviour and restraint has been revised and updated.	Compliant
2.	10.3	The registered person is recommended to review and update the identified care plan regarding the use of the alarm mat.	Following a review, the use of an alarm mat was discontinued.	Compliant
3.	10	The registered person is required to update the statement of purpose and residents guide to make reference to the use of restraint; the availability of the keypad code and the use of restrictive practices in the home.	The Statement of Purpose and Residents' Guide has been revised accordingly.	Compliant
4.	13.2 & 13.5	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.	Discussions with residents and staff confirmed that the programme of activities has been revised accordingly and positive feedback was received from same.	Compliant

9.0 Inspection Findings

STANDARD 25 - STAFFING The number and ratio of staff at all times meet the care needs of residents.	
Criterion Assessed: 25.1 At all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.	COMPLIANCE LEVEL
Inspection Findings:	
<p>Staffing at the time of this unannounced inspection consisted of;</p> <ul style="list-style-type: none"> • 1 x registered manager • 1 x deputy manager • 1 x care assistant <p>This was followed from 9am with;</p> <ul style="list-style-type: none"> • 1 x cook • 1 x domestic <p>At the onset of the inspection, the night duty staffing levels consisted of 2 x care assistants, 1 of which had on call sleep in duties.</p> <p>Taking account of the general resident dependencies, together with the layout of the home, these levels were considered appropriate.</p> <p>Review of staffing levels for the evening and night duty periods; found that these are maintained appropriately, in accordance with this standard criterion.</p> <p>Discussions with the three staff on duty in relation to staffing levels over the 24 hour period identified no issues of concern in respect of same.</p>	<p>Compliant</p>

<p>Criterion Assessed: 25.2 The number and ratio of staff to residents is calculated using a method that is determined by the Regulation and Quality Improvement Authority. Students and volunteers working in the home are not taken into account in the overall staffing calculation.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: The home submits an annual analysis of residents' dependencies on request to the RQIA. This helps determine the agreed staffing levels. Added to this, resident dependency levels as discussed with staff were reported to be in keeping with the aligned staffing levels in place.</p>	Compliant
<p>Criterion Assessed: 25.3 There is a competent and capable person in charge of the home at all times.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: Competency and capability assessments have been completed for any member of staff with responsibility of being in charge in the absence of the registered manager. A review of one of these assessments found this record to be maintained in comprehensive detail.</p>	Compliant
<p>Criterion Assessed: 25.4 Administrative and ancillary staff are employed to ensure that minimum standards relating to their respective responsibilities are fully met.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: Ancillary grades of staff are employed in catering and housekeeping roles. General observations of care practices during this inspection, found that these duties were maintained accordingly to a good standard.</p>	Compliant

STANDARD 25 - STAFFING The number and ratio of staff at all times meet the care needs of residents.	
Criterion Assessed: 25.5 Records are kept of all staff that includes name, date of birth, previous experience, qualifications, starting and leaving dates, posts held and hours of employment.	COMPLIANCE LEVEL
Inspection Findings:	
This criterion was not reviewed on this occasion.	Not reviewed
Criterion Assessed: 25.6 A record is kept of staff working over a 24-hour period and the capacity in which they worked.	COMPLIANCE LEVEL
Inspection Findings:	
A duty rota is maintained of staff working over a 24 hour period. However the actual hours of domestic cover in the home was found not to be recorded adequately for which a requirement was made to clearly record.	Substantially compliant

STANDARD 25 - STAFFING	
The number and ratio of staff at all times meet the care needs of residents.	
Criterion Assessed: 25.7 Time is scheduled at staff or shift changes to handover information regarding residents and other areas of accountability.	COMPLIANCE LEVEL
Inspection Findings:	
A handover report is available between changeovers of staff, with allocated and schedule time for same.	Compliant
Criterion Assessed: 25.8 Staff meetings take place on a regular basis and at least quarterly. Records are kept that include: - <input type="checkbox"/> The date of all meetings <input type="checkbox"/> The names of those attending <input type="checkbox"/> Minutes of discussions <input type="checkbox"/> Any actions agreed.	COMPLIANCE LEVEL
Inspection Findings:	
This criterion was not reviewed on this occasion.	Not reviewed

10.0 Additional Areas Examined

10.1 General environment

All areas of the environment were found to be clean and tidy. Furnishings and décor were of a good standard throughout.

The dining room and communal lounges were nicely appointed with a homely, comfortable appearance.

10.2 Residents' views

The inspectors met three the residents in the home at the time of this inspection. The other residents were resting in their bedrooms and / or having breakfast in their rooms. The three residents who met with the inspectors spoke with praise about the kindness received by staff, the care, provision of meals and the provision of activities. Some of the comments made included statements such as;

"I am glad I came here, everything is fine, no problems."

"The staff are all very kind."

"I am very happy here."

No concerns were expressed or indicated.

10.3 Staff views

The inspector met with three members of staff on duty at the time of this inspection, as well as the registered manager. All spoke in positive terms about their roles and duties and the staffing levels. Staff informed the inspector that they felt a good standard of care was provided for and no concerns were expressed.

10.4 Accident / incident reports

A review of these reports, from November 2014, found these to be appropriately managed and maintained.

10.5 Care records

Review of a sample of three residents' care records at the time of this inspection found that these were maintained in an informative, up to date manner.

10.6 Care practices

Residents were in their bedrooms resting / relaxing / sleeping with no evidence of any inappropriate practices of wakening residents to accommodate routines.

Breakfast was individually given to residents in their bedrooms, in nicely appointed trays with an appetising breakfast.

The overall atmosphere was one of an organised one which facilitated residents' choice, dignity and fulfilment, as well as being sensitive to residents' individual needs.

10.7 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.

A review of the home's record of complaints found evidence that expressions of dissatisfaction are taken seriously and managed appropriately.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Irene Best, 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:

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



Quality Improvement Plan

Unannounced Secondary Care Inspection

Redlands

5 March 2015

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 Irene Best Registered Manager either during or after the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	19(2) Schedule 4(7)	<p>The registered person shall maintain in the home the records specified in Schedule 4.</p> <p>Schedule 4 (7) a copy of the duty roster of persons working in the home, and a record of whether the roster was actually worked.</p> <p>Reference to this is made in that the record of hours worked by domestic / ancillary staff must be maintained in detail in the duty rota.</p>	One	<p>The daily roster has been updated to include a record of hours worked by:</p> <ol style="list-style-type: none"> 1. Domestic staff - cleaning and laundry. 2. kitchen staff. 	12 March 2015

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	Irene Best
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mark Uprichard

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	John McAuley	21 April 2015
Further information requested from provider			