



The Regulation and  
Quality Improvement  
Authority

## **Primary Announced Care Inspection**

|                               |                    |
|-------------------------------|--------------------|
| <b>Name of Establishment:</b> | <b>Redlands</b>    |
| <b>Establishment ID No:</b>   | <b>1645</b>        |
| <b>Date of Inspection:</b>    | <b>9 July 2014</b> |
| <b>Inspector's Name:</b>      | <b>Lorna Conn</b>  |
| <b>Inspection No:</b>         | <b>17793</b>       |

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

|  |  |
|--|--|
| <b>Name of Home:</b>   | Redlands   |
| <b>Address:</b>  | 20 Adelaide Park<br>Belfast<br>BT9 6FX               |
| <b>Telephone Number:</b>   | (028) 9066 1526                                      |
| <b>E mail Address:</b>   | redlands20@hotmail.co.uk                             |
| <b>Registered Organisation/<br/>Registered Provider:</b>           | Whiteabbey Proprietors Ltd<br>Mr Mark John Uprichard |
| <b>Registered Manager:</b>   | Ms Irene Caroline Best                               |
| <b>Person in Charge of the home at the<br/>time of Inspection:</b> | Ms Irene Caroline Best                               |
| <b>Categories of Care:</b>   | RC-I, RC-DE  |
| <b>Number of Registered Places:</b>                                | 17   |
| <b>Number of Residents Accommodated<br/>on Day of Inspection:</b>  | 14   |
| <b>Scale of Charges (per week):</b>                                | £515.00 - £550.00                                    |
| <b>Date and type of previous inspection:</b>                       | 16 April 2014, Secondary unannounced inspection      |
| <b>Date and time of inspection:</b>                                | 9 July 2014, 10:00 am - 5:00 pm                      |
| <b>Name of Inspector:</b>  | Lorna Conn   |
| <b>Additional inspector in attendance</b>                          | 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 are required.

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

## **3.0 Purpose of the inspection**

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

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

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

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

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

## **4.0 Methods/Process**

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

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

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and with others in groups

- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

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

|                        |   |
|------------------------|---|
| Residents              | 9 |
| Staff                  | 5 |
| Relatives              | 3 |
| Visiting Professionals | 0 |

Questionnaires were provided to staff in advance of the inspection to seek their views regarding the service.

| Issued To | Number issued | Number returned |
|-----------|---------------|-----------------|
| Staff     | 18            | 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

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

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 1<sup>st</sup> 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).

## 8.0 Summary of Inspection

This announced primary care inspection of Redlands was undertaken by Lorna Conn on 9 July 2014 between the hours of 10:00 am and 5:00 pm. Ms Alice McTavish inspector was also present during the inspection. Ms Irene Best was available during the inspection and for verbal feedback at the conclusion of the inspection.

The recommendations made as a result of the previous inspection were also examined. Review of documentation and discussion demonstrated that the previous recommendations had been met, which was good to note. The detail of the actions taken by registered provider and registered manager can be viewed in the section following this summary.

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

During the inspection the inspectors met with residents, staff and relatives, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, reviewed staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

## Inspection findings

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

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy in place which needs to be updated to include best practice guidance in responding to behaviour including human rights. The inspectors' observations, a review of documentation and discussion with staff confirmed that physical intervention restraint was not used but some environmental restrictions were in place. Residents' care records outlined their usual routine, behaviours and means of communication and how staff should respond to their assessed needs. However, not all care plans had been updated to reflect discontinuation of restrictive practices. Staff who met with the inspectors demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they had received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the residents care records. The registered manager was aware of her responsibilities regarding when to refer residents to the multi-disciplinary team. Observations indicated that some environmental restrictive practices were in place e.g. a locked door. One requirement regarding accident notification as well as three recommendations regarding policy development; care planning and the statement of purpose were made as a result of this inspection. The evidence gathered throughout the inspection process concluded that Redlands was Substantially Compliant with this standard.

### Programme of activities and events – Standard 13

The inspectors reviewed the arrangements in place to deliver a programme of activities and events for residents. Through the inspectors' observations, a review of documentation and discussion with residents and staff, it appeared that the programme of activities was based on the assessed needs of the residents. However, some sessions indicated on the programme as coffee mornings and afternoon teas appeared frequently and these should be developed in terms of their focus. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The location of the programme of activities was appropriately displayed and identified that activities were provided three to four times per day and were age and culturally appropriate. Feedback from one relative indicated that the provision of activities should be developed. The programme was reviewed and was found to have developed over the last three month period. This was beginning to consider more fully residents' spiritual needs and inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions and appropriate systems were in place to ensure that staff not employed by the home had the necessary knowledge and skills to deliver the activity. One recommendation regarding the expanding the range of activities provided was made as a result of this inspection. The evidence gathered through the inspection process concluded that Redlands was Compliant with this standard.

## **Resident, representative and staff consultation**

During the course of the inspection the inspector met with residents, representatives and staff. Questionnaires were also completed and returned by staff.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. 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 staff 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 and staff 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 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 generally of a satisfactory standard. However, due to some water damage, the décor on the ceiling and walls of the alcove in the blue lounge had been watermarked and a requirement has been made regarding redecoration of this area and is detailed in the attached QIP.

A number of additional areas were also examined these include the management of complaints, guardianship, information in relation to resident dependency levels and fire safety. Further details can be found in section 11.0 of the main body of the report.

Four requirements and four recommendations were made as a result of the primary announced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, registered manager 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 16 April 2014**

| No. | Minimum Standard Ref. | Recommendations   | Action Taken - As Confirmed During This Inspection  | Inspector's Validation Of Compliance |
|-----|-----------------------|---|---|--------------------------------------|
| 1.  | 19.2                  | The registered person is recommended to record that the pre-employment health questionnaire is signed off as satisfactory by the registered person.   | No new staff have been recruited since the last inspection. However, a new blank health questionnaire was in place. This was reviewed and is now compliant. | Compliant                            |
| 2.  | 1.1                   | The registered person is recommended to ensure that the values underpinning the standards inform the philosophy of care and that staff consistently demonstrate the integration of these values into practice in their recording. | The minutes of the staff meeting dated 29 April 2014 were examined and evidenced that values had been discussed with staff.                                 | Compliant                            |

## 10.0 Inspection Findings

| <b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b><br><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> |
| <p>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.</p>  |                         |
| <b>Provider's Self-Assessment</b>   |                         |
| <p>This is achieved through individual care plans. Staff work and are familiar with individual residents. Staff refer to care plans, needs assessments, care reviews etc. and can identify triggers and report. Reports are written at the end of each shift noting any changes in a residents behaviour.</p>   | Compliant               |
| <b>Inspection Findings:</b>   |                         |
| <p>The home had a 'Challenging Behaviour' policy dated 25 June 2014 in place. A review of the policy identified that that it should be updated 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 physical restraint is not used.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge in October 2013 which included a human rights approach.</p> <p>A review of four 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> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff spoken with were knowledgeable in relation to responses and interventions which promoted positive outcomes for residents.</p> | Substantially compliant |

| <b>Criterion Assessed:</b><br>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.   | <b>COMPLIANCE LEVEL</b> |
|--|-------------------------|
| <b>Provider's Self-Assessment</b><br>The home has a challenging Behaviour policy in place.<br>Staff can identify a change in a resident behaviour and report to management, take action i.e check for UTI or pain.<br>report to relatives, and multi professional team.  | Compliant               |
| <b>Inspection Findings:</b><br>The 'Challenging Behaviour' policy dated 25 June 2014 included identifying uncharacteristic behaviour which caused concern; the action to be taken to identify the possible cause(s) as well as further action to be taken as necessary. It should be expanded to also include recording of this behaviour in residents care records; reporting to senior staff, the trust, relatives and RQIA and that agreed response(s) to be made by staff are recorded.<br><br>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff are aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.<br><br>Four care records were reviewed and identified that they contained the relevant information regarding the residents' identified characteristic behaviour. | Compliant               |

| <b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b><br><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><br>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.  | <b>COMPLIANCE LEVEL</b> |
| <b>Provider's Self-Assessment</b><br>This would be recorded in the residents care plan, with involvement from the resident and/or their representative. They would then read and sign the care plan to indicate their consent to the approach or response  | Compliant               |
| <b>Inspection Findings:</b><br>A review of four care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.<br><br>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager. However, in one instance the care plan required updating regarding the discontinuation of the use of an alarm mat.<br><br>The registered person is recommended to review and update the identified care plan regarding the use of the alarm mat. | Substantially compliant |

| <b>Criterion Assessed:</b><br>10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.    | <b>COMPLIANCE LEVEL</b> |
|--|-------------------------|
| <b>Provider's Self-Assessment</b>  |                         |
| We do not currently have any residents with a behaviour management programme in place  | Not applicable          |
| <b>Inspection Findings:</b>  |                         |
| 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          |

| <b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b><br><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> |
| 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.   |                         |
| <b>Provider's Self-Assessment</b>  |                         |
| No residents currently require a behaviour management programme  | Not applicable          |
| <b>Inspection Findings:</b>  |                         |
| <p>A review of staff training records evidenced that staff had received training in:</p> <ul style="list-style-type: none"> <li>. Behaviours which challenge on 1 October 2013</li> <li>. Training in regard to the home's categories of care i.e. Dementia care on 1 October 2013</li> </ul> <p>A review of the returned staff questionnaires also confirmed that staff had been provided with training.</p> <p>However, the registered manager informed the inspector that there are currently no residents who have a specific behaviour management programme in place. Therefore, the remainder of this criterion was not applicable at this time.</p> | Compliant               |

| <b>Criterion Assessed:</b><br>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.   | <b>COMPLIANCE LEVEL</b>   |
|--|---------------------------|
| <b>Provider's Self-Assessment</b>  |                           |
| We would record i.e. accident/incident, report to representatives and relevant professionals. The care plan would be reviewed.   | Compliant                 |
| <b>Inspection Findings:</b>  |                           |
| <p>A review of the accident and incident records from April 2014 to the date of inspection and discussion with staff identified that no incidents had occurred outside of the scope of a resident's care plan. However, there were several accidents in May and June 2014 which should have been reported to RQIA and Trust personnel.</p> <p>The registered person must ensure that all accidents on the home are reported to RQIA without delay and that all Trust personnel are informed.</p> | Moving towards compliance |

| <b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b><br><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><br>10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.   | <b>COMPLIANCE LEVEL</b> |
| <b>Provider's Self-Assessment</b>   |                         |
| The home has a policy on restraint.<br>The form of restraint used in the home - Alarm mats, and door key pad code, if used this is documented in the residents care plan, and the reason why it is used i.e. to reduce the risk of falls.   | Compliant               |
| <b>Inspection Findings:</b>   |                         |
| Discussions with staff and the registered manager confirmed that physical restraint was not used and that staff are not trained in this. However, this should be indicated within the home's policy on restraint.<br><br>Discussion with the registered manager confirmed that environmental restrictive practices in the home include an external front door with a key pad and alarm/pressure mats.<br><br>The registered person is recommended to update the statement of purpose and residents guide to make reference to availability of the keypad code and the use of restrictive practices in the home. | Substantially compliant |



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

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

| <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><br>13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.  | <b>COMPLIANCE LEVEL</b> |
| <b>Provider's Self-Assessment</b>  |                         |
| The home has a policy of Activities and events. We organise activities based upon the assessed needs and interests of the residents currently residing in the home.<br>Individual care plans state the type and level of involvement including family involvement.   | Compliant               |
| <b>Inspection Findings:</b>  |                         |
| The home had a policy dated 25 June 2014 on the provision of activities. A review of four care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.<br><br>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.<br><br>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home. | Compliant               |

| <p><b>Criterion Assessed:</b><br/>                     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 home has a policy and procedure in place for consent to take photographs and display within the home, other residents rooms, and in our newsletter. Letters of consent are held in the activity folder for staff reference. Activity programme includes:Graft days, musical/sing-a-longs, chair exercise, floor basketball, outings to shops,community events,church, games/ bingo, reminisce quiz/games, film nights, etc.</p>  | <p>Compliant</p>                 |
| <p><b>Inspection Findings:</b></p>  |                                  |
| <p>Examination of the programme of activities identified that social activities are organised three times per day across seven days each week. Several sessions per week were detailed as coffee mornings or afternoon tea activities which were not reflected in residents meetings as a preferred activity. Feedback from relatives was mixed with one relative indicating that they felt that more activities could be provided and others who were content with the level of activities organised.</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 and residents confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis. However, it was noted that the programme could be expanded upon and in particular that coffee mornings and afternoon tea sessions appeared frequently and these should be developed in terms of their focus.</p> | <p>Moving towards compliance</p> |

| <b>Criterion Assessed:</b><br>13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.   | <b>COMPLIANCE LEVEL</b> |
|--|-------------------------|
| <b>Provider's Self-Assessment</b><br>All resident are encouraged to contribute to the activity programme. Their comments and suggestions are recorded after each activity.<br>Residents are given a choice if they wish to participate in the activity and their decision is respected i.e they may prefer quiet time in their room.   | Compliant               |
| <b>Inspection Findings:</b><br>A review of the record of activities provided and discussion with residents, including one resident who generally stayed in their room, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.<br><br>Residents and their representatives were also invited to express their views on activities by means of resident relatives meetings, one to one discussions with staff and care management review meetings. | Compliant               |

| <b>Criterion Assessed:</b><br>13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.   | <b>COMPLIANCE LEVEL</b> |
|---|-------------------------|
| <b>Provider's Self-Assessment</b>   |                         |
| The weekly programme of activities is displayed in the front entrance hall. Residents who may not see this will be informed by staff and given a copy on request. This can be given in large print or picture form.   | Compliant               |
| <b>Inspection Findings:</b><br>On the day of the inspection the programme of activities was on display on the noticeboard in the main reception hall. This location was considered appropriate as the area was easily accessible to residents and their representatives.<br><br>Discussion with residents/representatives confirmed that some were aware of what activities were planned.<br><br>The programme of activities was presented in an appropriate format to meet the residents' needs.i.e. a weekly pictorial format was on display. | Compliant               |

| <b>Criterion Assessed:</b><br>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>  |                         |
| Residents are supported by staff, and family/friends to use equipment i.e. basketball nets, darts etc. Picture cards, and large print song sheets can be used.<br>Activities take place in the main lounge, dining room and blue room.   | Compliant               |
| <b>Inspection Findings:</b>  |                         |
| Activities are provided three times per day across seven days by designated care staff and by others who were contracted in.<br><br>The care staff and residents confirmed during discussions that there was an acceptable supply of activity equipment available. This equipment included arts and crafts; reminiscence DVD's; board games; bingo; basketball equipment and skittles.<br><br>The registered manager confirmed that equipment was readily purchased as required. | Compliant               |

| <b>Criterion Assessed:</b><br>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>   |                         |
| Activities are scheduled to ensure sufficient staff are on duty, and a suitable time of the day for the residents to participate. The length of each activity will take into account residents needs and abilities.   | Compliant               |
| <b>Inspection Findings:</b>   |                         |
| The care staff, 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.<br><br>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities. | 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> |
| 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so. |                         |
| <b>Provider's Self-Assessment</b>  |                         |
| Staff monitor every activity in the home, and also check qualifications/skills of persons contracted-in by the home  | Compliant               |
| <b>Inspection Findings:</b>  |                         |
| The registered manager advised that two people were employed to provide music and exercise.<br><br>The registered manager confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.      | Compliant               |



| <b>Criterion Assessed:</b><br>13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.                        | <b>COMPLIANCE LEVEL</b> |
|--|-------------------------|
| <b>Provider's Self-Assessment</b>  |                         |
| Persons contracted in by the home will usually arrive before the activity is due to commence giving time to discuss with staff any changing needs of the resident before the activity begins.<br>After the activity staff give the person contracted-in a short questionnaire to complete. | Compliant               |
| <b>Inspection Findings:</b>  |                         |
| The registered manager and care staff 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 would affect their participation in the planned activity.             | Compliant               |

| <b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b><br><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><br>13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.   | <b>COMPLIANCE LEVEL</b> |
| <b>Provider's Self-Assessment</b>  |                         |
| A record is kept of each activity to include:<br>Name of person leading the activity<br>Other staff members assisting<br>Names of residents who participated/observed<br>Visitors who participated/observed<br>Comments/suggestions from residents<br>Time activity commenced, and time finished.  | Compliant               |
| <b>Inspection Findings:</b>  |                         |
| 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. These records were noted to have improved recently and this practice should continue.<br><br>There was evidence that appropriate consents were in place in regard to photography and other forms of media. | Substantially compliant |

|   |                                |
|---|--------------------------------|
| <p><b>Criterion Assessed:</b><br/>13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>   | <p><b>COMPLIANCE LEVEL</b></p> |
| <p><b>Provider's Self-Assessment</b></p>  |                                |
| <p>The activity programme is reviewed regularly, and when a new resident joins us, or a residents needs change. We also get feedback at residents meetings, staff meetings etc.</p>   | <p>Compliant</p>               |
| <p><b>Inspection Findings:</b></p>  |                                |
| <p>A review of the programme of activities identified that it had last been reviewed on 24 June 2014. The records also identified that the programme had been reviewed at least twice yearly through residents meetings.</p> <p>The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents and some relatives who spoke with the inspectors confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p> | <p>Compliant</p>               |

|  |                                |
|--|--------------------------------|
| <p><b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p> | <p><b>COMPLIANCE LEVEL</b></p> |
|  | <p>Compliant</p>               |

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

## 11.0 Additional Areas Examined

### 11.1 Residents' consultation

The inspector met with nine residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms or later residents were in the dining room. 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:

'The staff are very good. I really enjoyed the BBQ and the ball games'.

'I've no complaints. The care is very good'.

'I really enjoyed the flower arranging and have been out to church'.

'I'm very contented here and the lunch was very tasty'.

'They are very good to me and I'm very comfortable'.

'They look after us well and provide a variety of interests and the food is good'.

### 11.2 Relatives/representative consultation

Three relatives who met with the inspectors and the one relative who contacted the inspector prior to the inspection indicated satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated on the day of the inspection, however, one relative indicated prior to the inspection that there had been an issue with laundry and that activities could be improved. These were discussed with the registered manager who undertook to monitor the laundry service and record any issues raised in complaints book.

Comments received included:

'The standard of care is very good and the ratio of staff to residents seems adequate. The standard of food is good and staff are encouraging and monitor when appetite is poor. They do as well as they can with activities as my relative tires very quickly but they make attempts to engage her with stimulating activities. The family are entirely satisfied and everything that has asked to be done has been done'.

'I'm very happy. They go the extra mile and make an effort with the BBQ, outings and shopping trips. I couldn't praise them highly enough. The staff are very nice and approachable and there's a homely atmosphere'.

'They are very good to them. The food seems quite good and there as nice aura in the day room. The staff are very nice and the care is good'.

'The staff are very friendly and accommodating and they are very good making sure medication is given on time. The home is very clean and sweet smelling. The cook does her best to tempt them with something tasty and alternatives and the food seems very good'.

### 11.3 Staff consultation/Questionnaires

The inspector spoke with five staff of different grades and six staff completed and returned questionnaires. A review of the completed questionnaires and discussion with staff identified that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness of how to respond to resident's behaviours and indicated that a varied programme of activities was in place.

Comments received included:

'Staff know residents well and the activities are quite good. We are trying to improve the range of activities which are fun for them. The care is very good and I have no complaints. It's very individualised care and we try to promote independence as that's important'.

'We work together as a team and communicate well. The activities are quite good. Some people like to stay in their own rooms but others loved the flower arranging, the music and the BBQ. We do the best that we can'.

'It's all very good. I have no problems. We all get on well and there are loads of activities compared to the past and they enjoy them'.

'Redlands is a lovely home to work in and provides a very good level of care and quality of life for residents'.

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

### 11.4 Visiting professionals' consultation

There were no visiting professionals present during the inspection who spoke to the inspectors.

### 11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff. Residents were observed to be well dressed, with good attention to personal appearance observed.

### 11.6 Complaints

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

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. A review of the complaints records evidenced that five complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought. One complaint which was recorded in 2014 was discussed at length with the registered manager who confirmed that lessons learnt from investigations were acted upon.

## **11.7 Environment**

The inspectors viewed the home accompanied care staff 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. Décor and furnishings were found to be generally of a satisfactory standard. However, due to some water damage, the décor on the ceiling and walls of the alcove in the blue lounge had been watermarked and a requirement has been made regarding redecoration of this area and is detailed in the attached QIP. The ground floor external fire exit door was noted to be closed but a gap was visible and a requirement was made regarding its repair.

## **11.8 Guardianship Information**

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

## **11.9 Fire Safety**

There were no visible health and safety hazards. All fire exits were unobstructed and fire doors were closed, albeit the ground floor external door had a small gap on closing. A requirement was made regarding its repair. Fire safety training had been provided for all staff on 15 October 2013 and 29 April 2014. The fire risk assessment was reviewed on 16 January 2014 and registered manager advised that most areas for action had been completed and the installation of door self-closers was being addressed the following day.

## **11.10 Resident Dependency**

A return was submitted by the registered manager in advance of the inspection. The dependency level of one identified resident was discussed again with the registered manager who was advised to monitor needs; to review the appropriateness of the placement and ensure that staffing was appropriate to meet identified needs. A requirement was made regarding this matter.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms 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:

**Lorna Conn**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Announced Care Inspection

Redlands

9 July 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Ms Irene Best during 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.



| <b>Statutory Requirements</b>   |                             |   |                               |   |  |
|---|-----------------------------|---|-------------------------------|---|--|
| <b>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</b> |                             |   |                               |   |  |
| <b>No.</b>  | <b>Regulation Reference</b> | <b>Requirements</b>   | <b>Number Of Times Stated</b> | <b>Details Of Action Taken By Registered Person(S)</b>      | <b>Timescale</b>                                       |
| 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.<br><br><b>(standard 20.15)</b>                     | One                           | Commenced and ongoing.                                      | With immediate effect from the date of the inspection. |
| 2.  | 27 (2) (b)                  | The registered person must ensure that the ground floor external fire exit door is made good.<br><br><b>(standard 27.1)</b>   | One                           | Made Good - Repair carried out to external fire exit door . | With immediate effect from the date of the inspection. |
| 3.  | 27 (2) (d)                  | The registered person is required to ensure that the décor in the alcove in the blue lounge is made good.<br><br><b>(Standard 27.1)</b>   | One                           | Made good 7/8/14.<br>Redecoration to commence in Sept 14    | By 9 August 2014.                                      |
| 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.<br><br><b>(standard 11)</b> | One                           | FCN104 Deceased on 05/08/2014                               | By 9 August 2014.                                      |

| <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.   | 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. | One                           | Challenging Behaviour /Restraint policy in progress and will be completed by 30/8/14 | By 30 August 2014.                                     |
| 2.   | 10.3                              | The registered person is recommended to review and update the identified care plan regarding the use of the alarm mat.  | One                           | Risk assessment removed from file, and updated on 09/07/14                           | With immediate effect from the date of the inspection. |
| 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.   | One                           | Statement of Purpose/Residents Guide updated 24/8/14                                 | By 30 August 2014.                                     |

|    |             |   |     |  |                   |
|----|-------------|---|-----|--|-------------------|
| 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. | One | Programme of activities continues to improve with input from residents, their families, and staff. | By 9 August 2014. |
|----|-------------|---|-----|--|-------------------|

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

|   |                |
|---|----------------|
| <b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>                                | Irene Best     |
| <b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b> | Mark Uprichard |

| <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                  | yes        | Lorna Conn       | 1/9/14      |
| Further information requested from provider                   |            |                  |             |