



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: River House (1646)
Date of Inspection: 21 August 2014
Inspector's Name: Ruth Greer
Inspection No: 17769

The Regulation And Quality Improvement Authority
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1.0 General information

Name of Home:	River House
Address:	131 Central Promenade Newcastle BT33 0EU
Telephone Number:	(028) 4372 3206
E mail Address:	mchambers@pcibsw.org
Registered Organisation/ Registered Provider:	Presbyterian Board of Social Witness Mrs Linda Wray
Registered Manager:	Mrs Miriam Chambers
Person in Charge of the home at the time of Inspection:	Mrs Chambers. Mrs May Gordon (Line Manager) was also available in the home throughout the inspection.
Categories of Care:	RC-I ,RC-DE
Number of Registered Places:	29
Number of Residents Accommodated on Day of Inspection:	27
Scale of Charges (per week):	Trust rates
Date and type of previous inspection:	11 February 2014 Primary announced inspection
Date and time of inspection:	21 August 2014 10:00 to 15:30
Name of Inspector:	Ruth Greer

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
- 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

5.0 Consultation Process

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

Residents	10
Staff	4
Relatives	1
Visiting Professionals	2

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

Issued To	Number issued	Number returned
Staff	25	2

6.0 Inspection Focus

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

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

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

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

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

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

7.0 Profile of service

River House Residential Care home is situated on the main road through Newcastle towards the end of the town and at the foot of the Mournes.

The residential home is owned and operated by The Presbyterian Church Board of Social Witness. The current registered manager is Mrs Miriam Chambers who has been appointed to this post since the previous inspection.

Accommodation for residents is provided single rooms on the ground and the first floor of the home. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided on both floors with views to the Mournes from the downstairs lounge and of the sea from the upstairs lounge.

The home also provides for catering and laundry services on the ground floor where there is also a separate hairdressing room

A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 29 persons under the following categories of care:

Residential care

- I Old age not falling into any other category
- DE Dementia for a maximum of 10 residents

Day care

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of two persons.

8.0 Summary of Inspection

This primary announced care inspection of River House was undertaken by Ruth Greer on 12 August 2014 between the hours of 10:00 am and 3:30. Mrs Chambers was available during the inspection and for verbal feedback at the conclusion of the inspection as was the line manager for the home, Mrs M Gordon.

The recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that these have been addressed satisfactorily. Further details can be viewed in the section following this summary.

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

During the inspection the inspector met with residents, staff, one relative, two visitors, 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, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint would only be used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff 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 River House was compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. 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 is in the process of employing 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. Comprehensive records were maintained. The evidence gathered through the inspection process concluded that River House is compliant with this standard.

Resident, representatives, staff and visiting professional's consultation

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

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

A review of the returned questionnaires (2) and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, a relative, two committee members who visit the home 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 of a good standard.

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 can be found in section 11.0 of the main body of the report.

No requirements and no recommendations were made as a result of this primary announced inspection.

The inspector would like to thank the residents, one relative, two representatives of the "Friends of River House Committee" the registered manager, the registered provider 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 11 February 2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 11.2	The home should include within the record of review evidence that the trust has been informed of the admission of residents who are self-funding.	All residents whether self-funding or Trust funded are referred to the Trust on admission to the home and a record maintained.	Compliant
2	Standard 11.5	Minutes of review meetings should contain the signatures of all in attendance.	Signatures of all attendees are now recorded on the minute of the meeting.	Compliant
3	Standard 19.2	Written confirmation of all pre-employment checks should be held in the staff files in the home.	A checklist compiled by HR department is now held in the personal file of all staff employed in the home.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider’s Self-Assessment	
Staff are knowledgeable of each resident's individual behaviours and this is detailed in their care plan. Care plans include possible triggers and interventions to manage specific behaviours.	Compliant
<p>The home had a Challenging Behaviour Policy (June 2014) and a Restraint Policy (November 2012) in place. A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used.</p> <p>Observation of staff interactions, with residents found them to be respectful and courteous. Staff confirmed that restraint is not used in the home and would only ever be considered as a last resort.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge entitled Challenging Behaviours three sessions in April, May and June 2014 which included a human rights approach.</p> <p>A review of six 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>	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>Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>If staff observe uncharacteristic behaviours they are aware of the appropriate reporting procedures and document these within the daily record and incident forms. Where applicable, senior staff then liase with other members of the multidisciplinary team such as the community psychiatric nurse, psychogeritrician, GP, Care Manager and also next of kin to determine further management and care plan development.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The policy and procedures in relation to managing challenging behaviours included the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust, relatives and RQIA. . Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Six care records were reviewed and identified that they contained the relevant information regarding the residents' usual behaviours/responses.</p>	Compliant

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>When a a consistent approach or response from staff is required this will be detailed within a care plan which is drawn up in consultation with the resident and/or their next of kin, the care plan is signed by the resident and/or their next of kin as evidence of this discussion.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of six care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>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>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>If a specific behaviour management programme is required this would be implemented in consultation with psychogeritrician, GP and community psychiatric nurse who would advise staff and management would be outlined in the resident's care plan.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>The registered manager/whoever 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>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Mandatory Challenging Behaviour training is undertaken by all staff annually. If a specific behaviour management programme was required staff will read the care plan and share their understanding with Senior staff. If staff have difficulties understanding aspects of a specific programme this would be addressed at supervision.</p>	Compliant
Inspection Findings:	
<p>A review of staff training records evidenced that staff had received training in:</p> <ul style="list-style-type: none"> • Training in relation to behaviours which challenge was provided for staff in three sessions in January, February and March 2014. <p>Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, de-brief sessions, and staff meetings. Discussions with staff indicated that they were knowledgeable in regard to the needs of the residents accommodated at the moment and were aware of how an incident involving challenging behaviour should be handled.</p>	Compliant
<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>If any incident occurs which was managed outside the scope of a resident's care plan this would be recorded within the daily record, assessment of need would be updated, care plans reviewed and discussed with the next of kin and GP. Care Management would also be informed who would review if necessary.</p>	Substantially compliant

Inspection Findings:	
A review of the accident and incident records from the date of the previous inspection and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified on one occasion when an untoward event in respect of one resident was managed by the home.	Compliant
Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Due to the nature of residents currently within the home staff are not trained in restraint, however if there were to be a change in this staff would be provided with training and appropriate restraint would only be used as a last resort. The Multidisciplinary team would be consulted and plan of care reviewed.	Substantially compliant
Inspection Findings:	
A review of records, discussions with residents and staff and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home's Statement of Purpose.	Not applicable

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

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

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider’s Self-Assessment Personal history information is gathered for each resident, staff complete an activity assessment for each resident based on their personal history and develop an action plan accordingly. Activities on offer within the home aim to provide activities to meet individual needs and interest of residents. Activities on offer are reviewed at residents' meetings.	Compliant
Inspection Findings: The home had a policy dated July 2014 on the provision of activities. A review of six care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Staff aim to provide activities which residents will find enjoyable, purposeful and are appropriate. Residents' needs are reviewed on an ongoing basis and activity action plans amended according to changing needs. Staff are supported by the friends of River House committee to provide these activities. The home also maintains its links with the local community providing social and spiritual activities outside the home.</p>	Compliant
Inspection Findings:	
<p>Examination of the programme of activities identified that social activities are organised daily.</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>Activities include floor games, quizzes, exercises, religious services and sing-a-longs.</p> <p>Residents entertain residents from sister homes and enjoy trips out to visit them in their homes.</p>	Compliant
<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Residents including those who generally stay in their rooms are consulted regarding the programme of activities. This is through resident meetings, and one to one discussion with the head of home and other staff. The home has a 'friends of River House' committee who are active in organising events and visiting residents one to one.</p>	Compliant

<p>Inspection Findings:</p> <p>A review of the record of activities provided and discussions with residents, including those 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 annually by the home, resident/relatives meetings, one to one discussions with staff and care management review meetings.</p> <p>The home has recently devised and implemented a monthly newsletter which lets residents know in advance of any activities planned.</p> <p>One area of specific good practice noted was that one resident is undertaking foreign language classes for other residents.</p>	Compliant
<p>Criterion Assessed:</p> <p>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>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>The programme of activities are displayed on the notice board weekly and copies given to residents who request them. Posters are used to advertise special events which are programmed and residents also receive a monthly newsletter with 'Dates for your Diary' informing them of some of the activities planned for the incoming month.</p>	Compliant
<p>Inspection Findings:</p> <p>On the day of the inspection the programme of activities was on display in several locations on both floors. These locations were considered appropriate as the areas were easily accessible to residents and their representatives.</p> <p>Discussions with residents/representatives confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	Compliant

<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Residents are encouraged to participate in activities by staff. The home also has an active 'Friends of River House' committee who also support residents to participate in the activity programme. We adapt the activity or aim to offer an alternative if a resident is unable to participate fully.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>The home is in the process employs an activity co coordinator for 15 hours each week</p> <p>Activities are provided for several hours each day by designated care staff.</p> <p>The care staff confirmed that there was an acceptable supply of activity equipment available.</p> <p>There was confirmation from the registered manager that a designated budget for the provision of activities was in place. Two visitors from the organisation's volunteer committee confirmed that they organise fund raising events for the residents' comfort account.</p>	Compliant
<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>The home carries out an activity assessment which takes into account the needs and abilities of each resident which are reviewed regularly.</p>	Compliant
<p>Inspection Findings:</p>	
<p>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.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant

<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>The head of home will obtain evidence or alternatively monitor any activity provided by any person contracted in by the home.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that entertainers are at times employed to provide music activities.</p> <p>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. Feedback is taken from residents after any such session as to the enjoyment of the activity which guides whether or not the activity is repeated in the future.</p>	Compliant
<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Staff would inform the person undertaking activity of any changed needs if it was relevant to the activity being undertaken. Feedback would be received at the end of each activity.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>Care staff are aware of whether or not any resident wishes to participate in an activity on any given occasion and, if appropriate, will inform any "outside person" who is providing an activity.</p>	Compliant

<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>A record is kept within the home of all activities that take place, including the person leading the activity and the names of residents who participate.</p>	Compliant
<p>Inspection Findings:</p>	
<p>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.</p>	Compliant
<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Activities are reviewed at residents meetings and through one to one discussion with residents. They are also reviewed through quality audit questionnaires and the complaints procedure.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of the programme of activities identified that it had been reviewed in residents meetings in March 2014 and July 2014. The records also identified that the programme had been reviewed three monthly at least twice yearly.</p> <p>The registered manager and residents confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request. One example was from a resident who told the inspector that a recent air show had taken place in Newcastle. The resident stated that refreshments were served in the upstairs lounge where all interested residents enjoyed "the best seats in the house" for the spectacle.</p>	Compliant

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

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

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with 12 residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents 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:

- "They(staff) are angels"
- "This is a great place to live"
- "I'm so happy here ,the day is never long and I'm never lonely"

11.2 Relatives/representative consultation

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to her relatives and complimented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "I'm just worried in case my Dad has to move to nursing care. It's just like one big family here"

11.3 Staff consultation/Questionnaires

The inspector spoke with three staff and two 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 residents' behaviours and indicated that a varied programme of activities is in place.

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

Comments received included:

- "Care is the most important thing in this home"
- "The new manager is like a breath of fresh air and has rejuvenated the staff team"

One staff member raised a suggestion of additional training in dementia awareness. This was discussed with the manager at the feedback session and left with her to process forward.

11.4 Visiting professionals' consultation

Two visiting professionals visited the home. They expressed high levels of satisfaction with the quality of care, facilities and services provided in the home. The visitors are part of the supporting committee for the home and visit regularly on a voluntary basis.

Comments received included:

- “We are in the home frequently at different times of the day and the care we observe is always of the highest standard”
- “We have experience of other homes and there are none better than here”
- “We have noticed a positive change in the atmosphere since the new manager has come”

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. The information provided in this questionnaire indicated the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

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 one complaint received since the previous inspection had been investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

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

11.8 Environment

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

11.9 Guardianship Information

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.

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.

11.10 Fire Safety

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

The inspector examined the home's most recent fire safety risk assessment dated 12 May 2014.

The review identified that there was one recommendation made as a result of this assessment in relation to a record of certificates for door closing devices. The recommendation had been addressed by the home.

There were no obvious fire safety risks observed on the day of this inspection. 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 the registered manager Mrs Chambers confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

11.12 Visits by the Registered Provider

The records of unannounced visits to the home by the registered provider as required by regulation 29 of the Residential Care Homes Regulations (NI) 2005 were examined. These were found to be compliant with the requirements of the legislation and had taken place on monthly. The reports examined were for 20 June 2014, 21 July 2014 and 14 August 2014. It is commendable that one of these visits had taken place at midnight.

12.0 Quality Improvement Plan

The findings of this inspection were discussed with Mrs Chambers and Mrs Gordon as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquiries relating to this report should be addressed to:

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



No requirements or recommendations resulted from the primary announced inspection of River House which was undertaken on 21 August 2014 and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

NAME OF REGISTERED MANAGER COMPLETING	Miriam Chambers
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Linda Wray

Approved by:	Date
Ruth Greer	13 10 14