



The Regulation and  
Quality Improvement  
Authority

## **Primary Announced Care Inspection**

**Service and Establishment ID: Sir Samuel Kelly Memorial Eventide Home (1653)**

**Date of Inspection: 21 October 2014**

**Inspector's Name: John McAuley**

**Inspection No: IN017839**

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

**1.0 General information**

<b>Name of home:</b>	Sir Samuel Kelly Memorial Eventide Home
<b>Address:</b>	39 Bangor Road Holywood BT18 0NE
<b>Telephone number:</b>	(028) 9042 2293
<b>Email address:</b>	linda.hook@salvationarmy.org.uk
<b>Registered Organisation/ Registered Provider:</b>	The Salvation Army Mrs Elaine Cobb
<b>Registered Manager:</b>	Mrs Linda Hook
<b>Person in charge of the home at the time of inspection:</b>	Mrs Linda Hook
<b>Categories of care:</b>	RC – I, RC - DE
<b>Number of registered places:</b>	40
<b>Number of residents accommodated on day of Inspection:</b>	37 plus 2 residents in hospital
<b>Scale of charges (per week):</b>	£461 with £71 - £106 top up
<b>Date and type of previous inspection:</b>	Primary Announced 17 February 2014
<b>Date and time of inspection:</b>	Primary Announced 21 October 2014 9:45am – 3:30pm
<b>Name of Inspector:</b>	John McAuley

## 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 manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff

- Consultation with residents and visiting relatives
- 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	20
Staff	6
Relatives	3
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	20	5

## 6.0 Inspection Focus

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

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

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

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

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

<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

Sir Samuel Kelly Memorial Eventide Residential Care home is situated Bangor Road just outside Holywood County Down.

The residential home is owned and operated by The Salvation Army. Mrs Linda Hook is manager of the home and has been registered manager for over ten years.

Accommodation for residents is provided single room accommodation over two floors. Access to the first floor is via a passenger lift and stairs.

Communal lounges and dining areas are provided throughout the home and there are many spacious areas for such to be facilitated.

The home also provides for catering and laundry services on the ground floor level.

A hairdressing facility is provided for in the first floor.

A well-appointed garden and grounds are available for residents with good accessibility.

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

Residential care;

RC–DE - Dementia

RC – I - Old age not falling into any other category

RC – MP - Mental disorder excluding learning disability or dementia

RC – TI - Terminally ill

## 8.0 Summary of Inspection

This primary announced care inspection of Sir Samuel Kelly Residential Care Home was undertaken by John McAuley on 21 October 2014 between the hours of 9:45am and 3:30pm. The registered manager Mrs Linda Hook was available during the inspection and for verbal feedback at the conclusion of the inspection.

The one recommendation made as a result of the previous inspection was also examined. Review of this recommendation found this to be addressed satisfactorily. The detail of the actions taken by the 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 inspector met with residents, staff, three visiting relatives, and two visiting professionals, observed care practices, 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 restrictive practises is not used other than the security of the doors in the dementia unit. Residents' care records outlined their usual routine, behaviours, and 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 the home 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 employs a full time activity coordinator with staff support on the provision of activities. A selection of materials and resources were available for use during activity sessions. Appropriate records were maintained.

The evidence gathered through the inspection process concluded that the home was compliant this standard.

### **Stakeholder consultation**

During the course of the inspection the inspector met with residents, staff, three visiting relatives 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. Resident

representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

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

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

## **Care Practices**

The atmosphere in the home was friendly and welcoming. Staff 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 home was found to be clean and tidy with a good standard of décor and furnishings maintained. Residents' bedrooms were comfortable and nicely personalised. There were many spacious areas throughout the home, which were thoughtfully adapted to the benefit of residents' needs. The grounds to the home were well maintained and had good accessibility.

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

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

The inspector would like to thank the residents, staff and management 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 17 February 2014**

No.	Regulation Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
	Standard 19.06	<p>Residents or their representatives' involvement in the recruitment process.</p> <p>This is still an issue for the home and although they are involved in quality assurance questionnaires some means should be developed to involve them in recruitment and selection process.</p>	It was confirmed that residents and their representatives' views on questions for the interview process is sought and valued.	Compliant

## 10.0 Inspection Findings

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider's Self-Assessment</b>	
All staff have access to individual residents care plans and have had training in deal with various behaviours.	Compliant
<b>Inspection Findings:</b>	
The home has a policy and procedure on responding to residents' behaviours and behaviours that challenge. Staff has also received training in this. A review of this policy and procedure found had reference to Human Rights Legislation and implications of restrictive practices.  Discussions with care staff on duty at time of this inspection revealed they had knowledge and understanding on how to respond to residents' behaviours and how their interventions had a positive outcome for residents. Staff also demonstrated a good knowledge and understanding of residents' assessed needs, which were also found to correspond with the sample of four residents' care records reviewed on this occasion.	Compliant

<p><b>Criterion Assessed:</b> 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>This standard policy with in the home</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of four residents' care records confirmed in general that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referral as appropriate to the aligned health care professional.</p>	Compliant
<p><b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</p>	
<p><b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>This standard procedure within the home</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of four residents' care plans found that the interventions prescribed were detailed, informative and specific. Evidence was in place of consultation and consent with the resident, through a signature.</p>	Compliant

<b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
This can be evidenced within the individual care plan.	Compliant
<b>Inspection Findings:</b>	
There are no residents in the home who have a specific behaviour management programme. However evidence from discussions with staff would indicate if this were to be the case the appropriate trained professional(s) would duly consulted in this process.	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Effective traing is cascaded through outside professional or tr5aing via the age care canal.	Compliant
<b>Inspection Findings:</b>	
Discussions with staff on duty at the time of this inspection, confirmed that they felt they are the necessary skills, training, support and supervision in place to meet the assessed needs of residents accommodated.	Compliant
<b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
this is standard procedure with in the home and allrelvant parties are informed.	Compliant
<b>Inspection Findings:</b>	
A review of accident and incident records from April 2014 to date of inspection evidenced that notification was made as appropriate, to the resident's representative, the trust and RQIA. A review of care plans confirmed that they were updated and reviewed with involvement from the trust and appropriate health care professionals. Discussions with the deputy manager and a team leader evidenced that 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.	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 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>	
We have never had to use restraint as all staff effectively trained in Dementia care. Records would be kept in residents file.	Compliant
<b>Inspection Findings:</b>	
The home has a policy and procedure on restraint. Discussions with the staff confirmed that there are no aspects of restraint used in the home, other than the security of the doors to the dementia care unit. Staff were aware of the issues surrounding governance of same.	Compliant

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

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

<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> 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>	
This is achieved via residents meetings, care plans and and surveys.	Compliant
<b>Inspection Findings:</b>	
The home has and a policy and procedure on the provision of activities. A review of four residents' care records confirmed that individual social interests and activities were included in the needs assessment and the care plan.  Discussions with residents at the time of this inspection, revealed they were complimentary on such provision and that they felt comfortable about raising suggestions with staff	Compliant
<b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The home is compliant with the above and witnessed through activities recording and activities board. The home is reflective of all resident spiritual needs/	Compliant
<b>Inspection Findings:</b>	
A review of the programme of activities showed that social activities are organised daily basis. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in in community based events. Discussions with care staff confirmed that residents were provided with enjoyable and meaningful activities on a regular basis.	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> 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>	
this is actively sought through resident care plans monthly reviews and the home activities coordinator visiting each individual resident.	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities provided and observation of residents who generally preferred not to participate in activities, confirmed that residents were given opportunities to put forward suggestions for inclusion in the programme of activities, and that their assessment of social and spiritual needs was duly assessed and cared for.  Residents were also invited to express their views on activities by means of quality assurance audit issued annually by the home, and by regular residents' meetings.	Compliant
<b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Yes this clear displayed on ground floor and first floor. This is displayed in 2 different formats written and picture format.	Compliant
<b>Inspection Findings:</b>	
On the day of the inspection the programme of activities was on display in communal areas throughout the home. The programme of activities was presented in an appropriate format to meet the residents' needs.	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> 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>	
This is actively achieved through dialogue with resident and their families etc. The activities coordinator would also actively be assessing each individual resident and their needs.	Compliant
<b>Inspection Findings:</b>	
The home has a designated activities co-ordinator, who works on a full-time basis. Staff also facilitate with these duties. General observations made at the time of this inspection, found that there was a good provision of equipment, and aids to support the provision of activities. These included craft materials, games, musical items, and DVDs appropriate to age group. The home has also spacious nicely appointed and adapted areas for residents to relax and benefit from.	Compliant
<b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Each resident is assessed and supported to participate in all activities they wish to take part in. Giving informed choice and residents' abilities would be recorded in their individual files and recorded on their individual activity plan.	Compliant
<b>Inspection Findings:</b>	
Discussion with care staff and residents evidenced that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in any activity.	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> 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>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Currently we do not have any person contracted .	Compliant
<b>Inspection Findings:</b>	
The deputy manager confirmed that any person who is contracted in to provide activity, such as a visiting entertainer is supervised and assisted by staff during such provision.	Compliant
<b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
this is not required as the home has an activity coordinator.	Compliant
<b>Inspection Findings:</b>	
In discussion with staff, the inspector was informed that such a person contacted in to bring activity to the home would be supervised and assisted by staff, so that the needs of residents were duly met at the same time.	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> 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>	
The home is compliant and records can be evidenced in the home.	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities evidenced that records had been maintained of the nature of the activity, the name of the person leading the activity and the residents who had participated in the activity.	Compliant
<b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The is compliant in this area and activities are reviewed regulary as this can change day to day especially over the summer months.	Compliant
<b>Inspection Findings:</b>	
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.	Compliant

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

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

## **11.0 Additional Areas Examined**

### **11.1 Resident's consultation**

The inspector met with a large number of residents throughout this inspection. 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.

Some of the comments made included statements such as;

- "I love it here"
- "They couldn't do enough for me"
- "We are all so well cared for"
- "All is simply marvellous"
- "The food is lovely, always a choice"

No concerns were expressed or indicated.

### **11.2 Relatives/representative consultation**

The inspector met with three visiting relatives. All were very complimentary about the provision of care, the kindness and support received from staff and management, the environment and the provision of meals.

No concerns were expressed or indicated.

### **11.3 Staff consultation / questionnaires**

The inspector spoke with six members of staff of various grades on duty. All spoke in complimentary terms about the provision of care, the teamwork, the provision of training and managerial support.

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.

No concerns were expressed.

### **11.4 Visiting professionals' consultation**

The inspector met with a visiting clergy person and a visiting hairdresser who both spoke in complimentary terms about the provision of care and the overall kindness afforded to residents.

No concerns were expressed.

### **11.5 Observation of Care practices**

Discreet observations of care practises throughout this inspection evidenced residents being treated with dignity and respect. Staff interactions with residents were found to be polite, friendly, warm and supportive. There was found to be a nice atmosphere in the home with

residents being facilitated with choice and fulfilment. A programme of planned activities was in place, for which residents were found to be of benefit from.

Residents were observed to be well dressed, with good attention to personal appearance.

### **11.6 Care Reviews**

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all 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 together with discussions with the registered manager, evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

### **11.8 Environment**

The home was found to be clean and tidy with a good standard of décor and furnishings maintained. Residents' bedrooms were comfortable and nicely personalised.

There were many spacious areas throughout the home, which were thoughtfully adapted to the benefit of residents' needs.

The grounds to the home were well maintained and had good accessibility.

### **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 20 October 2014. There were no recommendations made as a result of this assessment.

A review of the fire safety records confirmed that fire safety training was maintained on an up to date basis and there were a programme of fire safety checks maintained in the environment.

There were no obvious fire safety fire safety risks observed and all fire exits were unobstructed.

### **11.11 Vetting of Staff**

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



## **12.0 Quality Improvement Plan**

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

The inspection resulted in no requirements or recommendations being made. The registered provider and registered 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:

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**John McAuley**  
**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 **Sir Samuel Kelly Memorial Eventide Home** which was undertaken on **21 October 2014** and I agree with the content of the report.

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

**SIGNED:**

**NAME:** Elaine Cobb  
**Registered Provider**

**DATE** 16<sup>th</sup> December 2014

**SIGNED:**

**NAME:** Linda Hook  
**Registered Manager**

**DATE** 16<sup>th</sup> December 2014

Approved by:	Date
<i>Elaine Cobb</i>	18/12/14