



The Regulation and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Service and Establishment ID: York House (1693)
Date of Inspection: 20 January 2015
Inspector's Name: John McAuley
Inspection No: IN017550

The Regulation And Quality Improvement Authority
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1.0 General information

Name of home:	York House
Address:	13-14 Lansdowne Crescent Portrush BT56 8AY
Telephone number:	028 7082 3567
Email address:	hwalker@pcibsw.org
Registered Organisation/ Registered Provider:	Mrs Linda May Wray Presbyterian Board of Social Witness
Registered Manager:	Mrs Hazel Elizabeth Mary Walker
Person in charge of the home at the time of inspection:	Mrs Hazel Walker
Categories of care:	RC-I ,RC-MP(E) ,RC-PH (E), RC- DE
Number of registered places:	32
Number of residents accommodated on day of Inspection:	24 plus 1 resident in hospital
Scale of charges (per week):	As per agreement with NHSC Trust
Date and type of previous inspection:	16 April 2014 Secondary unannounced inspection
Date and time of inspection:	20 January 2015 10:30am – 2:30pm
Name of Inspector:	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 unannounced 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 one visiting relative
- 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	15
Staff	4
Relatives	1
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	8	0

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

York House Residential Care home is situated on Lansdowne Crescent In the town of Portrush County Antrim.

The residential home is owned and operated by Presbyterian Board of Social Witness, and the registered manager is Mrs Hazel Walker who has been so for over 10 years.

Accommodation for residents is provided single rooms over three floors. Access to the first and second floors is via a passenger lift and stairs.

Communal lounges are available in the ground floor and first floor level, and a dining area is provided for on the ground floor level.

The home also provides for catering and laundry services.

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

The home is registered to provide care for a maximum of 32 persons under the following categories of care:

Residential Care;

I – Old age not falling into any other category

MP (E) – Mental disorder excluding learning disability or dementia

PH (E) – Physical disability other than sensory impairment

DE – Dementia

8.0 Summary of Inspection

This unannounced primary care inspection of York House was undertaken by John McAuley on 20 January 2015 between the hours of 10:30am and 2:30pm. The registered manager Mrs Hazel Walker was in charge of the home and was available during the inspection and for verbal feedback at the conclusion of the inspection.

The previous inspection on 16 April 2014 resulted in one recommendation being made, which was found to be addressed satisfactorily. The details of this are in 9.0 of this report.

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 and staff, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

8.1 Standards inspected:

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.

8.2 Inspection findings

8.2.1 Responding to resident's behaviour – Standard 5

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy and procedure in place which reflected good practice guidance in relation to restrictive practice and human rights. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that restraint was not used in the home. 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 is recorded in the resident's care records.

The overall evidence gathered through the inspection process concluded that the home is compliant with this standard.

8.2.2 Programme of activities and events – Standard 13

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 discussion 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 overall evidence gathered through the inspection process concluded that the home is compliant with this standard.

8.3 Stakeholder consultation

During the course of the inspection the inspector met with residents, one visiting relative and staff. Questionnaires were also issued to staff for completion.

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.

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

The one visiting relative declared praise and gratitude for the quality of care being provided.

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

8.4 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.

8.5 Environment

The areas of the environment viewed by the inspector presented as clean and tidy. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be generally reasonably maintained, with areas that were tired and dated but fit for purpose.

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

8.6 Conclusion

The findings of this inspection evidenced that the delivery of care to residents was of a good standard. There were processes in place to ensure the effective management of the standards inspected.

Residents were observed to be treated with dignity and respect.

No requirements or recommendations were made as a result of the primary unannounced inspection.

The inspector would like to thank the residents, staff and the registered manager 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.	DHSSPS Nursing Homes Minimum Standards 2018 Standard 20.3	<p>The resuscitation policy is in line with the Resuscitation Council (UK) guideline and includes a section on the ethical / legal issues, "Do not resuscitation" situations and the review of resuscitation decisions.</p> <p>Reference to this is made in respect of this identified resident's need and lack of corresponding and clear documentation in place to support the "do not resuscitate" statement. This needs to be revised so that clear guidance is in place and same is put in place in accordance with the above guidelines.</p>	<p>The home has revised its policy on resuscitation including information on "Do not resuscitate". Decisions of such are now clearly identified in individual resident's care records.</p>	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	
Each resident has a written person centered assessment of needs and care plan recording conduct, behaviour and communication needs of the individual. This enables all staff to have knowledge of each resident's individual communication needs, behaviour and conduct to ensure each resident receives responses and interventions appropriate to their individual needs whilst promoting dignity, respect and self-esteem.	Compliant
Inspection Findings:	
<p>The home has a policy and procedure on responding to residents' behaviours. Staff has also received training in this.</p> <p>A review of this policy and procedure found had reference to Human Rights Legislation and implications of restrictive practices.</p> <p>Discussions with staff on duty 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 residents' care records reviewed on this occasion.</p>	Compliant

<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
Provider's Self-Assessment	
<p>Changes in a resident's behaviour which is unusual to their normal pattern is reported to senior staff and investigated; ie infection, emotional upset, pain etc. Where necessary the resident's GP, Social worker and Next of kin would be advised for advice/treatment, reassurance etc.</p>	Compliant
Inspection Findings:	
<p>A review of 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>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
Provider's Self-Assessment	
<p>Details are recorded on the individual resident's Assessment of Needs and Active care plan to ensure staff have knowledge of how to approach and respond to a resident's conduct, communication and behaviours and triggers to behaviours. This ensures that all staff know the steps to take to approach situations to maintain the resident's dignity and respect at all times and also making sure that the resident feels safe and secure in their surroundings. With the resident's consent details are also given to their representative.</p>	Compliant
Inspection Findings:	
<p>A review of residents' care plans found that the interventions prescribed were detailed, informative and specific. Evidence was in place of consultation and consent with the resident and / or their representative, through a signature.</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>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment Details of management of specific behaviours are discussed and form part of the resident's Care plan etc as approved by trained professional or Care Management.</p>	<p>Substantially compliant</p>
<p>Inspection Findings: 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 be duly consulted in this process.</p>	<p>Compliant</p>
<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>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment Behaviour management programme is in place when agreed and discussed with the resident, Social Worker and Care manager and resident's representative if required. Guidance and support given to all staff regarding behavioural management for the individual resident. Challenging Behaviour Training is provided to all staff.</p>	<p>Substantially compliant</p>
<p>Inspection Findings: 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.</p>	<p>Compliant</p>

<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
<p>Provider's Self-Assessment</p>	
<p>Any incident outside the scope of the resident's Care plan is reported to the resident's representative, care management and relevant professional bodies. All details are recorded accurately and where necessary the resident's Care plan is updated following multi disciplinary meeting.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>A review of accident and incident records from 1 November 2014 to date of inspection evidenced that notification was made as appropriate, to the resident's representative, the trust and RQIA.</p> <p>A review of care plans confirmed that they were updated and reviewed with involvement from the trust and appropriate health care professionals.</p> <p>Discussions with the registered manager 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.</p>	Compliant
<p>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.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Policy and Procedures on Restraint; Complete Risk Assessment would be carried out if restraint was required and all records completed regarding type of restraint used; why and when it was used. GP, Social worker, Care Management and resident's representative would be advised. Every effort would be made to establish the reason for behaviour requiring restraint to avoid re-occurrence and how the situation could be managed.</p>	Substantially compliant

Inspection Findings:	
<p>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 and were aware of the issues surrounding governance of same.</p> <p>General observations made at the time of this inspection found there to be no obvious restrictive practices in the home.</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

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	
Our Activity Programme endeavours to incorporate individual residents interests and hobbies as recorded in Activity Assessment, Assessment of Need, Active care Plans. Major events such as sport, local events, and special festivals are all incorporated in the weekly Activity Plan to ensure that the residents continue to be involved in events happening outside the Home.	Compliant
Inspection Findings:	
The home has and a policy and procedure on the provision of activities. A review of 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 very complimentary on such provision and that they felt comfortable about raising suggestions with staff.	Compliant
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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The Activity Programme includes activities which residents enjoy; the programme is compiled every 2 weeks. Ideas for activities are also discussed at Residents' meetings to include suggestions for outings, review of present activities. The programme includes group activities or one to one activity. The Activity Programme includes spiritual needs, relaxation, games, quiz, entertainment, age appropriate exercises, films, hairdressing, crafts, library books, outings, shopping, birthdays, anniversaries, special occasions, holiday events etc.	Compliant

Inspection Findings:	
<p>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 residents and staff confirmed that residents were provided with enjoyable and meaningful activities on a regular basis.</p> <p>Added to this staff had knowledge of residents' social interests and acted accordingly to meet these needs. For example, one resident who had a lifelong interest in a particular football club was facilitated by staff to ensure that he did not miss opportunity to follow these games when they when broad casted.</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' meetings are held regularly to give residents oppotruntiy for group discussion regarding Activity programme so that other suggestions are used in the Activity programme. Time is also given for feedback on previous activities. Residents who prefer not to attend are given a chance to discuss their preferences. Residents who do not wish to attend group activities are offered quiz sheets, crosswords, reading and craft materials, church CDs and DVDs, radio and television to enjoy in their room if this is the resident's preference.</p>	Compliant
Inspection Findings:	
<p>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.</p> <p>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.</p>	Compliant

<p>Criterion Assessed: 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
Provider's Self-Assessment	
<p>The Activity programme is displayed in each resident's room (weekly) and also daily on Notice boards in the Hall and Lounges in large print. Staff also advise residents each day of activity choices. At times of special events each resident receives an invitation to attend.</p>	Compliant
Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display in communal areas throughout the home. Discussion with residents at the time of this inspection confirmed that they were aware of what activities were planned and were looking forward to a planned afternoon of musical entertainment, later that day. 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
Provider's Self-Assessment	
<p>Care staff are present throughout all activities to ensure all residents participating are supported in using aids such as musical instruments, soft ball, lap tables are provided for paperwork activities such as wordsearch, jigsaws, crafts etc. Staff also ensure residents are seated comfortably with good lighting and view of the activity.</p>	Compliant
Inspection Findings:	
<p>The home is currently recruiting a designated part time activities co-ordinator, with the support of care staff with these duties.</p> <p>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.</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 Activity Programme is planned to ensure residents feel comfortable throughout the activity. During longer afternoon activities there is an interval for refreshments and time for residents to have a break before recommencing the activity.</p>	Compliant
<p>Inspection Findings:</p>	
<p>Discussion with 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.</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>All activities provided by persons other than staff have been monitored by the Manager and residents discuss these activities to ensure they enjoy regular activities from external providers. Staff are present throughout the activity.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The senior care assistant 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.</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
Provider's Self-Assessment	
<p>External activity providers are advised before commencement of activity of any relevant changed needs of the residents. Activity providers also provide verbal feedback to senior staff at conclusion of activity.</p>	Compliant
Inspection Findings:	
<p>In discussion with the senior care assistant, 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.</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
Provider's Self-Assessment	
<p>An Activity diary is completed after each activity detailing names of residents who participated in the activity, name of staff present and name of person leading the activity. Individual activity sheets are also completed detailing the resident's level of participation and response.</p>	Substantially compliant
Inspection Findings:	
<p>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.</p> <p>Added to this there was pictorial evidence displayed of activities and events which residents participated in.</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>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Residents Activity Assessment is updated 3 monthly or when necessary. Any changes to the activity level or choice are then detailed on Active Care plan and taken into account when planning Activity programme. The programme is completed fortnightly in advance to ensure current special occasions are included. Activities are also reviewed at regular Residents meetings so that their suggestions can be incorporated in the Programme.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of the record of residents’ meetings confirmed that activity provision and events is a standing item of agenda were such can be reviewed. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Provider to complete</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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11.0 Additional Areas Examined

11.1 Residents' 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;

- "The food is marvellous with plenty of variety"
- "This is a great home, I have no regrets about coming here"
- "There is plenty to do, particularly in the afternoons, which we enjoy"
- "Everyone is very kind"
- "You couldn't complain about a thing"

No concerns were expressed or indicated.

11.2 Relatives/representative consultation

The inspector met with one visiting relative at the time of this inspection. This relative spoke with praise and gratitude about the provision of care, and the kindness and support received from staff and management.

No concerns were expressed.

11.3 Staff consultation/Questionnaires

The inspector spoke with four members of staff of various grades on duty. Eight staff questionnaires were distributed for staff to complete and return.

Staff confirmed that they felt there was a good standard of care provided for and they felt supported and valued in their roles and duties.

No staff questionnaires were returned in time for inclusion comment to this report.

11.4 Visiting professionals' consultation

There were no visiting professionals in the home at the time of this inspection.

11.5 Observation of Care practices

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting with residents in a polite, friendly, supportive manner. Residents were observed to be comfortable, content and at ease in their environment and interactions with staff.

A planned afternoon of activity was in place with a visiting musician.

An appetising dinner time meal was provided for and residents were found to assist in an organised unhurried manner with same.

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. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

11.7 Environment

The areas of the environment viewed by the inspector presented as clean and tidy. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be generally reasonably maintained with areas that were tired and dated but fit for purpose.

11.8 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.

11.9 Fire Safety

The inspector examined the home's most recent fire safety risk assessment dated 28 May 2014. There was evidence that the two recommendations made from this assessment had been attended to.

A review of the fire safety records evidenced that fire training, including fire safety drills had been provided to staff on an up to date basis and that different fire alarms are tested weekly with records retained.

There was no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.10 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.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by the registered manager, who 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 findings of this inspection were discussed with Mrs Hazel Walker as part of this 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 this report.

Enquiries relating to this report should be addressed to:

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



No requirements or recommendations resulted from the primary unannounced inspection of York House which was undertaken on 20 January 2015 and I agree with the content of the report.

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

Hazel Walker

SIGNED: *Linda M Wray*

SIGNED: _____

NAME: Linda Wray
Registered Provider

NAME: Hazel Walker
Registered Manager

DATE 3rd March 2015

DATE 27.2.15

Approved by:	Date
<i>[Signature]</i>	9 / 3 / 15