



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Service and ID: Garryduff House (1696)
Date of Inspection: 22 July 2014
Inspector's Name: John McAuley
Inspection ID: IN017520

The Regulation And Quality Improvement Authority
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General Information

Name of Home:	Garryduff House (1696)
Address:	2 Garryduff Road Ballymoney BT53 7AF
Telephone Number:	02827666220
E mail Address:	garryduffbungalow@trianglehousing.org.uk
Registered Organisation/ Registered Provider:	Triangle Housing Association
Registered Manager:	Ms Jacqui Peacock
Person in Charge of the home at the time of Inspection:	Ms Jacqui Peacock
Categories of Care:	RC-LD , RC-LD(E)
Number of Registered Places:	7
Number of Residents Accommodated on Day of Inspection:	7 (then from 11am there was 1 resident accommodated, as other residents were in attendance at day care placements or on a trip out with staff.)
Scale of Charges (per week):	£939 - £1324
Date and type of previous inspection:	29 November 2013 Unannounced inspection
Date and time of inspection:	22 July 2014 10am – 2.20pm
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 an announced primary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

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

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

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

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

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

4.0 Methods / Process

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

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

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

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

- 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	7
Staff	5
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	10	3

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

Garryduff House is situated on the Garryduff Road on the edge of the town of Ballymoney. The residential home is owned and operated by Triangle Housing Association. The registered manager is Ms Jacqui Peacock.

Accommodation for residents is provided in seven single rooms on a ground floor level.

A communal lounge and dining area is provided, as are sanitary, catering and laundry facilities.

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

Residential care – LD Learning Disability and LD (E) Learning Disability – over 65 years

8.0 Summary of Inspection

This announced primary care inspection of Garryduff House was undertaken by John McAuley on 22 July 2014 between the hours of 10 am and 2:20pm. The registered manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The one requirement and one recommendation made as a result of the previous inspection were also examined. Observations and discussion with the registered manager demonstrated that these have been 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 and staff, 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.

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

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 best practice guidance. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that restraint is not used. 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 registered manager is 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 this standard was overall compliant

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. 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. A selection of materials and resources were available for use during activity sessions.

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

8.3 Resident and staff consultation

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

Residents were unable to articulate their views but did appear at ease in their environment and interactions with staff, and to be well cared for.

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.

Comments received from residents, representatives, staff and visiting professionals 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 with a good standard of décor and furnishings being maintained.

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

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.

The home's general environment was well maintained and residents were observed to be treated with dignity and respect.

No requirements or no recommendations were made as a result of the primary announced 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 29 November 2013.

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	16 (2) (b)	<p>The registered person shall ensure that – (b) the resident's care plan is kept under review</p> <p>Reference to this is made in respect of the usage of CCTV monitoring in two residents' bedrooms, which care plans need to be comprehensively reviewed on a more regular and up to date basis, and at least on a monthly basis.</p>	<p>The care plans pertaining to the use of CCTV monitoring has been reviewed.</p> <p>CCTV monitoring is no longer in use in the home.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	25.6	<p>A record is kept of staff working over a 24 hour period and the capacity in which they worked.</p> <p>Reference to this is made in ensuring staff surnames are included in the duty rotas, as opposed to simply Christian names of staff.</p>	The duty rota has been reviewed to include the surnames of staff.	Compliant

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 supported to understand challenging behaviour, risk and appropriate intervention, service user assessments identifies the potential for challenging behaviour and active support plans are in place to minimise the risk. Staff are trained in delivering appropriate individualised behaviour support and intervention	Compliant
Inspection Findings:	
<p>The home had a policy and procedure in place. A review of the policy and procedure identified that it reflects the DHSSPS guidance 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, identified that informed values and implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that staff had received up to date training in behaviours which challenge.</p> <p>A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff spoken with were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	Compliant

<p>A review of the returned staff questionnaires identified that residents are treated with dignity and respect and that the care provided to them is based on individual needs and wishes</p>	
<p>Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seeks 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>Staff are advised to implement the full behaviour support plan, if the behaviour is not safe to manage, they keep themselves and others safe as possible and contact others as required for example GP, Police, statutory team and the manager.</p>	Compliant
<p>Inspection Findings:</p>	
<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. A review of care records found that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p>	Compliant

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: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
When a resident needs a consistent approach or response from staff then this is detailed in the resident's plans for example Be Safe Plan, and active support plans. Staff are trained in understanding consent and the residents representative would be present to sign all documents,	Compliant
Inspection Findings:	
A review of care records and in particular one resident's care plan identified that when a resident needs a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident and/or their representative where appropriate. Care records were also observed to be signed by a member of the multi-disciplinary team who had been involved in drawing up the care plan. Staff and the registered manager signatures were also observed throughout care records	Compliant

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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Whenever there is a specific behaviour management programme in place for a service user this would have been previously discussed with the appropriate professionals for example behavioural team, social workers, GP service users representative, manager and staff.	Compliant
Inspection Findings: A review of the processes in place for managing behaviours which challenge identified that it included the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan as necessary. A review of one complex behaviour management programme identified that it had been approved by an appropriately trained professional. The review also identified that the behaviour management programme forms part of the residents' care plan and there was evidence that it was kept under review	Compliant

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: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Staff receive RESPECT training on induction and yearly there after, if individualised training is required, that the course did not cover then this would be provided. Records of staff training available for the inspector.	Compliant
Inspection Findings:	
A review of staff training records evidenced that staff had received training in Respect and behaviours which challenge. Staff confirmed during discussion that they felt supported. Staff confirmed that the support ranged from the training provided, supervision, de-brief sessions, daily, weekly and monthly meetings. Discussion with staff confirmed that they were knowledgeable in regard to the behaviour management programmes in place.	Compliant

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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Staff are instructed how to report all incidents and the manager would debrief staff, inform other agencies and the Director of support services as required, review support plans, review staff knowledge and skills and consult with others as required, for example representatives in a multi-disciplinary review if required. Incident and accident reporting procedure is available for the inspector.	Compliant
Inspection Findings:	
<p>A review of the accident and incident records from the previous inspection and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified.</p> <p>Comprehensive records in relation to accidents and incidents were being retained.</p> <p>A review of care records found these to have been updated and reviewed and included involvement of the Trust personnel and relevant others. As necessary, issues of assessed need are followed by a multi-disciplinary review of the resident's care plan.</p>	Compliant

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: 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 The organisation provides training to all their staff with regard to physical intervention and their strategies are agreed in advance by a multi – disciplinary team working in consultation with the person using the service, his or her carers and or advocates. The Home complies with the organisations policies and procedures and if there was any necessity for the use of restraint it is reported to RQIA and the organisation holds a data file on any practice that may be considered in any way restrictive, which is reviewed and monitored. The aim would be to improve and diminish the use of physical intervention. The organisation complies with their responsibilities by providing appropriate training for staff members who may be required to use physical intervention, providing appropriate support systems for staff. Staff will not be involved in any physical intervention until they have been trained to do so. The organisation acknowledges that working with individuals who may present with challenges may be difficult and stressful. The organisation has a statutory responsibility to ensure that staff work in a safe environment with appropriate Risk Management Plans in place and need to evaluate and minimise the level of risk and protect the safety of the individual.	Compliant
Inspection Findings: Discussions with the registered manager confirmed that restraint are not used in the home, but that there are relevant policies, procedures and organisational protocols in place to guide on same	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

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	
The Home aims to deliver a person centred approach, which focuses on the issues of social inclusion for all. Programmes and activities are event in the Home and they focus primarily on the individual's identified needs and interests. Evidence is documented within active support plans, files and diaries of events.	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.	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 attention on activities is based on personal choice and how the resident enjoys each outing or activity. Most of the residents have no verbal communication skills therefore in order to gauge how enjoyable and purposeful the activity was for the individual, staff are asked to evaluate the activity and reflect on how things could have been improved. All the residents' attend appointments in the community and their spirituals needs are respected. Triangle's policy on Social Inclusion highlights their intention to enable staff to gain awareness of local facilities and social inclusion opportunities by promoting networking facilities, for example access to the internet, training for staff with regard to how to avail of services, working within budgets and how to get best value for money. All activities are flexible and responsive to the resident's changing needs and are developed to promote healthy living.	Provider to complete
Inspection Findings: Examination of the programme of activities identified that social activities are organised across the seven days of week. 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 discussion that residents were provided with enjoyable and meaningful activities on a regular basis.	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: 13.3 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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The Home recognizes individual choice and if a resident chooses to remain in their room it is the responsibility of the staff to ensure the resident is happy and content. Staff would offer support, companionship, and encourage activities or make suggestions. The residents within the Home have a range of complex needs and the Home aims to support individuals to avail of activities that are best suited to their abilities and most importantly what they enjoy.	Compliant
Inspection Findings:	
A review of the record of activities provided, discussion with staff, and general observations of care practices, confirmed that resident contribution to the programme of activities is based on their individual assessment of needs. The individualised programme is reviewed at the resident's care review meetings.	Compliant

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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>There are several formats that inform resident's, their representatives and staff of what activities each resident is planning to take part, for example, plans for the week are identified in the communication book, appointments are planned and recorded in the diary, active support plans are located in each resident's file. Participation records are kept in order to monitor outings and activities. A yearly planner is located in the hallway of the home, which informs residents, and their representative's of what has been planned each month.</p>	<p>Compliant</p>
Inspection Findings:	
<p>On the day of the inspection the daily programme of activities was on display. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs, i.e. pictorial format.</p>	<p>Compliant</p>

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: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
When an event or activity is planned resources are taken into account, which may include the need for extra staff, transport and the provision of equipment. Individual budgets and expenses are calculated; venues are viewed for suitability, for example, wheelchair access, toilet facilities and general access.	Compliant
Inspection Findings:	
Activities are provided over seven days by designated care staff. General observations confirmed that there was an acceptable supply of activity equipment available. This equipment included arts and craft materials, DVD's; and games. The home also avails itself of facilities in the local community, such as the nearby leisure centre, restaurants, and visits to local shops.	Compliant

Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All activities are arranged to allow for unexpected changes to plans and if the resident decides that they wish to leave early then they are assisted to do so. Resident's concentration or abilities may change from day to day. Therefore there are no set timetables introduced into the Home. Residents are assisted to plan their daily activities in accordance with their abilities.	Compliant
Inspection Findings:	
<p>Discussions with care staff and the registered manager 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

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.

<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
Provider's Self-Assessment	
<p>When a person is contracted-in, the manager would arrange the activity and would ensure the suitability of the person delivering or facilitating the activity and that they had the necessary skills to do so.</p>	Compliant
Inspection Findings:	
<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.</p>	Compliant
<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staffs 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>If a person contracted in plans an activity, prior discussions and arrangements would be made in order to provide the necessary information.</p>	Compliant
Inspection Findings:	
<p>Any person contracted in by the home, would have care staff in attendance at all times with residents' needs.</p>	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.

<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>	<p align="center">COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>When activities take place there is information on the individuals file as to who and what took place</p>	<p align="center">Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of residents' care records confirmed this to be the case.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Resident's outings and events are evaluated on a daily basis and reviewed monthly at staff meetings, changing needs are identified and activities are programmed to be adapted in order to maintain health and wellbeing.</p>	<p align="center">Provider to complete</p>
<p>Inspection Findings:</p>	
<p>This was confirmed to be the case.</p>	<p align="center">Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	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 all the residents in the home at the time of this inspection. None of the residents were able to clearly articulate their views. However residents appeared comfortable and at ease with their interactions with staff, and also appeared well cared for.

No concerns were expressed or indicated.

11.2 Relatives/representative consultation

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

11.3 Staff consultation/Questionnaires

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

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

11.4 Visiting professionals' consultation

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

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 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 together with discussions with the registered manager evidenced that complaints were taken seriously, investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

11.7 General environment

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

Residents' facilities were found to be comfortable and accessible to avail of.

11.8 Guardianship Information

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

11.9 Fire Safety

The inspector examined the home's most recent fire safety risk assessment dated. A review of this assessment found corresponding evidence that an action plan is in place to address the recommendations made.

A review of the fire safety records evidenced that fire training, had been provided to staff on an up to date basis. The records also identified that fire safety drills was also maintained on an up to date basis.

There was no obvious fire safety risks observed. A review of the fire safety assessment submitted by the registered manager before this inspection identified no obvious concerns in relation to same.

12.0 Quality Improvement Plan

The findings of this inspection were discussed with Ms Jacqui Peacock, as part of the inspection process.

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

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 announced inspection of Garryduff House which was undertaken on 22 July 2014 and I agree with the content of the report. Return this QIP to care.team@rqia.org.uk.

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

NAME OF REGISTERED MANAGER COMPLETING	Jacqueline Peacock <i>J Peacock</i>
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	<i>C. Alexander</i> CHRISTOPHER . H. ALEXANDER .

Approved by:	Date
<i>John Peacock</i>	20/8/14