



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Service and ID: Karuna Home (1697)
Date of Inspection: 5 June 2014
Inspector's Name: Ruth Greer
Inspection ID: 17744

The Regulation And Quality Improvement Authority
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1.0 General information

Name of Home:	Karuna Home
Address:	3-5 Minorca Drive Ellis Street Carrickfergus BT38 8WP
Telephone Number:	028 9336 0665
E mail Address:	h.wright@cedar-foundation.org
Registered Organisation/ Registered Provider:	Ms Eileen Marian Thomson The Cedar Foundation
Registered Manager:	Mrs Heather Wright
Person in Charge of the home at the time of Inspection:	Mrs Heather Wright
Categories of Care:	RC-LD ,RC-LD(E)
Number of Registered Places:	9
Number of Residents Accommodated on Day of Inspection:	9
Scale of Charges (per week):	From £732
Date and type of previous inspection:	19 November 2013 Primary announced inspection
Date and time of inspection:	5 June 2014
Name of Inspector:	Ruth Greer

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

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

3.0 Purpose of the inspection

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

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

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

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

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

4.0 Methods / Process

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

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

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

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

- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

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

Residents	9
Staff	4
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	18	8

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

Karuna Residential Care home is situated in a quiet residential area of Carrickfergus. The residential home is owned and operated by the Cedar Foundation. The current registered manager is Mrs Heather Wright.

Accommodation for residents is provided in single bedrooms. The home is a single storey building.

Communal lounge and dining areas are provided as is a large communal day room. The home has an indoor spa room and a room designated and fitted for sensory stimulation.

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 nine persons under the following categories of care:

Residential care

LD	Learning Disability
LD(E)	Learning Disability – over 65 years

8.0 Summary of Inspection

This announced primary care inspection of Karuna was undertaken by Ruth Greer on 5 June 2014 between the hours of 9:50am and 2:15pm. Mrs Wright was available during the inspection and for verbal feedback at the conclusion.

The requirement and recommendation made as a result of the previous inspection were also examined. Observations and discussion demonstrated that both issues had been satisfactorily addressed within the required timescales. The detail of the actions taken can be viewed in the section following this summary

Prior to the inspection, Mrs Wright completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Wright 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.

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.

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 in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information is recorded in the resident's care records. The Mrs Wright 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 their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Karuna is fully compliant with this standard.

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. 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 home employs an activity coordinator 34.5 hours each week. In the absence of the activity coordinator activities are provided by designated care staff. A selection of materials and resources were available for use during activity sessions. Comprehensive records were maintained and showed that the programme of activities is innovative and individualised. The evidence gathered through the inspection process concluded that Karuna is fully compliant level with this standard.

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.

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.

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

Care Practice

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be appropriate and well 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.

Conclusion

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

No requirements and no recommendations were made as a result of the primary announced inspection. This is commendable.

The inspector would like to thank the residents, relatives, the visiting professional, registered manager, registered provider and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 19 November 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 30 and page 26 Matters to be Addressed in this report.	Incidents where medical attention is sought should be reported to the RQIA.	The incident record showed that where required all incidents occurring in the home are reported to the RQIA.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 20.3 and Matters to be Addressed in this report.	Confirmation should be sent to RQIA that all care staff have up to date registration with NISCC.	Confirmation was received within the specified time scale.	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	
'Behaviours that Challenge Policy' reflects DHSSPS guidance and Human Rights Act (1998). Staff receive training on Human Rights Awareness and Restrictive Practice as well as Management of Behaviours that Challenge and Communication Training annually. Resident's assessment of need and care plans are reviewed regularly allowing past triggers and appropriate response methods to be identified. During their induction staff members are informed of each resident's usual conduct, behaviours and means of communication, this is supported by the resident's individual care plan which includes a pen picture which gives an overview of how a resident comes across to others. Each resident also has a PCP file which gives staff a more detailed overview of each resident and their usual conduct, behaviour and means of communication. Through training staff respond ensuring the needs and rights of the residents are protected and upheld therefore promoting positive outcomes for residents. Prior approval from the HSCT is required before any practice which would impact on the resident's Human Rights is undertaken. RQIA to be notified should physical restraint be used. Residents, resident's representatives are involved in needs assessments, care plans and reviews are carried out annually by HSCT Care Manager and all relevant members of the multi-disciplinary team.	Compliant

Inspection Findings:	
<p>The home has a ‘behaviours that challenge’ in place. A review of the policy and procedure identified that it reflects the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used.</p> <p>Observation of staff interactions with residents identified that informed values and an in depth knowledge of individual behaviours means that implementation of least restrictive strategies are employed. These included diversionary tactics and replacement activities.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge – Professional Boundaries on 14,21 and 25 May 2014 which included a human rights approach.</p> <p>A review of 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> <p>A review of the returned staff questionnaires identified that staff feel supported and residents are well cared for.</p>	<p>Compliant</p>

<p>Criterion Assessed: 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>Our 'Behaviours that Challenge Policy' states the procedures to follow when dealing with behaviour which is characteristic and causes concern. Staff are required to have knowledge and understanding of each resident's usual conduct, behaviours and means of communication. Staff take the required action to understand the behaviours displayed, ensuring any intervention promotes a positive outcome. Staff are required to report their concerns to senior support worker/manager. Residents who display behaviours which are uncharacteristic are referred to their Social Worker, GP, CNLD, Psychiatrist and Adult Challenging Behaviour Team as appropriate. The residents' representative is informed of all such referrals.</p> <p>When a resident is known to have significant behaviours that challenge a Behavioural Risk Assessment is undertaken by a designated member of staff in consultation with professional experts, the resident and their representative.</p> <p>Staff receive annual training on Management of Behaviours which Challenge and regular supervision as a support mechanism when dealing residents who present with behaviours that may challenge in an attempt to prevent future incidents.</p>	<p>Compliant</p>

<p>Inspection Findings:</p>	
<p>The policy Behaviours which Challenge (12 February 2014) includes the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust, relatives and RQIA. . Agreed and recorded response(s) to be made by staff. <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff are aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Four care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records confirmed that the next of kin and the care manager had been informed appropriately.</p>	<p>Compliant</p>
<p>Criterion Assessed:</p> <p>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>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Any planned intervention in relation to a resident's behaviour or planned action to be taken is documented fully in their care plan which staff follow to ensure consistent approach. Staff are made aware of this through handovers, team meetings and supervision sessions. Resident's representatives are fully informed of the agreed approach to deal with resident's behaviours unless there is a documented reason not to relay this information to them. Care plans are reviewed regularly internally and at each residents care review with HSCT Care Manager.</p>	<p>Compliant</p>

Inspection Findings:	
<p>A review of four care plans identified that when a resident needs a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant
<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident’s care plan.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>We liaise with the Adult Challenging Behaviour Team and CNLD as required to compose resident’s behaviour management programmes, these programmes are incorporated into the individual resident’s care plans. Behaviour Management Programmes are reviewed regularly and discussed with stakeholders at multi-disciplinary care review at least annually.</p>	Compliant
Inspection Findings:	
<p>A review of Guidance on Reducing Restrictive Practice and Promoting Positive Interventions (7 November 2014) policy and procedure 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.</p> <p>A review of one resident’s behaviour management programme identified that this had been approved by an appropriately trained professional. In this instance the Clinical Psychologist. The review also identified that the behaviour management programme forms part of the resident’s care plan and there was evidence that it was kept under weekly review.</p>	Compliant

<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Annual training is provided on Communication, Behaviours that Challenge, Human Rights Awareness and Restrictive Practice. Additional training is also provided by the Adult Challenging Behaviour Team as they work closely with individual staff members throughout the assessment process when developing a behaviour management programme. Supervision/Team Meetings and monitoring of daily practice are mechanisms we use to support staff and also to ensure consistent implementation of Behaviour Management Programmes. The Registered Manager is also available to provide support and guidance on a regular basis.</p>	Compliant
Inspection Findings:	
<p>A review of staff training records evidenced that staff had received training in:</p> <ul style="list-style-type: none"> • Behaviours which challenge in May 2014 <p>Staff confirmed during discussion that they felt supported. Staff confirmed that the support ranged from the training provided, supervision, de-brief sessions, and staff meetings. Discussion with staff confirmed that they were knowledgeable in regard to the behaviour management programme in place.</p>	Compliant
<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Staff to complete Challenging Behaviour Incident Report following an incident where behaviour has become challenging. Where an incident is outside the scope of a resident’s usual conduct and behaviours staff complete an adverse incident form. The manager/senior support worker may inform the following individuals - Resident’s representative, Social Worker, GP, Consultant Psychiatrist, CNLD, Adult Challenging Behaviour Team. All correspondence with other professionals is recorded in the residents care plan and is used to review the care plan/Behaviour Management Programme.</p>	Compliant

Inspection Findings:	
<p>A review of the accident and incident records from 19 November 2013 to present and discussions with staff identified that residents’ representatives, Trust personnel and RQIA had been appropriately notified.</p> <p>A review of four care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</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
Provider’s Self-Assessment	
<p>Our 'Guidance on Reducing Restrictive Practices and Promoting Positive Interventions' Policy outlines our positive interventions which promotes the least restrictive practice to be utilized in accordance with DHSSPS guidance on restraint and seclusion (2005) and Human Rights Act (1998). Restraint is not currently used in Karuna and should it be required to be used staff would have the appropriate training. Any instances of where restraint was used, the circumstances, duration and nature of the restraint would be recorded in the resident's individual care plan and recorded as an adverse incident. These details would also be reported to the resident's representative and RQIA. Following a situation where restraint is used the staff member would receive support and guidance from their line manager.</p>	Compliant
Inspection Findings:	
<p>Discussion with staff and a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint is only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies have proved unsuccessful.</p> <p>A review of records, discussion with residents and staff and observation of care practices identified that there are currently no types of restraint used in the home which need to be described in the home’s Statement of Purpose. Practices which may be viewed as restrictive for example bed rails, wheelchair lap straps etc have been risk assessed in every instance and are only used where their lack would pose a health and safety risk for the resident.</p>	Compliant

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

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 'Day Activities Policy' indicates that the programme of activities offered is based upon the personal knowledge of each resident's individual preferences and abilities. Information on the activities offered is detailed in Karuna's Statement of Purpose and Resident's Guide. Resident's care plans detail their preferred activities and a record is kept of their progress and is reviewed regularly. The programme of activities facilitates 1:1 sessions and group activities which promote personal growth and development, social development, enjoyment and increased confidence through a varied range of activities.	Compliant
Inspection Findings: The home had a policy dated 6 May 2014 on the provision of activities. A review of four care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussion with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	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
<p>Provider's Self-Assessment</p> <p>The programme of activities strives to provide enjoyment, experience of the outside world i.e. attending FE Trampoline and Wood Work classes, church, participating in community events and eating out etc. which enhance cognitive development and sensory awareness, promote independence, healthy living and allows for participation in social relationships. We are sensitive to the age and cultural differences among our residents and provide activities which are both enjoyable and beneficial to all. The programme of activities is reviewed regularly and updated in response to resident's changing needs and college term-time and public holidays. Consent has been sought from residents/their representatives for photographs/videos to be taken and used within the organisation. Residents were involved with local college students to star in their own movie which was a great success; everyone enjoyed seeing themselves on the big screen and popcorn! Our activities programme is responsive to current events and we have arranged special events celebrating the Royal Wedding, Giro d'Italia 2014 etc. The activities programme also takes into account Valentine's Day, Mother and Father's Day, Easter, Halloween and Christmas with special events planned around those times for art and crafts sessions making cards to give to family members. During themed activities we aim to celebrate different cultures e.g. 'Spain' in which art/crafts, cookery is designed with a Spanish theme. The theme would usually last a month and ends with a party i.e. Spanish themed outfits, music and eating Spanish dishes.</p>	Compliant
<p>Inspection Findings:</p> <p>Examination of the programme of activities identified that social activities are organised every day for two sessions, morning and afternoon.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis. One resident explained a recent "experiment" he had undertaken as devised and implemented by the activity therapist. This involved the construction of a volcano complete with flowing "lava". On the day the inspector observed a wide range of activities which included Paper Mache, painting, one resident was relaxing in the sensory room, one resident was out for a walk with a staff member and one resident was having a foot spa.</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 are encouraged to communicate (verbally or otherwise) their preferred activities. Staffs in-depth knowledge of each resident's needs and preferences coupled with the input of resident's representatives is key to identifying the needs of those residents unable to contribute to direct suggestions regarding their programme of activities. When a resident refuses to participate this decision is respected and recorded and monitored which can help when evaluating the success of the activity programme.</p>	Compliant
Inspection Findings:	
<p>A review of the record of activities provided and discussion with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, one to one discussions with staff and care management review 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>A weekly programme of activities is displayed in the office and day activities room. Objects of reference/pictorial and verbal communication are methods used to communicate the programme of activities to the residents as appropriate.</p>	Compliant
Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display in the day activity room. 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.</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>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>We employ a designated activities support worker, who oversees the implementation of the activity programme. The programme is facilitated by utilising a wide range of equipment and aids ranging from large activities room with height adjustable tables, specially adapted paint brushes, multi-sensory room, garden swing and spa pool etc. Day activities support worker leads the staff to provide activities for residents; draws upon her experience, training and knowledge of the residents to ensure the activity programme is beneficial. A wide range of social and educational activities and outings are provided to ensure residents have an opportunity to integrate in the community. Day activities has a budget allocation to fund in-house activities/equipment and for sourcing specialised services such as art teacher and music therapist weekly sessions. A Reflexologist also visits the home on a weekly basis and each resident has the opportunity to avail of this therapeutic activity.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The home employs an activity co coordinator for 34.5 hours each week.</p> <p>Activities are also provided daily by designated care staff.</p> <p>The activity coordinator/care staff and residents confirmed that there was an acceptable supply of activity equipment available.</p> <p>There was confirmation from the registered manager that a designated budget for the provision of activities is in place.</p>	<p>Compliant</p>

<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>Our activities programme has been drawn up with the resident's specific needs and abilities in mind. Sessions are kept short for maximum benefit and are flexible to the needs of the residents. For example the resident's Music Therapy session is one hour long but it is segmented, during the first half the resident chooses an instrument and plays along with music therapist and in the second half all instruments are returned and residents listen to soft music played by the music therapist on the lute which aids relaxation.</p>	Compliant
<p>Inspection Findings:</p> <p>The activity coordinator, care staff and the registered manager confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant
<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>The Registered manager regularly meets with art teacher and music therapist and reflexologist to monitor the effectiveness of the activities. The manager also liaises with the day activities support worker and senior support workers to address effectiveness/issues regarding the delivery of activities. Staff record the activities undertaken, staff involved and each residents level of participation and enjoyment.</p>	Compliant
<p>Inspection Findings:</p> <p>The registered manager confirmed that there were monitoring processes in place to ensure that the activity therapist and any other persons contracted to provide activities/entertainment have 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, 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>The registered manager or day activities support worker inform teacher/therapist of any changes to the residents needs which may impact upon their participation in the activity. Day activities support worker and other staff members are always on hand to identify and respond to any issues which may arise during an activity. Teacher/therapist provide feedback after each visit on residents participation and enjoyment to the day activities support worker or senior support worker/registered manager. The Reflexologist writes up each of her sessions on a recording sheet maintained in the home. Music therapist and art teacher are assisted by support staff who record the participation level in the day activities record book or residents progress sheet of their care plan.</p>	Compliant
Inspection Findings:	
<p>Mrs Wright confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which would affect their participation in the planned activity.</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>The day activities support worker is responsible for completing a record of all activities undertaken and its participants and those leading the activity. Should an activity not be carried out as per activity programme the reason for this is also recorded.</p>	Compliant
Inspection Findings:	
<p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. The record showed that activities are less formalised on weekends when outings and trips to the hairdresser etc are organised. On Saturday night's residents enjoy a carry out of Chinese food.</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 The activities are assessed on a regular basis and the activity programme as a whole is reviewed and adjusted bi-annually or more often as required. Feedback is obtained during care reviews, ANAM group discussions, informal discussions and team meetings.</p>	<p>Compliant</p>
<p>Inspection Findings: A review of the programme of activities identified the programme is reviewed at least twice yearly. The registered manager and activity coordinator confirmed that planned activities were also changed at any time at the request of residents. 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 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 Compliant</p>
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11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with all residents individually and with others in a group. Residents were observed in the activities room as they prepared a wall display. In accordance with their capabilities all residents indicated / expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

11.2 Staff consultation/Questionnaires

The inspector spoke with care staff and the activity coordinator and eight staff completed and returned questionnaires. A review of the completed questionnaires and discussion with staff identified that staff were supported in their respective roles. The activity coordinator presented as competent and innovative in her research for and provision of suitable activities. 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 professional on the day of the 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 evidenced that there has been complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The record showed that all complaints are quality assured by the line manager

11.7 Environment

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

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 undertaken in July 2013.

The review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training, had been provided to staff on 29 April 2014 and 4 May 2014. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

12.0 Quality Improvement Plan

The findings of this inspection were discussed with Mrs Heather Wright as part of the inspection process.

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

Enquiries relating to this report should be addressed to:

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



No requirements or recommendations resulted from the primary announced inspection of Karuna Home which was undertaken on 5 June 2014 and I agree with the content of the report.

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

NAME OF REGISTERED MANAGER COMPLETING	Heather Wright
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Eileen Thomson

Approved by:	Date
Ruth Greer	7/7/14