



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Hanna Street (1756)

Date of Inspection: 23 September 2014

Inspector's Name: Alice McTavish

Inspection No: IN016872

**The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General information

Name of home:	Hanna Street
Address:	8 Hanna Street York Road Belfast BT15 1GQ
Telephone number:	(028) 9035 1314
Email address:	barbara.mcgarrrity@belfasttrust.hscni.net
Registered Organisation/ Registered Provider:	Mr Colm Donaghy Belfast HSC Trust
Registered Manager:	Mrs Barbara McGarrity
Person in charge of the home at the time of inspection:	Mrs Barbara McGarrity
Categories of care:	RC-LD ,RC-LD(E)
Number of registered places:	2
Number of residents accommodated on day of Inspection:	1
Scale of charges (per week):	As per Trust contract
Date and type of previous inspection:	Primary Announced 29 November 2013
Date and time of inspection:	Primary Announced 23 September 2014 9.45am – 2.30pm
Name of Inspector:	Alice McTavish

2.0 Introduction

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

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

3.0 Purpose of the inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

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

- Consultation with a resident individually
- 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	1
Staff	3
Relatives	5
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	12	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

Number 8 Hanna Street is a two storey property owned and operated by the Belfast Health and Social Care Trust. The facility provides accommodation for adults with learning disability under and over sixty five years of age. The home is located off the York Road a few miles from the city centre and is close to all amenities.

The home is registered to provide accommodation for two residents for respite. This service is registered and inspected under the Residential Care Homes Regulations (Northern Ireland) 2005. In addition, the facility is also registered to accommodate eleven adults living as tenants under supported living arrangements. The Domiciliary Care Team within Regulation and Quality Improvement Authority is responsible for carrying out separate inspections regarding these individuals.

One respite bed situated on the ground floor is equipped to mobility standards and has an ensuite bathroom whilst the other is a single bedroom on the first floor. Respite residents have use of the communal lounge and dining room on the ground floor. The home also provides for catering and laundry services on the ground floor.

Mrs Barbara McGarrity is manager of the home and has been registered manager for more than twenty years

The home is registered to provide care for a maximum of two 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 primary announced care inspection of Hanna Street Residential Home was undertaken by Alice McTavish on 23 September 2014 between the hours of 9.45am and 2.30pm. Mrs Barbara McGarrity was available during the inspection and for verbal feedback at the conclusion of the inspection.

As the previous inspection resulted in no recommendations or requirements being made, no follow up was required during this inspection.

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

During the inspection the inspector met with residents, staff, relatives, 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, examined returned staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint 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 was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team. A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care.

It was identified that certain restrictive practices are employed within Hanna Street. See section 10.7 of the report. A review of the policy and procedures identified that it is not noted that RQIA must be notified of each occasion that restraint is used. A recommendation is made in this regard.

The evidence gathered through the inspection process concluded that Hanna Street Residential Home was compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents.

Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Hanna Street Residential Home was compliant with this standard.

Resident, representatives and staff consultation

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

The resident present during the inspection indicated that he/she was happy and content with his/her life in the home, with the facilities and services provided and his/her relationship with staff. Resident representatives indicated their complete satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

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

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

Care Practices

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

Environment

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

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

No requirements and one recommendation were made as a result of the primary announced inspection.

The inspector would like to thank the residents, relatives, registered manager 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 29 November 2013

No requirements or recommendations resulted from the primary announced care inspection of Hanna Street which was undertaken on 29 November 2013 and I agree with the content of the report.

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
Staff have an understanding of each resident's usual conduct, behaviours and means of communication. These are written up in their care plans. Any changes in behaviour are discussed at daily handovers and written in daily notes. If it is necessary to change the care plan this will be done. Our interventions and responses are based on positive approaches, that is being person centred, trying to understand what might be wrong and promoting choice and control.	Compliant
Inspection Findings:	
<p>The home had policy and procedure documents in place entitled 'Use of Physical Intervention by Staff from Mental Health and Learning Disability Services', 2010 and 'Use of Restrictive Practices in Adults' 2011. These policy and procedure documents are being updated.</p> <p>A review of the policies and procedures identified that the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) were reflected. The policies and procedures included the need for Trust involvement in managing behaviours which challenge. They did not detail that RQIA must be notified on each occasion restraint is used. A recommendation is made that policy and procedures are reviewed to include that RQIA are notified of each occasion that 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 all care staff receive training in behaviours which challenge entitled Strategies for Crisis Intervention and Prevention (SCIP) annually which includes a human rights approach.</p>	Substantially compliant

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. There was evidence of liaison between staff and day care facilities to ensure that there is good exchange of information regarding residents' behaviours in order to enhance continuity of care.

Staff who met with the inspector demonstrated knowledge and understanding of residents' usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.

A review of the returned staff questionnaires confirmed that staff had received training in behaviours which challenge.

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: 10.2 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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Any uncharacteristic behaviour which causes concern will always be handled in the following manner:- staff will take the necessary action to safeguard residents' wellbeing while seeking to understand the reason for the behaviour. Staff are aware that behaviour can be a means of communication. It is important that the individual is given help to communicate their need at the time and that staff try their very best to appropriately help the person. Staff will report to person in charge who will monitor the situation and behaviour and make an initial assessment. If necessary, the matter will be reported will be referred to all relevant professionals and to the resident's representative with the permission of the resident.	Compliant
Inspection Findings:	
The policy and procedure documents included the following: <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 Trust staff . Agreed and recorded response(s) to be made by staff 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 and described how this is done during staff handovers and at staff meetings.	Compliant
Three care records were reviewed and identified that they contained the relevant information regarding the	

resident's identified uncharacteristic behaviour.

A review of the records and discussions with visitors confirmed that they had been informed appropriately.

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	
Should a particular consistent approach from staff to a behaviour be warranted, this will be detailed in the resident's care plan. Furthermore, the approach will be discussed at handovers and staff meetings. Where appropriate and with the resident's consent their representative will be informed of the approach being used.	Compliant
Inspection Findings:	
A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.	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
10.4 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.	
Provider's Self-Assessment	
When a resident has a specific behaviour management programme, this will be discussed with and approved by the behaviour team responsible. Should a behavioural management programme be needed this will be written up by the behaviour support team in conjunction with all necessary others. The behaviour management programme will form part of the care plan.	Compliant
Inspection Findings:	
The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place, therefore, this criterion was not applicable at this time.	Not applicable

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
10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	
Provider's Self-Assessment	
All staff are trained in SCIP - Strategies for Crisis Intervention and Prevention. Staff are trained as soon as is possible upon commencement of appointment. The initial training is three days, thereafter staff are provided with annual one day refreshers. A considered, gentle approach to dealing with difficult behaviour is used within Hanna Street. Positive reinforcement and prevention are used, alongside the staff teams' experience, values, knowledge and skills to implement the most appropriate and least intrusive form of guidance to promote harmony and cohesion within the home. Where a behaviour management programme is in place this will be discussed at handovers, staff meetings and training would be given by the behavioural support team and by the management in the home.	Compliant
Inspection Findings:	
No residents using respite care within Hanna Street have a behaviour management programme in place, therefore, this criterion was not applicable at this time.	Not applicable

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
<p>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>	
Provider's Self-Assessment	
<p>If an incident is managed outside the scope of a person's care plan, this would be recorded and reported to relevant professionals such as GP, Community Learning Disability Nurse and necessary others. The resident's representative would be informed with the consent of the resident. Should a review of the care plan be necessary Hanna Street staff would work in conjunction with the multi-disciplinary team to ensure this happens.</p>	Compliant
Inspection Findings:	
<p>A review of the accident and incident records from October 2013 to September 2014 and discussions with staff identified that no incidents had occurred outside of the scope of a resident's care plan.</p> <p>A review of three care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.</p> <p>Staff confirmed during discussions that when any incident was 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> <p>Representatives confirmed that, should any accident or incident occur, they are advised of this.</p>	Complaint

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	
If a physical intervention (restraint) was deemed to be necessary it would only ever be used as a last resort (and for the least amount of time necessary) i.e. after all other possible interventions have been discussed and tried. All appropriate documentation would be completed i.e an incident form report and a separate form detailing which physical hands on approaches were used. Copies of these forms would sent to the Trust and to the behaviour support team for checking and statistical analysis. The person who had been restrained would be closely monitored for any adverse side effects to ensure their wellbeing and staff would know to contact emmergency services/doctor should there be a need. As stated earlier all staff are appropriately trained to protect the resident and/or other persons.Their training includes how and when to use physical interventions. Staff follow the Belfast Trust Policy and Procedures in respect of restraint.	Compliant
Inspection Findings:	
Discussions with staff, visitors, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint was only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful. Hanna Street has several restrictions on place; these include the use of access control at the entrances and exits to the building. This is noted on the home's Statement of Purpose, in the Resident's Guide and on an information leaflet given to new users of the respite service. Some respite residents may choose to have a key to their bedrooms for the duration of the respite period, in order to safeguard their personal property. This arrangement is offered on request. One resident uses bed rails and safety bumpers when using the respite service. A nursing assessment has been completed, the resident (who retains mental capacity to make choices in this area) has given written and signed agreement and representatives are fully aware of the arrangements regarding the use of bed rails.	Compliant

<p>Another resident uses a lap belt on a wheelchair when using transport. The use of the lap belt is agreed by the multi-disciplinary team. This resident is provided with one to one support from staff during respite as this is required to maintain safety, as identified by the multi-disciplinary team, staff and family. In order to meet identified care needs, reduce disruption and maintain privacy, a small camera is placed in the room at night time only and the images are relayed to a staff member on waking duty. The multi-disciplinary assessment is reviewed annually and there is written evidence in the resident's care records that all other less restrictive practices had been fully considered. This arrangement is used for the identified resident only, it is the same arrangement used in this resident's own home, there is written authorisation from family and social worker to monitor the resident whilst in his bedroom. This arrangement is not used for any other users of the respite service.</p> <p>A review of the home's Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are described.</p>	
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<p>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</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: 13.1 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	
Residents are encouraged and facilitated to pursue their preferred social activities, hobbies and leisure interests whilst in respite. Residents give their preference for leisure and other activities through discussions with their keyworkers and staff on a daily basis and in their annual reviews. Activities are based on the needs and interests of residents using respite Residents also share their interests in yearly satisfaction surveys..	Compliant
Inspection Findings:	
The home had a policy dated June 2014 on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with a resident 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. Liaison between staff and day care facilities ensures that there is good exchange of information regarding interests and activities which individual residents may enjoy. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	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: 13.2 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 Hanna Street's ethos is based on a number of values among them choice, communitisation and rights. Activities are discussed on a daily basis and at residents meetings and reviews. Residents using respite are always involved in choosing what they would like to do and it is their right to decide which activities they want to take part in . Staff try to ensure they are age and culturally appropriate. Residents tell us they enjoy their activities.We try to include activities which promote movement and exercise such as walking and dance. Most of the activities are based in the community using local facilities or travelling to the seaside and restraaurants. Staff facilitate any residents wish to attend place of worship however we find residents do not wish to attend whilst in Hanna Street on their holidays.	Compliant
Inspection Findings: Examination of the programme of activities identified that social activities are organised throughout each week and included evenings and weekends. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.	Complaint

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:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment	
The views of all residents are actively sought by their keyworker on daily basis during their stay, at resident meetings and through satisfaction surveys. Most residents have a full week of activities at their day centres. Only two residents do not attend day care whilst in respite these residents are asked on a daily basis what they would like to do whilst in respite. Resident yearly questionnaires also give residents their opportunity to say what is important to them.	Compliant
Inspection Findings:	
A review of the record of activities provided and discussions with a respite resident identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. No respite resident chooses to remain in the bedroom.	Complaint
Residents are assisted to complete annual satisfaction surveys by day centre staff; this it to ensure, as far as possible, that independent opinion is obtained and not influenced by care home staff.	
Residents' representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, in relatives meetings, in one to one discussions with staff and in care management review meetings.	

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: 13.4 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	
Activities are not displayed in a schedule format instead "Whats on" leaflets are displayed on residents notice board and in picture format in individuals care plans.	Compliant
Inspection Findings:	
On the day of the inspection the programme of activities was on display on a large notice board in the dining area. This location was considered appropriate as the area was easily accessible to residents and their representatives. Discussions with a resident and residents' representatives confirmed that they were aware of what activities were planned. The programme of activities was presented in an appropriate format to meet the residents' needs and was presented in large print and pictorial format.	Complaint

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	
Resident's are able to participate in activities by means of staff support and the use of any assessed equipment they bring induring their respite stay. Also residents enjoy speaking with staff about what they like to do during their visits.	Compliant
Inspection Findings:	
Care staff, registered manager and the resident confirmed that there is sufficient equipment and resources available to allow for residents to engage in chosen activities. The resident indicated that using respite is usually viewed by service users as an opportunity to 'have a rest' from usual daily routines, hence many service users may choose not to engage in many activities during their respite stay.	Complaint

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: 13.6 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	
Activities are designed to take into account the choice, needs and abilities of participating residents in respite with regard to duration, frequency and intensity. There is also a selection of table top activities, games and arts and crafts available. Very much lead by individual respite users. Staff know residents very well.	Compliant
Inspection Findings:	
Care staff, registered manager and the resident confirmed 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 activities.	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: 13.7 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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The manager would always check the qualifications of persons contracted to undertake an activity in the home and monitor such activities for competence and effectiveness. However there is currently no-one contracted in to provide activities to residents using the respite service.	Compliant
Inspection Findings:	
The registered manager confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion.	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: 13.8 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.	COMPLIANCE LEVEL
Provider's Self-Assessment	
N/A	Not applicable
Inspection Findings:	
The registered manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion was not applicable on this occasion.	Not applicable

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: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Hanna Street staff record details of activities in care notes for each resident using respite on a daily basis.	Compliant
Inspection Findings:	
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.	Complaint

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: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The individual resident is asked at each stay what activities they would like to take part in and therefore their wishes are being reviewed on a continual basis. These arrangements are formally reviewed following annual resident satisfaction survey.	Compliant
Inspection Findings:	
The registered manager confirmed that, being a respite care unit, activities cannot be planned within a programme; residents can request certain activities during annual satisfaction questionnaires and in care reviews. Residents using the respite service are assured that activities can also be arranged at any time at the request of residents and subject to availability of transport, if required. The resident 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.	Complaint

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 one resident individually. The resident expressed complete satisfaction with the service provided, with the comfort of the accommodation and with relationships with staff. No concerns were expressed or indicated.

Comments received included:

"I love it here. I can't wait to come back here every time I leave it. The staff look after me really well and I have great fun."

11.2 Relatives/representative consultation

Five relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

"My (family member) gets so excited when he/she knows that he/she can come here for respite and it means I can have a break from looking after him/her. The break is very welcome and I know he/she is very well looked after. He/she couldn't be in a better place."

"Having my (family member) come here makes all the difference. The care is excellent and if we couldn't leave (our family member) here, we just wouldn't use respite at all. It is here or nowhere, that is how good we feel the service is."

11.3 Staff consultation / questionnaires

The inspector spoke with three care staff and three staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to 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 Observation of care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with the resident in a respectful, polite, warm and supportive manner.

11.5 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 who use Hanna Street respite services 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.

11.6 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.

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

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

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

The inspector examined the home's most recent fire safety risk assessment dated July 2014. The review identified that there were no recommendations made as a result of this assessment.

A review of the fire safety records evidenced that fire training had been provided to staff on 19 August 2014. The records also identified that different fire alarms and escape doors are tested weekly with records retained, that fire extinguishers, fire blankets and emergency lighting is checked monthly. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.10 Vetting of staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs McGarrity. Mrs McGarrity confirmed that all staff employed at the home, including agency and bank staff had

been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

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

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Primary Announced Care Inspection

Hanna Street

23 September 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Barbara McGarrity either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	10.1	<p>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.</p> <p>A reference to this is made in that the policy and procedures need to be reviewed to include that RQIA are notified of each occasion that restraint is used.</p>	One	<p>The policy on the use of restraints, 'Use of Restrictive Interventions for Adults and Children's Services', is currently being reviewed.</p> <p>Records are kept of all incidents when restraint is used as detailed in the Residential Care Standards 10.7. Any incident that is managed outside of the care plan is recorded and reported to the residents representative where appropriate and relevant professional staff.</p> <p>Can RQIA please clarify standard 10.6/10.7 regarding reporting each incident when restraint is used to the RQIA.</p> <p>Following clarification from RQIA the Registered Manager will update and include, if necessary, the procedures for</p>	31 December 2014

				notifying the RQIA of each occasion restraint is used.	
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Barbara Mc Garrity
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	michael mcbride

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Alice McTavish	15 June 2015
Further information requested from provider			