



The Regulation and  
Quality Improvement  
Authority

## Secondary Unannounced Care Inspection

**Name of Establishment:** 36 Squires Hill Crescent  
**Establishment ID No** 1637  
**Date of Inspection:** 12 November 2013  
**Inspector's Name:** John McAuley  
**Inspection No:** 16100

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**GENERAL INFORMATION**

<b>Name of Home:</b>	36 Squires Hill Crescent
<b>Address:</b>	36 Squires Hill Crescent Belfast BT14 8RE
<b>Telephone Number:</b>	(028) 9071 8138
<b>E mail Address:</b>	bernice.kelly@positive-futures.net
<b>Registered Organisation/ Registered Provider:</b>	Positive Futures Mrs Agnes Lunny
<b>Registered Manager:</b>	Mrs Bernice Kelly
<b>Person in Charge of the home at the time of Inspection:</b>	Mrs Bernice Kelly
<b>Categories of Care:</b>	LD - Learning Disability
<b>Number of Registered Places:</b>	2
<b>Number of Residents Accommodated on Day of Inspection:</b>	2
<b>Scale of Charges (per week):</b>	Trust contract rates
<b>Date and type of previous inspection:</b>	14 February 2013 Primary Announced
<b>Date and time of inspection:</b>	12 November 2013 2pm – 4.20pm
<b>Name of Inspector:</b>	John McAuley

## 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 secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether 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.

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 (2008)

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

## METHODS/PROCESS

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

## 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 Standard/s:

### **Standard 25 – Staffing**

**The number and ratio of staff at all times meet the care needs of residents**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

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

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **PROFILE OF SERVICE**

36 Squires Hill Crescent is a registered residential care home which is one of a four-house complex in a residential area overlooking North Belfast and Belfast Lough. The service offers supported living and short break/respice services for people with a learning disability, some of whom may have complex needs, high levels of dependency and may present with behaviours that are challenging to others. House number 36 is exclusively for individuals requiring short break/respice care.

The home offers accommodation for up to two residents at any one time. Respite is available on a regular basis of two-three days and up to 10-14 days at a time.

The accommodation has two large bedrooms, two bathrooms appropriately adapted to suit the needs of the people who are supported, and a comfortable living / dining room. Staff facilities of an office/bedroom and bathroom are also available within the house.

The rear garden area is partly paved and enclosed with extensive views of surrounding areas.

## **SUMMARY**

This inspection to 36 Squires Hill Crescent was a secondary unannounced inspection which was carried out by an inspector from RQIA on 12 November 2013 from 2:00 pm to 4.20 pm. This summary reports on the position of the home at the time of this inspection.

The previous inspection to the home was a primary announced 14 February 2013. The one requirement made on that occasion in relation to a quality assurance report was not reviewed on this occasion, and as with the recommendation in respect of resident's agreements. These will be followed up at the next primary announced inspection. The two other recommendations made on that occasion were found to be addressed satisfactorily.

On arrival to the home the team leader in charge reported that he was on his way to collect a respite resident from a day care setting but that another member of staff would be on duty shortly, which was found to be the case. Shortly later the registered manager reported into the home and was readily available for clarification and discussion, including for verbal feedback at the conclusion.

The focus of this inspection was the DHSSPS Residential Care Homes Minimum Standard on Staffing.

Review of the staffing levels in the home found that these levels were maintained over a 24 hour basis, which were in accordance with the assessed needs of residents, taking account the layout of the home, its Statement of Purpose and fire safety requirements. Discussions with the two care staff on duty revealed that they felt that the staffing cover over the 24 hour period was adequate and that these levels would be acted upon accordingly in respect of residents' dependencies. Review of the duty rotas and the record of staff employed found these to be appropriately maintained. One requirement has been made for a competency and capability assessment to be devised and put in place for any staff member who has the responsibility of being in charge of the home in the absence of the registered manager. Reassurances were given of such arrangements being in place but this process needs to be recorded. This standard has been overall assessed as substantially compliant.

The inspector met the two residents in the home at the time of this inspection. Due to levels of capability, neither resident was able to articulate their views about the home, however through body language and non-verbal cues, both appeared comfortable and content in their environment and interactions with staff.

Discussions with the staff on duty at the time of this inspection were all positive in respect of their roles, duties, provision of training and managerial support. Staff informed the inspector that they felt a good standard of care was provided for and no concerns were expressed.

The home was found to be clean and tidy, with a reasonable, fit for purpose standard of décor and furnishings being maintained.

Review of the home's accident/incident reports found these to be appropriately managed. A recommendation has been made to include further detail in the format of recording accidents/incidents on who was notified of the event.

The inspector would like to acknowledge the support and assistance received throughout this inspection, from residents, staff and registered manager.

## FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation 17	<p><b><u>Annual Quality Report.</u></b></p> <p>A Report for 2012-13, relating only to 36 Squires Hill should be established and circulated to residents. In keeping with Regulation 17 of The Residential Care Homes (Northern Ireland) 2005 the report will be required for the incoming inspection year (1 April 2013) and should include all activities utilised to determine the quality of care in the home.</p>	This report was not reviewed on this occasion but will be done so at the next primary announced inspection.	Not reviewed

NO.	REGULATION REF.	Recommendations	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 25.3	<p><b><u>Management Staffing arrangements</u></b></p> <p>There should always one identified competent and capable staff member in charge of the home when the manager or deputy manager is off duty or not on the premises. An indication of the named staff member should be made in the duty roster.</p>	<p>Review of the home's duty rota confirmed clear indication on who is in charge of a particular shift.</p>	<p>Compliant</p>
2	Standard 8.3 and Standard 4	<p><b><u>Resident Agreement</u></b></p> <p>Resident Agreements to be provided for all residents who avail of respite care.</p>	<p>These agreements were not reviewed on this occasion but will be done so at the next primary inspection.</p>	<p>Not reviewed</p>
3	Standard 8.3	<p><b><u>Risk Assessment</u></b></p> <p>It is strongly recommended that choking risk assessment which includes residents who have no teeth and choose not to wear dentures at meal times.</p>	<p>A choking risk assessment has been put in place, as appropriate.</p>	<p>Compliant</p>

<b>STANDARD 25 - STAFFING</b> <b>The number and ratio of staff at all times meet the care needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
25.1 At all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.	
<b>Inspection Findings:</b>	
Staffing levels at the time of this unannounced inspection, consisted of two support workers and the registered manager. From discussions with staff on duty, review of the duty rotas, a sample of two residents' care records, tour of the environment and review of the most recent fire safety risk assessment, the staffing levels were viewed as appropriate.  It was also reported that staffing levels are increased if residents' dependencies are raised with evidence of same being available, as found from the duty rota records. .	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
25.2 The number and ratio of staff to residents is calculated using a method that is determined by the Regulation and Quality Improvement Authority. Students and volunteers working in the home are not taken into account in the overall staffing calculation.	
<b>Inspection Findings:</b>	
The home submits on request to RQIA an analysis of residents' dependencies which helps determine the staffing levels.  It was further reported that students and volunteers as such, are not taken account of in the overall staffing calculation.	Compliant

<b>STANDARD 25 - STAFFING</b>	
<b>The number and ratio of staff at all times meet the care needs of residents.</b>	
<b>Criterion Assessed:</b> 25.3 There is a competent and capable person in charge of the home at all times.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>The registered manager reported that any staff member left in charge of the home in her absence has received a full induction with associated mandatory training and other such training appropriate to the role and responsibilities, and that there are clear managerial on call arrangements in place. On this basis she determines whether the staff member is competent and capable of same.</p> <p>However an actual competency and capability assessment has not been devised and put in place for those staff with such responsibilities, for which a requirement has been made to put in place.</p>	Moving towards compliance
<b>Criterion Assessed:</b> 25.4 Administrative and ancillary staff are employed to ensure that minimum standards relating to their respective responsibilities are fully met.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>Administrative duties such as human resources and payroll are undertaken by the organisation's central office, with the support and input of the registered manager.</p> <p>Ancillary duties relating to housekeeping and catering are performed by care staff due to the size of this home, and discussions with staff on duty and general observations made at the time of this inspection revealed no obvious concerns with same.</p>	Compliant

<b>STANDARD 25 - STAFFING</b> <b>The number and ratio of staff at all times meet the care needs of residents.</b>	
<b>Criterion Assessed:</b> 25.5 Records are kept of all staff that includes name, date of birth, previous experience, qualifications, starting and leaving dates, posts held and hours of employment.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Review of this record, confirmed this to be maintained in accordance with this standard criterion.	Compliant
<b>Criterion Assessed:</b> 25.6 A record is kept of staff working over a 24-hour period and the capacity in which they worked.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Review of the home's duty rota, found this to be maintained in accordance with this standard criterion.	Compliant

<b>STANDARD 25 - STAFFING</b> <b>The number and ratio of staff at all times meet the care needs of residents.</b>	
<b>Criterion Assessed:</b> 25.7 Time is scheduled at staff or shift changes to handover information regarding residents and other areas of accountability.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A handover report is in place between shift changes in staff, with allocated time scheduled for same.	Compliant
<b>Criterion Assessed:</b> 25.8 Staff meetings take place on a regular basis and at least quarterly. Records are kept that include: - <input type="checkbox"/> The date of all meetings <input type="checkbox"/> The names of those attending <input type="checkbox"/> Minutes of discussions <input type="checkbox"/> Any actions agreed.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Staff meetings were reported to be maintained on a regular and up to date basis, but the actual records of these were not reviewed on this occasion.	Not reviewed

## **ADDITIONAL AREAS EXAMINED**

### **Residents' views**

The inspector met with the two residents in the home at the time of this inspection. Due to levels of capability, neither resident was able to articulate their views and opinions about the service.

However from observations of body language and non-verbal cues the residents appeared comfortable and content in their environment and interactions with staff.

### **General environment**

The home was found to be clean and tidy. The general décor and furnishings were found to be of a reasonable standard and fit for purpose.

### **Accident/incident reports**

These reports were reviewed from January 2013 and found to be satisfactorily managed. On review with further discussions with the two care staff on duty there was confirmed to be no incidents of intervention of restraint used in the home.

It has been recommended to include in the format of recording accidents/incidents, details on who was notified, such as the resident's aligned care manager and/or the RQIA.

### **Staff views**

The inspector met with the two care staff on duty, both spoke in positive terms about their roles, duties, provision of training and managerial support, and informed the inspector that they felt a good standard of care was provided.

No concerns were expressed.

### **Fire safety**

The home's most recent fire safety risk assessment, as dated 22 November 2012, was reviewed on this occasion. A requirement has been made for the home to submit an action plan detailing how it will action the recommendations made in this assessment. This action plan needs to be submitted to the home's aligned estates inspector.

At the time of this inspection there was found to be no obstructions to fire safety exits or usage of door wedges.

### **Monitoring visits**

The reports of these done on the behalf of the registered person were reviewed on this occasion and found to be maintained on an informative, up to date basis and in accordance with legislation.

## **QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Bernice Kelly, 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:

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



## Quality Improvement Plan

### Secondary Unannounced Care Inspection

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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 the Registered Manager Mrs Bernice Kelly during 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.

**Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	20 (3)	<p>The registered manager shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.</p> <p>Reference to this is made in respect of devising and putting in place a formal tool to assess the competence and capability of staff that has this responsibility.</p>	Once	We will revise the process of how staff competence and capability is appraised and recorded to ensure it is in line with this requirement.	30 December 2013
2.	27 (4) (a)	<p>The registered person shall –</p> <p>(a) Have in place a current written risk assessment and fire management plan that is revised and actioned when necessary of whenever the fire risk has changed.</p> <p>Reference to this is made in respect of the home's fire safety assessment dated 22 November 2012. An action plan must be submitted to the home's aligned estates inspector detailing how the recommendations made in this assessment will be dealt with.</p>	Once	A Fire Risk Assessment was carried out by AMAR on 3 December 2013. An action plan has been developed from the recommendations and will be progressed to the Estates Inspector by 19 December 2013.	30 November 2013

**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2008), 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.		In the format of recording accidents / incidents include details whether the resident's aligned care manager and the RQIA was notified of the event.	Once	The Accident, Near Miss and Critical Incident Reporting Policy and Procedure were recently reviewed. This detail is included in the new reporting form.	30 November 2013

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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Bernice Kelly
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Agnes Lunny

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable			
Further information requested from provider			

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		John McAuley	<b>20 Dec. 13</b>
B.	Further information requested from provider				