



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment: 36 Squires Hill Crescent
Establishment ID No: 1655
Date of Inspection: 11 March 2014
Inspector's Name: Bronagh Duggan
Inspection No: 15849

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

Name of Home:	36 Squires Hill Crescent
Address:	36 Squires Hill Crescent Belfast BT14 8RE
Telephone Number:	(028) 9071 8138
E mail Address:	bernice.kelly@positive-futures.net
Registered Organisation/ Registered Provider:	Positive Futures Mrs Agnes Lunny
Registered Manager:	Mrs Bernice Kelly
Person in Charge of the home at the time of Inspection:	Ms Julie Graham
Categories of Care:	LD - Learning Disability
Number of Registered Places:	2
Number of Residents Accommodated on Day of Inspection:	1
Scale of Charges (per week):	Trust contract rates
Date and type of previous inspection:	12 November 2013 Secondary Unannounced
Date and time of inspection:	11 March 2014 : 11.00-16.30
Name of Inspector:	Bronagh Duggan

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

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 (2008)

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

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
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

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

Residents	1
Staff	3
Relatives	Nil
Visiting Professionals	Nil

Questionnaires were provided to staff prior to the inspection to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	11	3

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 and theme:

- **Standard 11: Care Review**
Standard Statement: The home contributes to or organises reviews of residents' placement in the home
- **Standard 16: Protection of Vulnerable Adults**
Standard Statement: Residents are protected from actual or potential abuse and their human rights are respected and upheld at all times.
- **Standard 19: Recruitment of Staff**
Standard Statement: Staff are recruited and employed in accordance with relevant statutory employment legislation

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.

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 of Inspection

A primary unannounced inspection of 36 Squires Hill Crescent was undertaken on 11 March 2014 from 11.00 – 16.30. During the inspection Deputy Service Manager Ms Julie Graham was available to provide and clarify information as necessary. Ms Pauline Ferguson Assistant Director was in attendance when verbal feedback was given at the conclusion of the inspection.

The inspector assessed the homes progress towards compliance with two requirements and one recommendation made during the previous inspection. The home has achieved compliance with one requirement made and is moving towards compliance with the second. The home is moving towards compliance with the recommendation which was previously made.

The focus of this inspection was to assess the homes compliance with Residential Care Home Minimum Standards 11, 16 and 19. Prior to inspection the registered manager had completed the self-assessment documentation; three completed staff questionnaires were also returned.

The inspector spoke with three staff members, examined a variety of records, policies and procedures and other documentation and examined resident's records maintained by the home.

On the day of the inspection one resident was accommodated. The inspector met with the resident, who appeared comfortable and relaxed in the home and interacted freely and readily with staff on duty.

The inspector undertook a tour of the premises accompanied by a staff member. Areas of the home viewed included the kitchen, living area, two bedrooms, bathroom/toilet areas, staff bedroom, office area and hallways. Generally the home was clean, accessible and furnished to an acceptable standard. One bedroom however was noted to have a strong malodour. The living area was also observed to be in need of repainting. A recommendation relating to these environmental issues has been made.

The home achieved substantially compliant in its delivery of standards 11 and 19 and was compliant with standard 16.

Following inspection one requirement and five recommendations have been made for the home and are included in the Quality Improvement Plan.

The inspector would like to thank the resident, staff and management for their support and assistance during this inspection.

Detail of inspection process

Standard 11: Care Review

The home is involved in regular reviews relating to residents care. Review reports were available for inspection. These were generally found to be comprehensive in nature and contained the required information. Two recommendations have been made in relation to this standard. One in relation to the inclusion of residents views and one in relation to recording.

The inspector found the home to be substantially compliant with this standard.

Standard 16: Protection of Vulnerable Adults

The home had a policy and procedure in place for the protection of vulnerable adults. This was found to be up to date and in keeping with legislative requirements. Staff spoken with on the day of inspection demonstrated a good knowledge of issues pertaining to the protection of vulnerable adults. Training records examined demonstrated staff receive regular training updates. Information on the protection of vulnerable adults is included in the staff induction programme. To date there have not been any suspected, alleged or actual incidents of abuse so the inspector could not review information related to some of the criterion within this standard.

The inspector found the home to be compliant with this standard.

Standard 19: Recruitment of Staff

The home had a policy and procedure in place for the recruitment of staff. The policy was found to require review and updating. A recommendation has

been made relating to this and is included in the Quality Improvement Plan. Staff spoken with during the inspection confirmed that they had received a written statement of main terms and conditions and job descriptions on appointment. The staff file for the most recently recruited member of staff was available during the inspection. This file contained written confirmation from the Human Resources Department that all pre-employment checks had been completed and the staff member could commence employment. Discussion with the Deputy Service Manager and information provided within the self-assessment indicated how residents are actively involved in the recruitment process.

The inspector found the home to be substantially compliant with this standard.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
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>	<p>Competency and capability assessments have been completed with staff who are given the responsibility of being in charge of the home for any period of time in his absence.</p> <p>The inspector has viewed two completed assessments indicating staff members' level of competency and capability as verified by the manager and staff themselves.</p>	Compliant
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>A current and up to date fire risk assessment was in place on the day of inspection. Recommendations were included within the most recent fire risk assessment and are required to be followed up.</p>	Moving towards compliance

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
		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.		

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
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.	A new format has been developed for recording accidents/incidents this includes details to outline whether the residents aligned care manager and RQIA have been notified. This is currently awaiting approval at operational level.	Moving towards compliance

STANDARD 11 - CARE REVIEW	
The home contributes to or organises reviews of residents' placement in the home.	
Criterion Assessed: 11.1 The home participates in review meetings organised by the referring Trust responsible for the resident's placement in the home.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Staff from the Crescent Short Break Service (CSBS) attend annual Person Centred Review meetings for people supported by the Service. These meetings are organised by the Registered Manager and the senior staff of the relevant day care centres.	Compliant
Inspection Findings:	
The home participates in annual day care review meetings, three care records examined during the inspection contained review reports to verify this.	Compliant
Criterion Assessed: 11.2 When the resident is self-referred, the registered manager arranges a meeting at least annually to review the suitability of the placement. The resident has the right to choose to attend, to be involved in the organisation of the meeting and to be consulted about who attends. When the resident is unable or chooses not to attend, he or she can make his or her views known and these are recorded and presented at the meeting.	COMPLIANCE LEVEL
Provider's Self-Assessment	
There have not been any self-referrals to the Service to date.	Not applicable
Inspection Findings:	
This is not applicable to the service at this time.	Not applicable

<p>Criterion Assessed: 11.3 A written review report is prepared by staff in consultation with the resident and provided for the review meeting.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p> <p>Where possible, staff consult with the person supported to prepare the report for their Review meeting. Where the person supported is unable to engage in the preparation, annual family meetings are organised by the Registered Manager prior to the Review to consult with them about the person's progress and aspirations for the future. The information gathered provides the update for the Person Centred Portfolio (Care plan) and for the written Review Report.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Of the three care records examined all contained written review reports, one of these reports demonstrated input by the resident, the two others did not demonstrate direct input from the residents but family input was included. A recommendation was made that resident's views should be recorded; and if they are unable or unwilling to contribute to the review report this should be documented.</p>	<p>Substantially Compliant</p>
<p>Criterion Assessed: 11.4 Review reports refer to: -</p> <ul style="list-style-type: none"> <input type="checkbox"/> Progress in attaining any personal outcomes sought by the resident <input type="checkbox"/> The resident's views about their care <input type="checkbox"/> Any changes in the resident's situation <input type="checkbox"/> Details of important events including incidents or accidents occurring since the previous review <input type="checkbox"/> Any matters regarding the current care plan and management of risks <input type="checkbox"/> The need for any rehabilitation or specialist services <input type="checkbox"/> Any other matters regarding services and facilities provided by the home or others. 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p> <p>As this is a person centred review for individual using this short-break service, the Review Reports refer to the points listed above under headings which include:-</p> <ul style="list-style-type: none"> - Progress on actions discussed and agreed at the previous review which includes progress on the personal outcomes sought by the person supported. - What we appreciate about the individual. - What's working / not working from perspectives of the person we support, their family/carer, day care staff/ trust staff and Positive Futures' staff, which relate to the person's views about their care, that of their family/carer and 	<p>Compliant</p>

<p>Trust representative and of staff in the Service.</p> <ul style="list-style-type: none"> - Any matters relating to the health and well-being of the individual, which includes any changes in circumstances of the person supported, important accidents and incidents and any need for specialist services. - Review of risk assessments if required. - Review of restrictive practice assessments. - Desired outcomes and actions for the following year. 	
Inspection Findings:	
<p>Of the three review reports which were examined these included the relevant information as required. One of these review reports included the residents input see recommendation as included 11.3.</p>	<p>Substantially Compliant</p>

<p>Criterion Assessed: 11.5 The home keeps records of review meetings that identify outcomes of the review, actions required and those responsible for these actions. When the meeting is organised by the home, a copy of the record of the meeting is issued to the resident and where appropriate their representative, and any others who contributed to the review, unless there are clear and recorded reasons not to do so.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>The Service retains all records of Review meetings. The Minutes of the meeting identify outcomes for the individual, the actions required and the person responsible for the action. Copies of the minutes are forwarded to the individual where appropriate, their family/carer, the Trust representative and day care staff. A copy is also retained in the individual's reference file within their Person Centred Portfolio. Where possible staff discuss the minutes with individuals who are able to understand this. To date it has not been necessary to not share the minutes with any participant in the Review.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Records of review meetings were contained in each of the three files examined, these included the required information.</p>	<p>Compliant</p>
<p>Criterion Assessed: 11.6 Following the review the resident's care plan is revised if necessary, and when this happens the resident is provided with a copy of the revised plan in a format and language appropriate to their needs.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>The individual's care plan is updated if any changes was discussed and agreed at the person centred review. The Person Centred Portfolio (Care Plan) is in an accessible format and shared with the person and their family/carer.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Within the three care records examined there was evidence of care plans being updated when necessary. A recommendation has been made in relation to ensuring all care plans are written legibly and free from errors. One of the care plans examined contained many changes which proved difficult to read.</p>	<p>Substantially Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially Compliant

STANDARD 16 - PROTECTION OF VULNERABLE ADULTS	
Residents are protected from abuse.	
Criterion Assessed: 16.1 Procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local procedures issued by Health and Social Care Boards and Trusts.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The Policy and Procedure on Safeguarding Vulnerable Adults meets all the relevant legislation, guidance, and necessary requirements, regional and local protocols. This Policy is reviewed annually, in line with best practice, and was last reviewed on 19 April 2013. A copy of the document is available to staff in each Positive Futures workplace and is also available in the "Public Area" of the Organisation's intranet.	Compliant
Inspection Findings:	
The home has a policy and procedure in place for Protection of Vulnerable Adults this is in keeping with legislation, DHSSPS guidance and local and regional procedures.	Compliant
Criterion Assessed: 16.2 The procedures for protecting vulnerable adults are included in the induction programme for staff.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All staff have an introduction to Safeguarding Vulnerable Adults included in their Induction to all Services. This induction ensures staff understand the Safeguarding Vulnerable Adults Policy and Procedure and are clear about their roles and responsibilities in this regard, should they suspect the abuse or neglect of a vulnerable adult or should a vulnerable adult disclose abuse to them. They are also informed about the need not to question the individual so that any evidence in any future enquiry may not be contaminated.	Compliant
Inspection Findings:	
The staff induction programme includes information on the procedures for protection of vulnerable adults.	Compliant

<p>Criterion Assessed: 16.3 Staff have completed training on and can demonstrate knowledge of: -</p> <ul style="list-style-type: none"> <input type="checkbox"/> Protection from abuse <input type="checkbox"/> Indicators of abuse <input type="checkbox"/> Responding to suspected, alleged or actual Abuse <input type="checkbox"/> Reporting suspected alleged or actual abuse. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>In addition to the induction training referred to under criterion 16.2 above, all staff attend Safeguarding Vulnerable Adults training every two years. Training for staff and volunteers includes, protection from abuse; indicators of abuse; responding appropriately to suspected, alleged or actual abuse; and reporting suspected, alleged or actual abuse. The training is delivered by a trainer who is proficient in the areas of safeguarding vulnerable adults from abuse.</p> <p>This training is updated every two years as stipulated in the Positive Futures Safeguarding Vulnerable Adults Policy and monitored by the Learning and Development Department, in line with the Training and Development Policy.</p>	Compliant
Inspection Findings:	
<p>Training records available demonstrated staff regularly complete training on protection of vulnerable adults. During inspection three staff consulted with showed good knowledge and understanding in relation to protection, indicators of abuse, responding to suspected, alleged or actual abuse and how to report suspected, alleged or actual abuse.</p>	Compliant
<p>Criterion Assessed: 16.4 All suspected, alleged or actual incidents of abuse are reported to the relevant persons and agencies in accordance with procedures and legislation.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>There have been no incidents of suspected, alleged or actual abuse. However should there be an incident of suspected, alleged or actual abuse, incident reports would be completed as soon as is possible and within the timeframes defined in Policy. Reports contain as much detail as possible regarding accurate and factual information about the incident.</p>	Not applicable

<p>The manager, to whom the report has been made, will then follow the procedure for advising the HSC Trust and RQIA, in accordance with procedures and legislation, and will ensure full co-operation of relevant staff with any subsequent investigation.</p>	
<p>Inspection Findings:</p>	
<p>Discussion with the Deputy Service Manager indicated that there had not been any cases of suspected, alleged or actual incidents of abuse in the home. Therefore there were no records available to be examined; as a result the home could not be measured against this criterion.</p>	<p>Could not be reviewed</p>

<p>Criterion Assessed: 16.5 All suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>There have been no incidents of suspected, alleged or actual abuse. Positive Futures does not carry out Vulnerable Adults Investigations, in line with DHSSPS guidance, investigations are carried out by the referring H&SCTrust. Further to reporting the alleged, reported or suspected abuse to the relevant H&SCTrust and RQIA, the Positive Futures Service then follows the requirements of the investigating officer from the H&SCTrust and/or PSNI, giving full cooperation to the investigation in whatever manner is required, as detailed in our Safeguarding Vulnerable Adults Policy.</p>	<p>Not applicable</p>
<p>Inspection Findings:</p>	
<p>As per 16.4 there have been no suspected, alleged or actual incidents of abuse in the home as a result there were no records available to confirm this. The home could not be measured against this criterion.</p>	<p>Could not be reviewed</p>
<p>Criterion Assessed: 16.6 All relevant persons and agencies are notified of the outcome of any investigations undertaken by the home.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>There have been no incidents of suspected, alleged or actual abuse. Positive Futures does not carry out Vulnerable Adults Investigations in line with DHSSPS guidance, investigations are carried out by the H&SCTrust which has placed the person with the Service. The final Investigation Report from the H&SCTrust is shared, as appropriate and agreed, with the people deemed by the H&SCTrust to be relevant.</p>	<p>Not applicable</p>
<p>Inspection Findings:</p>	
<p>As per 16.4. The home could not therefore be measured against this criterion.</p>	<p>Could not be reviewed</p>

<p>Criterion Assessed: 16.7 Written records are kept of suspected, alleged or actual incidents of abuse. Where the home has been involved in the investigation, these records include details of the investigation, the outcome and action taken.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>There have been no incidents of suspected, alleged or actual abuse in the Crescent Short Break Service. It is Organisational practice that all written records of alleged, reported or suspected abuse are recorded on the relevant report forms and are strictly confidential. These are always signed and dated and copies are retained in the confidential section of the individual's personal file and in the manager's filing cabinet. The reports of the incident contain the details, any notes in respect of the investigation and the outcomes. All actions taken by the Organisation to reduce the likelihood of the recurrence of such incidents are also recorded. Records will reference any relevant disciplinary action involving Positive Futures' staff and will reference the review of any relevant risk assessments.</p>	<p>Not applicable</p>
<p>Inspection Findings:</p>	
<p>As per 16.4 there were no records available.</p>	<p>Could not be reviewed</p>
<p>Criterion Assessed: 16.8 Where shortcomings in systems are highlighted as a result of an investigation, additional identified safeguards are put in place.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Should any shortcomings in systems be highlighted, as a result of an investigation, additional identified safeguards will be put in place and recorded in an action plan which is reviewed at agreed times. Records will reference any relevant disciplinary action involving Positive Futures' staff and will reference the review of any relevant risk assessments.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>As per 16.4 there were no records available.</p>	<p>Could not be reviewed</p>

Criterion Assessed: 16.9 Refresher training on the protection of vulnerable adults is provided for staff at least every three years.	COMPLIANCE LEVEL
Provider's Self-Assessment Training on the protection of vulnerable adults for staff is updated in line with our Safeguarding Vulnerable Adults Policy and at least every 2 years. This is monitored by the Learning and Development Department in line with the Training and Development Policy. Details of the content of these training programmes are retained by the Learning and Development Department.	Compliant
Inspection Findings: Refresher training is provided on a regular basis for staff members, training records were available to demonstrate this.	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 19 - RECRUITMENT OF STAFF	
Staff are recruited and employed in accordance with relevant statutory employment legislation.	
Criterion Assessed:	COMPLIANCE LEVEL
19.1 The policy and procedures for staff recruitment detail the recruitment process and comply with legislative requirements and DHSSPS guidance.	
Provider's Self-Assessment	
The Recruitment and Selection Policy outlines the procedure for staff recruitment and complies with legislative requirements and DHSSPS guidance.	Compliant
Inspection Findings:	
There was a policy and procedure in place for recruitment of staff in line with legislation. The policy outlined in detail the recruitment process. This was found to be in need of review and updating, a recommendation relating to this has been made in the associated Quality Improvement Plan.	Substantially Compliant
Criterion Assessed:	COMPLIANCE LEVEL
19.2 Before making an offer of employment: -	
<ul style="list-style-type: none"> • The applicant's identity is confirmed • Two written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer • Any gaps in an employment record are explored and explanations recorded • Protection of Children and Vulnerable Adults (POCVA) checks and police checks are carried out (where applicants come from countries outside the United Kingdom, pre-employment checks are carried out with the national agency in the country of origin) • Professional and vocational qualifications are confirmed • Registration status with relevant regulatory bodies is confirmed • A pre-employment health assessment is obtained • Current status of work permit/employment visa is confirmed. 	
Provider's Self-Assessment	
The Recruitment and Selection Policy and Procedures in place meets all of the criteria noted above. Identity is checked at the short listed candidates event which takes place prior to the Interview meeting or at interview. Contact details of referees provided are checked by the Interview Panel to ensure these are correct. Gaps in employment are explored as part of Interview Process. References are checked and approved by the Chair of the Interview Panel. Access NI checks are carried out for all roles, with enhanced checks for support staff and	Compliant

<p>managers. When we consider the employment of applicants from overseas this is referred to Human Resources as complementary arrangements need to be put in place. Passports are checked in line with the eligibility to work in the UK criteria.</p> <p>Professional and vocational qualifications and NISCC Registration status, identified as essential, are checked at the shortlisted candidates event or at interview. Copies of all documentation are verified and forwarded to our Human Resources Department. All candidates complete a Health Questionnaire which is checked by our independent medical practitioners and further information sought as appropriate; as detailed in the Absence Management Policy.</p>	
<p>Inspection Findings:</p>	
<p>During the inspection a file was available for the most recently recruited member of staff. Within this file there was written confirmation from the Human Resources Department that all pre-employment checks had been completed.</p>	<p>Compliant</p>

<p>Criterion Assessed: 19.3 Records are kept of all the documentation relating to the recruitment process. Details of information obtained as a result of a POCVA check should be handled as per paragraph 5.9 of DHSSPS guidance “Choosing to Protect”.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>All information relating to Access NI Checks are kept in staff files in the Human Resources Department at Head Office. Within the HR Department following the decision about the suitability of the applicant, related to the Access NI/Enhanced check, records are destroyed and a note made in the person's file that the check was carried out and conditional offer confirmed or withdrawn as a result, in line with Para 5.9 of DHSSPS 'Choosing to Protect'.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Written confirmation from the Human Resources Department was available in the file of the most recently recruited member of staff to verify the recruitment process.</p>	<p>Compliant</p>
<p>Criterion Assessed: 19.4 Staff are issued with a written statement of main terms and conditions prior to employment and no later than thirteen weeks after appointment.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Staff receive a contract of employment within 8 weeks, but no later than 13 weeks, of their appointment, which outlines the main terms and conditions of their employment.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Three staff spoken with during inspection confirmed they had received a written statement of their main terms and conditions upon employment.</p>	<p>Compliant</p>

Criterion Assessed: 19.5 Job descriptions are issued to staff on appointment.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Job Profiles (descriptions) are issued to candidates with the application form. The Job Profile is discussed during induction and a copy retained on the individual's file.	Compliant
Inspection Findings:	
Three staff spoken with during the inspection confirmed that they were provided with job descriptions upon appointment. The file available for the most recently recruited member of staff on the day of inspection included a copy of the job description for the specified post.	Compliant
Criterion Assessed: 19.6 Residents, or where appropriate their representatives, are involved in the recruitment process where possible.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Individuals supported by Positive Futures are involved as members of the interview panel. These individuals have attended training specific to their role. The people we support at the Short Break Service are involved in the recruitment process as much as possible, usually at the shortlisted candidates event.	Compliant
Inspection Findings:	
The Deputy Service Manager explained to the inspector the process whereby residents are actively involved in the recruitment process.	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
	Substantially Compliant

Additional Areas Examined

Residents' views

During the inspection one resident was available to meet with the inspector. Due to levels of capability the resident could not articulate their views about the home however observations of interactions with staff and gestures from the resident would indicate that they appeared comfortable and at ease in the home. There were no issues or concerns apparent.

Relatives/representative views

There were no relatives or representatives available to share their views during the inspection.

Visiting professionals' views

There were no visiting professionals to the home during the inspection.

Visits by the Registered Provider (*Regulation 29*)

Monthly monitoring reports were available during the inspection. A selection of these were examined and found to be in keeping with information outlined in Regulation 29.

Complaints

Prior to inspection information in regard to complaints was returned to RQIA which indicated that there had been no formal complaints during the time specified. Records available during the inspection verified this. A recommendation was made in relation to amending the complaints record to include a section which can demonstrate the level of satisfaction or otherwise of the complainant with the outcome of any complaints investigations.

Current Statement of Purpose (*Regulation 3 (1) (c) Schedule 1/Standard page 77*)

The statement of purpose was provided to RQIA prior to inspection this accurately reflects the services and facilities provided.

Resident/Dependency Information

The home submitted a completed resident's dependency information form as part of the pre inspection information. A review of this information showed that the care needs of the persons accommodated are in line with the categories of care for which the home is registered.

Staff Questionnaires/staff views

Prior to inspection staff questionnaires were administered. Three completed questionnaires were returned to RQIA in advance of the inspection. The information returned in the questionnaires indicated that staff felt satisfied residents receive individualised care to meet their needs. The returned information indicated that staff feel they and residents are included in the decision making processes in the home. Staff also indicated that they receive adequate training and are aware of the policies and procedures in the home. Three staff consulted with during the inspection validated the information provided and gave positive feedback in relation to the service meeting the needs of residents on an individual basis.

Environment

The inspector undertook a tour of the environment accompanied by a staff member. The home overall was found to be basically furnished, and at an acceptable level of cleanliness however a strong odour was apparent in one of the bedrooms; a recommendation was made relating to this and for the repainting of the living room area of the home.

Fire Safety (Regulation 19 (2) 14.15 - Regulation 27 (4) (a) (b))

An up to date fire safety risk assessment was available in the home. Fire safety training is provided for staff. Examination of the fire safety risk assessment indicated that recommendations had been made in relation to the accreditation of the fire safety trainer and fire safety training which are required to be followed up.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Julie Graham and Pauline Ferguson, 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:

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



Quality Improvement Plan

Primary Unannounced Care Inspection

36 Squires Hill Crescent

11 March 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 Julie Graham and Pauline Ferguson 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.

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.	Regulation 27. (4) (a)	The registered manager must ensure all recommendations on the fire risk assessment are followed up including an assurance all fire safety training provided is validated by an accredited body.	Two	An action plan was developed and sent to RQIA Estates Inspector 18 December 2013 following the previous inspection. An updated copy of this will be forwarded within the agreed timescale. Review of fire safety training to include validation by an accredited body is planned for completion within the agreed timescale.	3 June 2014

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.	11.3	Review reports should demonstrate resident's input and should also be signed by the resident. If the resident is unable or unwilling to sign this should be documented.	One	The Person Centred Review Report evidences the individual's input. The Review report template has been amended to include the individual's ability and willingness to sign.	6 May 2014
2.	8.5	All care plans are legible and free from errors.	One	Person Centred Portfolios were being updated across the Service during the time of the inspection. This work is now complete.	6 May 2014
3.	21.5	The policy on Recruitment of Staff should be reviewed and updated systematically at least every three years.	One	This Policy is currently being reviewed and will be updated as a minimum every three years.	3 June 2014
4.	17.10	The complaints record should be amended to reflect the level of satisfaction or otherwise with the outcome for the complainant as a result of any complaints investigation.	One	The Complaints template for this Service has been amended to record the outcome for the complainant.	6 May 2014

5.	27.1	<p>The main living room area should be repainted.</p> <p>The bedroom identified with a strong malodour should receive a thorough and deep clean.</p>	One	<p>Painting of the identified area in the living room has been arranged with the contractor for completion by 1 May 2014.</p> <p>The bedroom with the identified strong malodour was odour free shortly after the window was opened. The room has been thoroughly cleaned.</p>	<p>6 May 2014</p> <p>From day of inspection</p>
----	------	--	-----	--	---

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	Bernice Kelly
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Agnes Lunny

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	10/12/14
Further information requested from provider			