



The Regulation and
Quality Improvement
Authority

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

PRIMARY ANNOUNCED INSPECTION

Inspection No:	12841
Establishment ID No:	1655
Name of Establishment:	36 Squires Hill Crescent
Inspector's Name:	Priscilla Clayton
Date of Inspection:	14 February 2013

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:	Mrs Bernice Kelly
Categories of Care:	LD - Learning Disability
Number of Registered Places:	2
Number of Residents Accommodated on Day of Inspection:	2
Scale of Charges (per week):	Trust contract rates
Date and type of previous inspection:	11 September 2012 10am – 12.30 and 15.30 – 16.30
Date and time of inspection:	14 February 2013 (9.30 – 16.00)
Name of Inspector:	Priscilla Clayton

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	2
Staff	2
Relatives	nil
Visiting Professionals	nil

Questionnaires were provided, prior to the inspection, to staff 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	10	04

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 8 - Residents Records and reporting arrangements**
- **Standard 15 - Residents money and valuables are safe guarded.**
- **Standard 20 - Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.**
- **Inspection theme: Governance Arrangements undertaken by the registered persons.**

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

The primary announced inspection of 36 Squires Hill was undertaken on 14 February 2013. On arrival at the home the inspector was welcomed by the support worker and the Registered Manager, Mrs Bernice Kelly, who has several years of experience as manager has recently has been given management responsibility for the home as opposed to a range of other services.

The previous inspection undertaken on the 11 September 2012 resulted in one requirement and three recommendations. Based on the submitted information in the returned quality improvement plan (QIP) and the findings of this inspection it was concluded that all with the exception of one recommendation had been fully addressed. This has been reiterated and relates to the staff "in charge" arrangements when the manager is out of the home or on periods of leave.

Prior to the inspection 10 questionnaires were forwarded to the home for completion by staff. Four completed questionnaires returned contained positive responses.

Prior to the inspection the registered manager completed a self- assessment of the criteria outlined in the standards to be inspected. The comments made in the self -assessment were used to inform the inspection and were not altered in any way by the Regulation and Quality Improvement Authority.

On arrival at the home the inspector was welcomed by the registered manager, who was readily available for discussion and clarification during the inspection. Also in attendance was the deputy service manager, Pauline Graham.

Verbal feedback of the issues identified during the inspection was given to the registered manager at the conclusion of the inspection.

Pre inspection data submitted to RQIA showed no complaints had been received. This was also noted in the record retained in the home and confirmed by the manager..

During the course of the inspection the inspector met with two visiting relatives, two residents individually and with three staff. The inspector also observed care practices, examined a selection of records and carried out a general inspection of the home's environment as part of the inspection process.

The registered manager confirmed that current resident occupancy complies with the categories of care as registered with RQIA and as shown in the RQIA Registration Certificate displayed.

Inspection Theme Governance Arrangements undertaken by the registered person

Standard 8 Residents records and reporting arrangements.

The home retains comprehensive care records on residents admitted for periods of respite. Examination of records showed needs assessments, care plans, daily notes, risk assessments and review records. There was also good recorded evidence of multi-professional collaboration in assessment and planned care.

One recommendation made related to the undertaking of risk assessments for those residents with difficulty in swallowing or residents who do not have teeth and choose not to wear dentures during meal times.

and distributed as necessary.

Overall compliance level with criteria examined was rated as substantial.

Standard 15 Residents money and valuables are safe guarded.

There was good evidence of record keeping of accounts within the home for the small amounts which may be held on behalf of a resident.

One recommendation made related to ensuring the draft Resident Agreement was finalised and distributed as necessary.

Overall compliance level with criteria examined was rated as substantial.

Standard 20 Management systems and arrangements are in place that support and promote the delivery of safe, quality care service.

There was evidence of a wide range of policies, procedures and effective operational systems and processes to support compliance with selected criteria within this standard. For example; on-going care reviews, audits, resident satisfaction surveys, staff and resident meetings, annual appraisal, staff supervision, on-going staff training and retention of other documentation required by Statutory Regulation.

Feedback from residents, staff and two relatives who spoke with the inspector was very positive and complementary of the overall management of the home, including care provision, staffing, activity, social events organised, food and laundering service.

The inspector's overall assessment of the nine criteria of this standard inspected is compliant. This is to be commended.

Environment

The atmosphere in the home was friendly and welcoming. The inspector undertook a tour of the home and viewed residents' bedrooms and communal area. The areas of the environment viewed by the inspector were noted to be fresh smelling, bright and presented as clean.

In total one requirement and four recommendations were made as a result of this inspection. Issues identified for improvement related to the staff duty record, draft Resident Agreement and risk assessment.

Details of improvements recommended are contained within the main body of the report and appended Quality Improvement Plan.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Reg 16 (b)	<p><u>Care Plan</u></p> <p>Ensure the identified fall risk assessment / outcome as discussed with the deputy service manager is reflected within the resident's general care plan showing intervention measures in place to minimise the risk of recurrence.</p>	<p>Examination of three care records showed compliance with this requirement.</p>	<p>Compliant</p>

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	16.9 RQIA Guidelines on Mandatory Training	<u>Refresher Training- Protection of Vulnerable Adults</u> Review staff mandatory training records to ensure staff receive refresher training annually in keeping with good practice and RQIA Guidelines on Mandatory Training.	Examination of training records showed this training had been provided.	Compliant
2	25.3	<u>Management Staffing arrangements</u> 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.	The identified staff member was not indicated in the staff duty roster. The manager readily agreed to ensure this addressed. (Recommendation reiterated)	Not compliant
3		<u>Linen cupboard</u> Ensure the linen cupboard on the first floor is kept tidy with items of linen appropriately stored.	Inspection of the linen cupboard showed this was tidy with items appropriately stored.	Compliant

STANDARD 8 – RESIDENTS RECORDS AND REPORTING ARRANGEMENTS	
Records are kept in accordance with professional and legislative requirements on each resident’s situation, actions taken by staff and reports.	
Criterion Assessed: Standard 8.1 Residents or, where appropriate, their representatives, have access to their records.	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
Openness is a basic principle of the relationship we have with the people we support and their representatives. On this basis, all personal information is readily accessible as detailed in our Record Keeping, Confidentiality and Access to Information Policy and Procedure.	Compliant
Inspection Findings:	
The home has a policy / procedure on Access To information. Two care records examined showed evidence of access of relatives through signatures recorded.	Compliant

<p>Criterion Assessed: Standard 8.2 Records are maintained for each resident detailing the following;</p> <ul style="list-style-type: none"> • All personal care and support provided • Changes in the resident’s needs, usual behaviour or routine and any action taken by staff • Unusual or changed circumstances that affect the resident and any action taken by staff • Contact with the resident’s representative about matters or concerns regarding the health and welfare of the resident • Contact between the staff and primary health and social care services regarding the resident • Incidents, accidents or near misses occurring and action taken <p>When no recordable events or changes occur, there is an entry made at least weekly in each resident’s care record to confirm that this is the case.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Positive Futures' Person Centred Portfolio Policy provides guidance to staff and volunteers on effectively managing the records and other paperwork associated with planning and supporting individuals in a person centred way. Person Centred Portfolios are maintained for each person in line with this Policy and this Criterion. Incidents, accidents or near misses are managed in line with Positive Futures' Accident, Near Miss and Critical Incident Reporting Procedure and Guidance.</p> <p>Entries are made daily on each person we support's Daily Records, available in the Person Centred Portfolio.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Examination of three care records showed evidence of recorded information on personal care and support within individualised care plans.</p> <p>Needs assessments were noted to be recorded within resident profiles which included for example; personal details, likes, dislikes, social history and medical needs. Additionally risk assessments / outcome/ action and multi-professional collaboration in planned care.</p>	<p>Compliant</p>

One recommendation made relates to the undertaking of choking risk assessments where difficulties are encountered, in particular where residents choose not to wear dentures when eating.

Daily notes were being recorded in keeping with good practice.

<p>Criterion Assessed: Standard 8.3 A summary report of any period of respite care is compiled and a copy sent to the resident's carer in the community (if appropriate) and referring Trust in line with the resident's written agreement.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>Telephone calls take place a day prior to the arrival of the individual to the Short Break Service and again prior to their departure. Relevant information is recorded in each individual's Daily Diary section within the Person Centred Portfolio and a note is made on the staff handover.</p> <p>Where applicable, Day Activity Diaries are used to communicate a written summary of the individual's stay or issues relevant during the individual's stay. Where individuals have explicitly requested that such reports are not completed, this request has been respected.</p> <p>Written agreements are not in place.</p>	Substantially compliant
<p>Inspection Findings:</p> <p>Information as reflected within the manager's self-assessment was verified. Diaries are completed and given to each resident on discharge from their period of respite. Resident Agreements are being developed.</p>	Substantially Compliant

Criterion Assessed: Standard 8.5 All records are legible, accurate, up-to-date, signed and dated by the person making the entry.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All records are maintained in line with this Criterion.	Compliant
Inspection Findings:	
Records examined were noted to be legible, current, signed and dated in keeping with good practice.	Compliant
Criterion Assessed: Standard 8.6 The resident's records contain a recent photograph of the resident.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Photographs are present on each person we support's One Page Profile (Person Centred Portfolio). Copies are also present in the Medication File.	Compliant
Inspection Findings:	
Photographs were contained within records held.	Compliant

<p>Criterion Assessed: Standard 8.7 A record is kept of all property brought into the home by or on behalf of residents at the time of admission. The record is updated to note items acquired and disposed of after admission, which staff has been informed about.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>At the commencement of each stay, the person we support has their belongings, including extra food / snacks recorded. This is completed and signed off for every short break stay upon arrival and departure. All staff are familiar with this process.</p>	Compliant
Inspection Findings:	
<p>Information retained as described by the manager in the self-assessment.</p>	Compliant
<p>Criterion Assessed: Standard 8.8 There is a record of the people to be contacted and any arrangements the resident specifically requests to be put in place at the time of their death. If the resident is unable or chooses not to discuss this subject, this is recorded.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Emergency contact / Next of Kin details are held on behalf of every person we support. This information can be found on the Personal Profile along with religious affiliation etc.</p> <p>Due to the respite nature of the Short Break Service, arrangements for end of life are not in place within the Service.</p>	Compliant
Inspection Findings:	
<p>Information as reflected above was verified.</p>	Compliant

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

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

STANDARD 15 – RESIDENTS MONEY AND VALUABLES ARE SAFE GUARDED.	
Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.	
Criterion Assessed:	COMPLIANCE LEVEL
Standard 15.1 The resident’s right to control their own money is respected.	
Provider’s Self-Assessment:	
<p>Positive Futures recognises the individual's right to control their own money. The level of support the person requires to manage small sums of money brought during a Short Break stay is discussed at the Referral and Assessment stage and documented on the Person Centred Static Risk Assessment.</p> <p>PC Portfolios are currently being updated to reflect the correct level of support for each person.</p>	Compliant
Inspection Findings:	
Information as reflected above in the managers self-assessment was verified through discussion and examination of records.	Compliant

<p>Criterion Assessed: Standard 15.2 Where the home is responsible for managing a resident’s finances, the arrangements and the records to be kept are specified in the resident’s agreement.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Where the Short Break Service has been requested to manage small sums of money on behalf of a person we support, arrangements are in place for appropriate records to be maintained. These decisions are made at the Referral Meeting with the referring H&SC Trust, the person themselves where possible and the family / carer representatives.</p> <p>The Short Break Service does not have Resident's agreements.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The home has no Resident Agreements in place. The manager advised that a draft document had been established and would hopefully be validated by senior management.</p> <p>Information as illustrated above was verified through examination of records retained.</p>	<p>Substantially compliant</p>

Criterion Assessed: Standard 15.4 Records are kept of amounts paid by, or in respect of, each resident for all agreed itemised services and facilities as specified in the resident's agreement.	COMPLIANCE LEVEL
Provider's Self-Assessment: Transaction records with all receipts are maintained for every person supported. Personal monies are signed for upon arrival to the Service and prior to departure from the Service when the balance remaining is returned. Due to the respite nature of the Short Break Service resident's agreements are not required in respect of itemised services or facilities.	Substantially compliant
Inspection Findings: Examination of records retained was noted to be satisfactorily. One recommendation was made in regard to the development of individual Resident Agreement which was not in place.	Substantially Compliant

<p>Criterion Assessed: Standard 15.5 Records are kept of the resident’s possessions handed over for safe keeping and returned to the resident. The record is signed and dated by the resident or their representative and member of staff receiving or returning the possessions. Where the resident or their representative is unable to sign, two members of staff witness the hand- over of the money and sign and date the record.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>At the commencement of each stay the person we support has their belongings, including money, medication, extra food and snacks recorded. This is completed and signed off by staff on duty for every short break stay upon arrival and departure. The family / carer representative also signs this record.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Information as reflected in the manager’s self-assessment was verified through examination of records and discussion with the manager.</p>	<p>Compliant</p>

<p>Criterion Assessed: Standard 15.6 A record is kept of all allowances and income received on behalf of the resident and of the distribution of this money by staff to the resident or their representative. Each transaction is signed and dated by the resident or their representative and the member of staff. If a resident or their representative is unable to sign or chooses not to sign for receipt of the money, two members of staff witness the handover of money and sign and date the record.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p> <p>Due to the respite nature of the Short Break Service, regular income and allowances are not received on behalf of any person supported. Individuals in receipt of token payments from Day Centres are accounted for in the financial records retained within the Service. These records are signed by the person themselves where possible and by two staff where the person is unable or chooses not to sign.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Information as illustrated above was verified through inspection of records retained and discussion with staff.</p>	<p>Compliant</p>

Criterion Assessed: Standard 15.9 When there is evidence of a resident becoming incapable of managing their own affairs the registered person reports the matter in writing to the local or referring Trust.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
This criterion is not applicable to the Crescent Short Break Service.	Not applicable
Inspection Findings:	
The manager confirmed this criterion was not applicable.	Not applicable
Criterion Assessed: Standard 15.12 Reconciliation of money / possessions held by the home of behalf of residents is carried out, and evidenced and recorded, at least quarterly.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
At the commencement of each stay the person we support has their personal belongings, including money and medication, recorded. This is completed and signed off by staff on duty for every short break stay upon arrival and departure. The family / carer representative also signs this record. All financial transaction sheets are signed by the Service Manager / Deputy Service Manager following each short break stay.	Compliant
Inspection Findings:	
Examination of records showed evidence of reconciliation.	Compliant

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

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

STANDARD 20 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.	
Criterion Assessed: Standard 20 .1 There is a defined management structure that identifies the lines of accountability, specifies roles and details responsibilities for areas of work.	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
There is a defined management structure within Positive Futures. The Organisational Chart illustrates this structure showing names of managers at all levels and administrative support roles. This document is revised on a quarterly basis (minimum) to reflect all changes within the Service Management and Senior Management structure. Core responsibilities attached to specific roles are reflected within Job Profiles.	Compliant
Inspection Findings:	
The management structure was reflected within the home’s Statement of Purpose. Job descriptions reflect roles and responsibilities.	Compliant

Criterion Assessed: Standard 20.3 Employers of social care workers adhere to the standards set out in the Northern Ireland Social Care Council (NISCC) Code of Practice for Employers of Social Care Workers. Employers support staff in meeting their relevant codes of practice and take appropriate action when staff do not meet expected standards of conduct.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Positive Futures' Code of Conduct reflects the NISCC Code of Practice and is included at Induction for all new staff. When staff do not meet expected standards of conduct, the matter is addressed in line with NISCC Code, Positive Futures' Code of Conduct Policy and Disciplinary Policy and Procedure as appropriate. Staff performance and conduct issues are also addressed at Person Centred Supervision and Service Team meetings.	Compliant
Inspection Findings:	
Methods of support used and verified included staff supervision, staff appraisal, staff meetings, on -going training, staff induction programmes and provision of policies and procedures	Compliant

<p>Criterion Assessed: Standard 20.8 An up- to- date and accurate register of residents accommodated in the home is kept and is available for inspection at all times</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p>	
<p>An up to date and accurate register is available within the Short Break Service.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The home retains a register of all resident admitted for respite care.</p>	Compliant
<p>Criterion Assessed: Standard 20.10 Working practices are systematically audited to ensure they are consistent with the homes documented policies and action taken when necessary.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>The Crescent Short Break Service operates audit systems and working practices in line with Positive Futures' Health and Safety, Human Resources and Organisational Policies and Procedures.</p> <p>The Service Manager and Deputy Service Manager regularly observe staff practice within the Short Break Service. Issues arising are addressed via Person Centred Supervision and Team Meetings.</p>	Compliant
<p>Inspection Findings:</p>	
<p>Audits are undertaken as described by the manager in the self-assessment. Audits undertaken included; medication, financial, satisfaction surveys to residents / relatives / representatives/ trust representatives, monthly visits made on behalf of the registered provider, fire safety and health and safety.</p>	Compliant

<p>Criterion Assessed: Standard 20.11 The registered person monitors the quality of services in accordance with the homes written procedures and completes a monitoring report on a monthly basis. The report summarises any views of residents ascertained about the quality of services provided, any actions taken by the registered person or the registered manager to ensure the organisation is being managed in accordance with minimum standards.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Monthly Monitoring visits to the Crescent Short Break Service are completed by the Operations Manager in accordance with this Criterion. Copies of all reports are available within the Service.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Monthly unannounced visit records were in place with data as reflected within the manager’s self-assessment.</p>	<p>Compliant</p>
<p>Criterion Assessed: Standard 20.12 The quality of services provided is evaluated on at least an annual basis and where required follow-up action taken. Key stakeholders are involved in this process.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Positive Futures conducts an Annual Consultation Exercise to capture feedback from the people we support, families and carers / representatives and HSC Trust staff. This data is evaluated and feedback is provided in report format. Staff and Volunteer Surveys are also conducted on an annual basis. The findings from all these surveys are addressed in “Quality Improvement Plans” which are developed, implemented and reviewed within each Service and Department to ensure continual improvement in service delivery.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Information as illustrated above by the registered manager was verified through inspection of associated documentation and discussion with the manager.</p>	<p>Compliant</p>

<p>Criterion Assessed: Standard 20.15 All accidents, incidents, communicable diseases, deaths, and events occurring in the home which adversely affect the wellbeing or safety of any resident are reported promptly to RQIA and other relevant organisations in accordance with legislation and procedures.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>All accidents, near misses and critical incidents occurring, with any person we support, are recorded and reported in line with RQIA Minimum Standards and legislation as reflected within Positive Futures Health and Safety Policy and Procedural Guidance. Records are retained in Service on file and reported on quarterly to the Senior Management Team and Board of Trustees.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Information as illustrated above was verified through cross referencing information recorded and those reported to RQIA.</p>	<p>Compliant</p>

<p>Criterion Assessed: Standard 20.18 &19 There is a written policy on “Whistle Blowing” and written procedures that identify to whom staff report concerns about poor practice.</p> <p>There are appropriate mechanisms in place to support staff in reporting concerns about poor practice.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Positive Futures' Challenging Bad Practice at Work (Whistleblowing) Policy provides guidance to staff to encourage whistleblowing. This policy is brought to the attention of staff at Induction and subsequently periodically at Person Centred Supervision and Team meetings. There is written guidance in the Challenging Bad Practice at Work (Whistleblowing) Policy to ensure staff have a number of people they can report to both inside and outside the Organisation.</p> <p>Staff are further provided with regular support and protected time via Person Centred Supervision. These opportunities offer staff the time to reflect upon their own practice and report any concerns they may have within the Service. It is acknowledged that reporting a matter of serious concern can be stressful and difficult for staff and so Positive Futures offers a confidential counselling and support service for staff to access external to the Organisation.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The home has a policy on “Whistle Blowing” Staff training in the protection of vulnerable adults has been provided.</p>	<p>Compliant</p>

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

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

1.0 ADDITIONAL AREAS EXAMINED

1.1 Complaints

Pre inspection data submitted to RQIA showed no complaints had been received. This was also noted in the record retained in the home.

1.2 Resident information/dependency

Pre inspection submitted to RQIA showed dependency levels, which vary on a regular basis due to occupancy. Staffing was considered to be satisfactory for the number and dependency levels on the day of inspection.

1.3 Vetting

Pre inspection information showed the signed declaration by the manager that all staff have been vetted in accordance with current legislation and were registered with NISC Council.

1.4 Annual quality review report for 2011

The Annual Quality Report presented by the manager did not fully reflect the information expected. 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 A report will be required for the incoming inspection year commencing 1 April 2013 and should include all the good methods utilised to determine the overall quality of care in the home.

1.5 Statement of Purpose

The home has a Statement of Purpose as required under Regulation 3 of The Residential care homes Regulations (Northern Ireland) 2005.

1.6 Resident / Relatives/ Views

Two residents accommodated on the day of inspection appeared well groomed with time and attention afforded to personal care needs. Both residents had attended day care and appeared relaxed and comfortable on their return with each supervised by a staff member. Both residents indicated satisfaction with the care provided in the home.

Two relatives afforded time to meet with the inspector to convey how satisfied they were with the care provided which they described as "second to none". Staff commented on the excellent staff that were always very efficient providing an excellent service.

One letter received from a relative was very complementary of the care provided and staff employed.

1.7 Staff views

Four staff questionnaires were returned to RQIA prior to the inspection. Responses were noted to be positive in all sections. Comments reflected the “excellent service provided, residents treated as individuals, given loads of choice and support geared to specific needs”.

1.8 Staff duty roster

The home’s staff duty roster was in place. Improvements recommended include the inclusion of the managers hours worked, identification of person in charge during the manager’s absence from the home and the inclusion of all staff surnames in this record.

1.9 Environment

The atmosphere in the home was friendly and welcoming. The inspector undertook a tour of the home and viewed residents' bedrooms and communal area. The areas of the environment viewed by the inspector were noted to be fresh smelling, bright and presented as clean.

1.10 Fire Safety

The home has a current Fire Risk Assessment and policy / procedure on fire safety. Weekly and monthly fire equipment checks are undertaken, as confirmed by the manager and recorded as required.

All fire doors and exits were closed and free from obstruction.

Personal emergency evacuation plans were recorded and in place.

Current staff fire safety training and fire drill were undertaken with records retained.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Bernice Kelly, registered manager and Pauline Graham, deputy service manager 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:

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



QUALITY IMPROVEMENT PLAN

PRIMARY ANNOUNCED INSPECTION

36 SQUIRES HILL CRESCENT

14 FEBRUARY 2013

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 Bernice Kelly, registered manager and Julie Graham, deputy service manager on conclusion of 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 (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	Standard 25.3	<u>Management Staffing arrangements</u> 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.	Twice	An indication of the named staff member who is competent to be in charge of the Service in the absence of the SM or DSM will be made on all rosters. (Complete)	27 February 2013
2	Standard 8.3 and Standard 4	<u>Resident Agreement</u> Resident Agreements to be provided for all residents who avail of respite care.	Once	We will review this recommendation in light of the fact that no one resides at this short break service and determine whether a "Support Agreement" or "Resident Agreement" is most appropriate.	31 March 2013
3	Standard 8.3	<u>Risk Assessment</u> It is strongly recommended that choking risk assessment which includes residents who have no teeth and choose not to wear dentures at meal times.	Once	A choking risk assessment has been developed for all people supported who have no teeth and choose not to wear dentures at mealtimes. (Complete)	31 March 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:

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	✓	<i>Bernice Kelly</i>	<i>2 May 2013</i>
Further information requested from provider			