



THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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ANNOUNCED INSPECTION

Inspection No:	4900
Establishment ID No:	1137
Name of Establishment:	The Brook
Date of Inspection:	20 January 2011
Inspector's Name:	John McAuley

GENERAL INFORMATION

Name of Home:	The Brook Statutory Residential Home
Address:	Brook Street Coleraine BT52 1RS
Telephone Number:	(028) 7034 4495
E mail Address:	karen.mccaughern@northerntrust.hscni.net
Registered Organisation/ Registered Provider:	Northern Health and Social Care Trust
Registered Manager:	Mrs Karen McCaughern
Person in Charge of the Home at the time of Inspection:	Mrs Gillian McPeak - Deputy Manager (Acting Registered Manager)
Categories of Care:	RC, DE
Number of Registered Places:	6
Number of Residents Accommodated on Day of Inspection:	5 + 1 in hospital
Scale of Charges (per week):	Trust Rates
Date and type of previous inspection:	15 August 2010, Unannounced Inspection
Date and time of inspection:	20 January 2011 (10.00 am - 3.15 pm)
Name of Lead Inspector:	Mr 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 an announced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, 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 (including completion of self declaration), pre-inspection analysis and the inspection visit 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
- Evaluation and feedback

Any other information received by RQIA about this registered provider 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 users of the service:

Residents	5
Staff	4
Relatives	2
Visiting Professionals	0

INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS **Residential Care Homes Minimum Standards** and to assess progress with the issues raised during and since the previous inspection:

Standards inspected:

- Standard 10 - Responding to residents' behaviour
- Standard 13 - Programme of activities and events
- Standard 16 - Protection of vulnerable adults
- Standard 17 - Complaints

The registered provider and the inspector have rated the home's level of achievement against each criterion. The registered provider or manager and the inspector have also rated the home's overall maturity against each standard using a maturity matrix.

The definitions for levels of achievement and maturity matrix are below:

TABLE 1: LEVELS OF ACHIEVEMENT

Level of Achievement	Definition
Not applicable	The criterion is not applicable to this service setting. (A reason must be clearly stated in the service response.)
Unlikely to be Achieved	The criterion is unlikely to ever be achieved. (A reason must be stated clearly in the service response).
Not Achieved	The criterion is unlikely to be achieved in full before end of March 2011. For example, the service has only started to develop a policy and implementation will not take place until after March 2011.
Partially Achieved	Work has been progressing satisfactorily and the service is likely to have achieved the criterion prior to end of March 2011. For example, the service has developed a policy and will have completed implementation by end of March 2011.
Substantially Achieved	A significant proportion of action has been completed to ensure the service performance is in line with the criterion. For example, a policy has been developed and implemented but a plan to ensure practice is fully embedded has not yet been put in place.
Fully Achieved	Action has been completed that ensures the service performance is fully in line with the criterion. For example, a policy has been developed, implemented, monitored and an ongoing programme is in place to review its effectiveness.

TABLE 2: MATURITY MATRIX

Level of Maturity	Definition
Aware	There is awareness of the issues to be addressed but currently there is no plan to develop an action plan to address them.
Responding	There is recognition of issues to be addressed and there is an action plan in place to address them.
Developing	Steps are being taken to address the issues with evidence of progress and improvement throughout the home.
Practising	There are well developed plans being implemented throughout the organisation that address the issues with evidence of evaluation and benchmarking leading to continuous improvement.
Leading	There is evidence of innovative practice, which is being shared across and beyond the service to others. The home is further developing their approaches to ensure long term sustainability.

PROFILE OF SERVICE

The Brook Statutory Residential Home is a purpose built ground floor home set within the boundaries of Coleraine. The Brook is situated within a complex which includes offices, attached to a day care facility and sheltered accommodation.

The Northern Health and Social Care Trust in partnership with Fold Housing Association and the Northern Ireland Housing Executive, manage The Brook.

The home was registered on 1 August 2005 and accommodates a total of twenty five adults with a diagnosis of dementia.

This current inspection focused on the assessment of the care provided to the 6 beds registered with The Regulation and Quality Improvement Authority as residential care. The remaining 19 adults are accommodated under the auspices of Supported Living with Care. This service will shortly also be registered with the Authority.

There are six single bedrooms with ensuite bathrooms, which include an electric shower for the residents. All of the bedrooms are carpeted and have a small open plan kitchen area. There is an open plan lounge, dining and kitchen area for use by the 6 residents, which is separate from the tenants.

The 6 residents are able to mix with the other supported living tenants in other parts of the home.

SUMMARY

This inspection to The Brook Statutory Residential Home was an annual announced inspection. Four of the DHSSPS Residential Care Homes - Minimum Standards were reviewed on this occasion. These were in relation to;

- Standard 10 - Responding to residents' behaviour
- Standard 13 - Programme of activities and events
- Standard 16 - Protection of vulnerable adults
- Standard 17 - Complaints

During this inspection the inspector spoke with residents, relatives and staff, examined documentation, toured the facility and discreetly observed care practices.

Review of these standards found there to be good levels of attainment with regard to each standard.

Review of the quality improvement plan from the previous inspection on 15 August 2010, found that all requirements made have been addressed satisfactorily and all recommendations made other than one have been addressed satisfactorily.

Acting Registered Manager. Mrs Gillian McPeak assisted throughout this inspection process, including the evaluation and feedback.

Discreet observations of care practices throughout this inspection, evidenced residents being treated with dignity and respect.

In accordance with their capabilities, residents indicated that they were comfortable and at ease in their environment and interactions with staff.

Two requirements and two recommendations have been made as a result of this inspection, with a further recommendation restated from the previous inspection. These are highlighted in the quality improvement plan for actioning.

The inspector would like to acknowledge the level of support and assistance received throughout this inspection process.

FOLLOW-UP ON PREVIOUS ISSUES

- (i) Issues arising during previous inspection
- (ii) Issues arising since previous inspection (ie complaints, investigations)

There has been no significant issues arising in the home since the previous inspection on 15 August 2010

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN (Inspector's Comments)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13 (1) (6)	Assessed needs such as monitoring of blood pressure, weights, fluids and food intake charts, must have a subsequent care plan and must be appropriately met.	Review of a sample of residents' care records confirmed that these are appropriately met.	Fully Met
2	30 (1) (c)	All serious accidents must be notified to the Authority.	This has been implemented accordingly.	Fully Met
3	18 (2) (9)	The provision and implementation of fly screens in the kitchen must be reviewed with subsequent appropriate action.	Fly screens have now been put in place.	Fully Met
4	14 (1) (6)	The Registered Manager must ensure that all accident and incident reports from January 2010 to March 2010 and subsequent further reports are signed off appropriately and reported to line management, as per Trust protocol.	Review of accident / incident reports, found these to be attended to appropriately.	Fully Met
5	14 (4)	The Registered Manager must submit a report to the Authority, detailing how the incidents between two residents are being managed and full assurance that the care records of both residents have been maintained in accordance to the relevant minimum standards.	This report has been detailed to the Authority.	Fully Met

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN (Inspector's Comments)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	5.1	The home should develop and implement a system to provide evidence that residents and / or their representatives are encouraged in the assessment and care planning process.	Review of a sample of residents' records confirmed that this has been put in place.	Fully Met
2	5.3	Information pertaining to the resident's life history and previous lifestyle, values and personal preferences should be developed further in more detail.	Review of a sample of residents' records confirmed that this has been put in place	Fully Met
3	12.4	The daily menu should be displayed in a suitable format and in an appropriate location so that residents and their representative know what is available at each meal time.	The daily menu displayed in one part of the registered beds in the home was out of date, with no obvious effort put in place with regard to suitable format.	Not Met
4	12.8	A policy on "take away" foods should be devised and implemented.	This has been devised and implemented.	Fully Met
5	12.11	A record should be kept in sufficient detail to judge whether the diet taken for each resident is satisfactory.	This record was not reviewed on this occasion.	Not Reviewed

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

Response to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

<p>Criterion Assessed: 10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.</p>	<p>ACHIEVEMENT LEVEL</p>
<p>Provider's Self Assessment:</p> <p>Staff have knowledge and understanding of each individual resident usual conduct, behaviour and means of communicating. Staff are more aware that a change to these requires to be reported and monitored and that residents may be trying to communicate that something is wrong if their behaviour changes or there is an unmet need. Senior Support staff and a number of support staff are questioning more and trying to rule out physical health problems eg urinary tract infection, pain, constipation, lack of sleep before involving behaviour science team</p>	<p>Substantially Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>Discussion with staff on duty at the time of this inspection confirmed knowledge and understanding of residents' assessed needs which corresponded with the sample of care records reviewed. Examples were given and elaborated on how their responses and interventions promote a positive outcome for residents. For example, with regard to personal appearance needs, all residents were nicely dressed in suitable matching attire.</p>	<p>Fully Achieved</p>

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

Response to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed:	ACHIEVEMENT LEVEL
<p>10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the Registered Manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	
Provider's Self Assessment:	
<p>Staff are looking for reasons when behaviour is uncharacteristics or causing concern. Behaviour charts and incidents reports are being completed and are used as learning tools to look at possible triggers eg approach of staff, other residents behaviour, noise. Registered Manager and Senior staff are updated and the situation is monitored. The named worker is updated, NOK, GP, Consultant as appropriate</p>	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
<p>Evidence was found, from review of residents care records, that issues of assessed need have a recorded statement of care / treatment given with effect of same. This may include appropriate liaison with the relevant healthcare professional(s) and / or the resident's representative. However, progress records did not give sufficient detail of the resident's well-being or condition after an incident such as a fall, which it has been recommended to review accordingly.</p>	Substantially Achieved

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

Response to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	ACHIEVEMENT LEVEL
Provider's Self Assessment: Consistent approaches or responses from staff are detailed in the residents care plan. The residents representative is informed and Multi disciplinary team (MDT) so that everyone is using a consistent approach to assist manage the resident	Partially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Evidence was found that care plans had good consultation with the resident's representative in this process, which included prescribed interventions and consistent approach from staff.	Fully Achieved

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

Response to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed:	ACHIEVEMENT LEVEL
10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	
Provider's Self Assessment:	
Behaviour management programmers are devised with input from meeting with staff, family and behaviours science nurse (BSN) observations. The information is collated and a formulation meeting takes place and then a formulation document is produced by the behavioural science nurse. This forms part of the resident' care plan. The Consultant involved with the tenant will be kept informed re input from BSN	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
This was confirmed to be the case.	Fully Achieved

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

Response to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	ACHIEVEMENT LEVEL
Provider's Self Assessment: BSN offers guidance and support in relation to individual residents behaviour management. Training has been provided for staff, further sessions are planned these training session will be adapted to suit the changing needs of the residents	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Discussions with staff on duty and review of staff training records confirmed that staff are engaged in training, guidance and support to fulfil this role.	Substantially Achieved

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

Response to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<p>ACHIEVEMENT LEVEL</p>
<p>Provider's Self Assessment: Incidents are recorded and reported if appropriate to the residents representatives and to the relevant professionals or services. If necessary a MDT review will be held</p>	<p>Partially Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>Review of the accident and incident reports found these to be maintained appropriately, with reports signed by the acting manager on a regular and up-to-date basis, as reviewed / inspected. Incidents / accidents relating to assessed need were found to be appropriately reported and managed, with as appropriate, a subsequent care plan pertaining to same.</p>	<p>Fully Achieved</p>

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

Response to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	ACHIEVEMENT LEVEL
Provider's Self Assessment: Restraints will only be used as a last resort to protect the resident or other persons. Training in this area for all care/support staff has been requested. Records will be kept if restraint is used and senior management will be made aware of why the need arose to use this	Not Applicable
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Discussion with the acting manager confirmed that restraint is not used in the home and diversional type tactics are used for challenging behaviours, which training is being sought for.	Not Applicable

PLEASE PROVIDE AN OVERALL ASSESSMENT OF THE RESIDENTIAL CARE HOME'S MATURITY AGAINST THE STANDARD ASSESSED	MATURITY LEVEL
	Practising

SUMMARY: FOR RQIA INSPECTORS USE ONLY

Discussions with staff on duty confirmed knowledge and understanding of residents' needs which corresponded with the sample of residents care records reviewed.

Review of accident / incident reports found these to be appropriately reported and managed.

Care records were found to be organised in an accessible manner with good evidence of multi disciplinary team input, as well as consultation with the resident's representatives.

MATURITY MATRIX: RQIA ASSESSED LEVEL OF MATURITY	MATURITY LEVEL
	Practising

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The home offers a structured programme of varied activities and events, related to the Statement of Purpose and identified needs of residents.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	ACHIEVEMENT LEVEL
Provider's Self Assessment: Activities and events we hope provides positive outcomes for residents and the programme of activities is based on residents interests and identified needs as much as possible. An Activity co-ordinator is employed full time and would organise residents activities. Activities co-ordinator would report to the manager how successful or unsuccessful an event has been.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Review of the programme of activities and events found that these would provide positive outcomes for residents and is based on their assessed needs and interests.	Fully Achieved

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The home offers a structured programme of varied activities and events, related to the Statement of Purpose and identified needs of residents.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes health living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	<p>ACHIEVEMENT LEVEL</p>
<p>Provider's Self Assessment:</p> <p>Activities appear enjoyable to the tenants and serve a purpose. Activities are developed to be age and culturally appropriate. Spiritual needs are taken into consideration by offering a weekly non denominational church service in the spiritual centre. Healthy living is targeted through exercise, healthy food options before or after activities as appropriate activities have to be flexible and responsive with regards to residents changing needs eg concentration, group numbers, inhouse or outings. The activity co-ordinator has tried to include residents in various social networks eg dance unlimited music sessions, music therapy, karakoe. More of the activities are inhouse due to the changing needs of the residents</p>	<p>Substantially Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>This was confirmed to be the case. Further to this residents' social care and spiritual care needs were found to be appropriately assessed and care planned.</p>	<p>Fully Achieved</p>

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The home offers a structured programme of varied activities and events, related to the Statement of Purpose and identified needs of residents.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

<p>Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<p>ACHIEVEMENT LEVEL</p>
<p>Provider's Self Assessment:</p>	
<p>All residents are given the opportunity to contribute to suggestions and be involved in the development of the programme of activities. It has been identified that some residents prefer to do their own thing, dropping into activities if they desire, some are offered 1:1 time to be involved in activities. They enjoy listening to jazz music, dusting, dancing, group situation, pamper sessions etc.</p>	<p>Partially Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>Further to this, the home have a residents meetings forum, where in accordance to their capabilities, their suggestions and ideas contribute to the development of the programme of activities.</p>	<p>Fully Achieved</p>
<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<p>ACHIEVEMENT LEVEL</p>
<p>Provider's Self Assessment:</p>	
<p>The programme of activities is displayed on the notice board in the front entrance, on a white board off the atrium area and again in the dining room beside the registered beds. The format to date has been suitable for residents and representatives to understand. Posters will also be displayed throughout the building to advertise certain events</p>	<p>Substantially Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>This was confirmed to be the case.</p>	<p>Fully Achieved</p>

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The home offers a structured programme of varied activities and events, related to the Statement of Purpose and identified needs of residents.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	ACHIEVEMENT LEVEL
Provider's Self Assessment:	
Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff and others eg music therapist brings musical instruments, dance unlimited bring props depending on theme eg war time, Independence Day, Scottish Beach etc. Interactive music therapy is booked monthly for residents which they widely participate in	Partially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The home have an adequate range of equipment and aids, which include, televisions, DVD's, music, games, arts and crafts. The home also employs a full-time activities co-ordinator, who organises the programme for the whole complex. Discussions with the activities co-ordinator during this inspection was positive, with respect to fulfilling roles and duties. Advice was given to ensuring staff are engaged in this area of care, particularly when the activities co-ordinator is not on duty, and how this could be done.	Fully Achieved

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The home offers a structured programme of varied activities and events, related to the Statement of Purpose and identified needs of residents.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 13.6 The duration of each activity and daily timetable takes into account the needs and abilities of the residents participating.	ACHIEVEMENT LEVEL
Provider's Self Assessment:	
The duration of each activity and daily timetable takes into account the needs and abilities of the residents participating. Normally using short sessions to suit their needs	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Activities would normally last from half an hour to one hour, in accordance to residents capabilities. Residents are encouraged to attend an activity but can leave at any stage if they wish.	Fully Achieved
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the Registered Manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	ACHIEVEMENT LEVEL
Provider's Self Assessment:	
This is monitored by activity co-ordinator, Registered Manager, Senior staff and Support staff. A member of staff and activities co-ordinator would be present during any activities	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The home employ the services of a music therapist, of which it was confirmed that evidence has been obtained to confirm that this person has the necessary skills to perform the role.	Fully Achieved

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The home offers a structured programme of varied activities and events, related to the Statement of Purpose and identified needs of residents.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	<p>ACHIEVEMENT LEVEL</p>
<p>Provider's Self Assessment: Changed needs are discussed prior to the activity commencing and a system is in place for activity co-ordinator to receive timely feedback. Discussions take place in supervision sessions between activity co-ordinator and manager. Activities co-ordinator is in regular contact with those who are contracted into the home</p>	<p>Partially Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>This was confirmed to be the case, with examples given by the activities co-ordinator relating to same.</p>	<p>Fully Achieved</p>
<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	<p>ACHIEVEMENT LEVEL</p>
<p>Provider's Self Assessment: Activity records are kept including person / staff leading activity and lists the residents who participated</p>	<p>Substantially Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>This was confirmed to be the case.</p>	<p>Fully Achieved</p>

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The home offers a structured programme of varied activities and events, related to the Statement of Purpose and identified needs of residents.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	ACHIEVEMENT LEVEL
Provider's Self Assessment:	
The activity programme is reviewed regularly in line with residents needs. This is discussed in supervision and if behaviours change then suggestions on how to alter activities are put forwarded and tried as far as possible.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
This was confirmed to be the case.	Fully Achieved

PLEASE PROVIDE AN OVERALL ASSESSMENT OF THE RESIDENTIAL CARE HOME'S MATURITY AGAINST THE STANDARD ASSESSED	MATURITY LEVEL
	Practising

SUMMARY: FOR RQIA INSPECTORS USE ONLY

The home employ a full time activities co-ordinator who has responsibility for organising a programme of activities and events for the whole complex.

Review of residents' social care and spiritual care needs found these to be appropriately assessed and care planned.

At the time of this inspection a small group of the higher dependant residents in the home were observed to be arranged in an organised group activity, which was observed to be purposeful and enjoyable.

MATURITY MATRIX: RQIA ASSESSED LEVEL OF MATURITY	MATURITY LEVEL
	Practising

RESIDENTIAL CARE HOME - MINIMUM STANDARDS	
STANDARD 16 - PROTECTION OF VULNERABLE ADULTS Residents are protected from abuse.	
PROVIDER'S SELF-ASSESSMENT Please outline (in no more than 200 words) how you are meeting this standard	
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.	ACHIEVEMENT LEVEL
Provider's Self Assessment:	
Procedures for providing Vulnerable Adult (VA) are in accordance with above	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The home have a policy and procedure on the protection of vulnerable adults, which is in keeping with legislation, DHSSPS guidance and local Trust protocol.	Fully Achieved
Criterion Assessed: 16.2 The procedures for protecting vulnerable adults are included in the induction programme for staff.	ACHIEVEMENT LEVEL
Provider's Self Assessment:	
The procedures for protecting VA are included in the staff induction programme as training becomes available	Partially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
This was confirmed to be the case.	Fully Achieved

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 16 - PROTECTION OF VULNERABLE ADULTS

Residents are protected from abuse

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

<p>Criterion Assessed: 16.3 Staff have completed training on and can demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Protection from abuse • Indicators of abuse • Responding to suspected, alleged or actual abuse • Reporting suspected alleged or actual abuse 	<p>ACHIEVEMENT LEVEL</p>
<p>Provider's Self Assessment:</p>	
<p>the majority of staff have completed training in relation to the above. However some staff do require training to be updated</p>	<p>Partially Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>All staff have received training in the protection of vulnerable adults. Discussions with some care staff on duty confirmed knowledge and understanding of this training.</p>	<p>Fully Achieved</p>
<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>	<p>ACHIEVEMENT LEVEL</p>
<p>Provider's Self Assessment:</p>	
<p>All suspected alleged or actual incidents of abuse are reported in accordance with procedures and legislation</p>	<p>Substantially Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>There has been no suspected, alleged or actual incidents of abuse in the home. Therefore it has not been possible to assess this criterion on this occasion.</p>	<p>Not Applicable</p>

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 16 - PROTECTION OF VULNERABLE ADULTS

Residents are protected from abuse

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

<p>Criterion Assessed: 16.5 All suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures.</p>	<p>ACHIEVEMENT LEVEL</p>
<p>Provider's Self Assessment:</p>	
<p>All suspected alleged or actual incidents of abuse are fully and promptly investigated</p>	<p>Substantially Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>There has been no investigations that have needed to be undertaken by the home. Therefore it has not been possible to assess this criterion on this occasion.</p>	<p>Not Applicable</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>ACHIEVEMENT LEVEL</p>
<p>Provider's Self Assessment:</p>	
<p>All relevant persons and agencies are notified of the outcome of any investigations undertaken by the home</p>	<p>Substantially Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>There has been no investigations that have needed to be undertaken by the home. Therefore it has not been possible to assess this criterion on this occasion.</p>	<p>Not Applicable</p>

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 16 - PROTECTION OF VULNERABLE ADULTS

Residents are protected from abuse

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

<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>ACHIEVEMENT LEVEL</p>
<p>Provider's Self Assessment:</p>	
<p>Written records are kept. The VA co-ordinator maintains the records including the details of the investigation the outcome and the actions taken. Copies are kept in confidential sections of the residents file where appropriate</p>	<p>Substantially Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>As there has been no suspected, alleged or actual incidents of abuse in the home, it has not been possible to assess this criterion on this occasion.</p>	<p>Not Applicable</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>ACHIEVEMENT LEVEL</p>
<p>Provider's Self Assessment:</p>	
<p>If shortcomings in system were highlighted additional safeguards will be put in place</p>	<p>Partially Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>As there has been no investigations undertaken by the home, it has not been possible to assess this criterion on this occasion.</p>	<p>Not Applicable</p>

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 16 - PROTECTION OF VULNERABLE ADULTS

Residents are protected from abuse

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 16.9 Refresher training on the protection of vulnerable adults is provided for staff at least every three years.	ACHIEVEMENT LEVEL
Provider's Self Assessment:	
Refresher training is provided for staff at least every 3 years	Partially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
This was confirmed to be the case, with a planned programme of refresher training in place, as reported by the designated trainer of this programme.	Fully Achieved

PLEASE PROVIDE AN OVERALL ASSESSMENT OF THE RESIDENTIAL CARE HOME'S MATURITY AGAINST THE STANDARD ASSESSED	MATURITY LEVEL
	Developing

SUMMARY: FOR RQIA INSPECTORS USE ONLY

The home have a policy and procedure on the protection of vulnerable adults, which is in keeping with legislation, DHSSPS guidance and local Trust protocol.

All staff have received training in the protection of vulnerable adults with provisions of refresher training in place.

MATURITY MATRIX: RQIA ASSESSED LEVEL OF MATURITY	MATURITY LEVEL
	Practising

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 17 - COMPLAINTS

All complaints are taken seriously and dealt with promptly and effectively.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

<p>Criterion Assessed: 17.1 Homes should operate a complaints procedure that meets the requirements of the HSC Complaints Procedure and is in accordance with the relevant legislation and DHSSPS guidance on Complaints in Residential and Nursing Homes.</p>	<p>ACHIEVEMENT LEVEL</p>
<p>Provider's Self Assessment: A complaints procedure is in place and meets the above requirements</p>	<p>Substantially Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>The home has a complaints policy and procedure, which meets the requirements of the HSC Complaints Procedure, DHSSPS guidance and legislation.</p>	<p>Fully Achieved</p>
<p>Criterion Assessed: 17.2 Arrangements for dealing with complaints should be publicised.</p>	<p>ACHIEVEMENT LEVEL</p>
<p>Provider's Self Assessment: The arrangements for dealing with complaints is publicised via information leaflets and NHSCT internet site. This is available in various languages.</p>	<p>Substantially Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>This was confirmed to be the case.</p>	<p>Fully Achieved</p>

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 17 - COMPLAINTS

All complaints are taken seriously and dealt with promptly and effectively.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

<p>Criterion Assessed: 17.3 A copy of the complaints procedure is provided to every resident and to any person acting on their behalf, and this is available in a range of formats if required.</p>	<p>ACHIEVEMENT LEVEL</p>
<p>Provider's Self Assessment:</p>	
<p>A copy of the complaints procedure was provided to every resident and copies are available from the front porch on entering the Brook. This is available in a range of formats.</p>	<p>Substantially Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>This was confirmed to be the case.</p>	<p>Fully Achieved</p>
<p>Criterion Assessed: 17.4 The complaints procedure includes a step-by-step guide to making a complaint, the timescales involved, an outline of the role and function of the Regulation and Quality Improvement Authority in dealing with regulated services complaints and contact details for the Authority.</p>	<p>ACHIEVEMENT LEVEL</p>
<p>Provider's Self Assessment:</p>	
<p>A step by step guide to making a complaint is available in the complaints leaflet. residents guide and statement of purpose. Although RQIA contact details are missing from the NHSCOT leaflet a sticker which displays these contact details have been stuck on the copies of the leaflets within The Brook.</p>	<p>Substantially Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>This was confirmed to be the case.</p>	<p>Fully Achieved</p>

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 17 - COMPLAINTS

All complaints are taken seriously and dealt with promptly and effectively.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 17.5 Staff know how to receive and deal initially with complaints.	ACHIEVEMENT LEVEL
Provider's Self Assessment:	
Senior staff apart from 2 have received complaints training but all know how to receive and deal initially with complaints. Support staff are encouraged to direct resident or their representative to the person in charge to deal with complaint.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Discussions with staff on duty confirmed knowledge and understanding on how to receive and deal initially with complaints. There was also a positive regard expressed on how staff view complaints and the complainant's right to do so.	Fully Achieved
Criterion Assessed: 17.6 Advice is provided to residents / relatives on how to make a complaint and who to contact outside the home if they remain dissatisfied or require support services, including independent advocacy.	ACHIEVEMENT LEVEL
Provider's Self Assessment:	
This is provided via residents guide, statement of purpose or 1:1	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
This was confirmed to be the case. Further to this, it is recommended to include this advice in the "residents introduction to the scheme" form.	Substantially Achieved

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 17 - COMPLAINTS

All complaints are taken seriously and dealt with promptly and effectively.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

<p>Criterion Assessed: 17.7 Residents must, where appropriate, be made aware of the role of independent advocacy services and be assisted to access the support they need to articulate their concerns and successfully navigate the system.</p>	<p>ACHIEVEMENT LEVEL</p>
<p>Provider's Self Assessment:</p>	
<p>Residents are made aware but due to their advanced stage of dementia would have difficulty understanding</p>	<p>Not Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>Resident's representatives are informed of the role of the independent advocacy services and how to access these support services.</p>	<p>Fully Achieved</p>
<p>Criterion Assessed: 17.8 Staff directly involved in the management and investigation of complaints are trained and supervised in the application of the complaints procedure.</p>	<p>ACHIEVEMENT LEVEL</p>
<p>Provider's Self Assessment:</p>	
<p>Staff directly involved in the management and investigation of complaints are trained and supervised in the application of the complaints procedure</p>	<p>Substantially Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>Review of training records confirmed that staff directly involved in the management and investigation of complaints have received training on this, with systems of support in place to assist them in this process.</p>	<p>Fully Achieved</p>

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 17 - COMPLAINTS

All complaints are taken seriously and dealt with promptly and effectively.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 17.9 Complaints are investigated and responded to within 28 days and when this is not possible, complainants are kept informed of any delays.	ACHIEVEMENT LEVEL
Provider's Self Assessment:	
Complaints are investigated and responded to within 28 days. If this is not the case complainants will be advised why there is a delay.	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Review of the record of complaints and discussion with the acting manager confirmed that complaints are dealt with promptly, within a 28 day period.	Not Applicable
Criterion Assessed: 17.10 Records are kept of all complaints and these include details of all communications with complainants, the result of any investigations and the action taken.	ACHIEVEMENT LEVEL
Provider's Self Assessment:	
Records are kept of all complaints including details of all communications with complainants, the results of any investigations and the action taken	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
This was confirmed to be the case.	Fully Achieved

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 17 - COMPLAINTS

All complaints are taken seriously and dealt with promptly and effectively.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed:	ACHIEVEMENT LEVEL
17.11 The Registered Provider co-operates with any complaints investigation carried out by the HSC Trust, the Regulation and Quality Improvement Authority or the NI Commissioner for Complaints.	
Provider's Self Assessment:	
The Registered Provider will co-operate with any complaint investigation carried out by the HSC Trust, RQIA or NI commissioner for complaints	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
There has been no complaint received that has required investigation by the HSC Trust, the Regulation and Quality Improvement Authority or the NI Commissioner for complaints. However from an overview of the managerial arrangements in the home, evidence would indicate that if this were to be the case, full cooperation would be given.	Fully Achieved
Criterion Assessed:	ACHIEVEMENT LEVEL
17.12 Where a complaint relates to a Registered Provider's failure to comply with the statutory regulations, then that complaint should be referred directly to the Regulation and Quality Improvement Authority for consideration.	
Provider's Self Assessment:	
This will be actioned if necessary	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
There has been no complaint received that relates to failure to comply with the statutory regulations. Therefore it has not been possible to assess this criterion on this occasion.	Not Applicable

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 17 - COMPLAINTS

All complaints are taken seriously and dealt with promptly and effectively.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

<p>Criterion Assessed: 17.13 Where a complaint relates to abuse, exploitation or neglect, the Regional 'Safeguarding Vulnerable Adults' Policy and Procedural Guidance and the associated Protocol for Joint Investigation of Alleged or Suspected cases of Abuse of Vulnerable Adults should be activated.</p>	<p>ACHIEVEMENT LEVEL</p>
<p>Provider's Self Assessment: This will be activated if a complaint relates to the above end. VA co-ordinator will activate same</p>	<p>Substantially Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>There has been no complaints received that relates to abuse, exploitation or neglect. Therefore it has not been possible to assess this criterion on this occasion.</p>	<p>Not Applicable</p>
<p>Criterion Assessed: 17.14 When required, a summary of all complaints, outcomes and actions taken is made available to the Regulation and Quality Improvement Authority.</p>	<p>ACHIEVEMENT LEVEL</p>
<p>Provider's Self Assessment: This will be made available if required</p>	<p>Substantially Achieved</p>
<p>Inspection Findings: FOR RQIA INSPECTORS USE ONLY</p>	
<p>This was confirmed to be the case.</p>	<p>Not Applicable</p>

RESIDENTIAL CARE HOME - MINIMUM STANDARDS

STANDARD 17 - COMPLAINTS

All complaints are taken seriously and dealt with promptly and effectively.

PROVIDER'S SELF-ASSESSMENT

Please outline (in no more than 200 words) how you are meeting this standard

Criterion Assessed: 17.15 Information from complaints is used to improve the quality of services.	ACHIEVEMENT LEVEL
Provider's Self Assessment:	
Information from complaints is used to improve the quality of the services and changes will be made where necessary	Partially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
Review of the record of complaints found subsequent follow up action taken, to confirm that information from complainants is used positively in improving the quality of services.	Fully Achieved
Criterion Assessed: 17.16 The complainant must be advised of their right to approach the NI Commissioner of Complaints if they remain dissatisfied with the outcome of the relevant complaints procedure.	ACHIEVEMENT LEVEL
Provider's Self Assessment:	
The NHSCT will ensure this occurs if necessary	Substantially Achieved
Inspection Findings: FOR RQIA INSPECTORS USE ONLY	
The right to approach the NI Commissioner of Complaints is documented in the home's complaints procedure.	Fully Achieved

PLEASE PROVIDE AN OVERALL ASSESSMENT OF THE RESIDENTIAL CARE HOME'S MATURITY AGAINST THE STANDARD ASSESSED	MATURITY LEVEL
	Practising

SUMMARY: FOR RQIA INSPECTOR'S USE ONLY

The home have a policy and procedure on complaints, which is in keeping with HSC complaints procedure, legislation and DHSSPS guidance. Senior staff are trained in the application of the complaints procedure, with staff on duty at the time of this inspection found to have knowledge and understanding on how to receive and deal initially with complaints.

Evidence was further found that information from complaints are acted upon to improve services.

MATURITY MATRIX: RQIA ASSESSED LEVEL OF MATURITY	MATURITY LEVEL
	Practising

ADDITIONAL AREAS EXAMINED

General Environment

At the time of this inspection all areas of the home were found to be clean and tidy with a good standard of décor and furnishings being maintained.

Residents bedrooms were found to be spacious, comfortable and nicely personalised according to choice and taste.

Residents Views

The inspector met all the residents in the registered residential beds in the home, as well as some residents pertaining to the overall scheme. Due to the high levels of confusion, residents were not able to clearly articulate their views. However they were able to indicate that they felt comfortable and at ease in their environment and interactions with staff. No concerns were expressed.

Relatives Views

The inspector met with two relatives at the time of this inspection. Both spoke positively about the provision of care in the home and the kindness and support received from staff.

One relative expressed concerns about the delays in getting repairs done in the home, such as lighting in the dining room and / or plumbing work. A requirement has been made for management of the home to put in place an action plan with the appropriate person, so as to ensure that there are clear goals in place as to having prompt resolution to these repairs.

Staff Views

The inspector met with four members of staff of various grades of duty at the time of this inspection. All spoke positively about their roles and duties, declaring that they felt a good standard of care was provided for. No concerns were expressed.

Care Practices

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. Care duties were found to be organised and in accordance to residents' assessed needs. Interactions were observed to be polite, friendly and warm

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Gillian McPeak, 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.

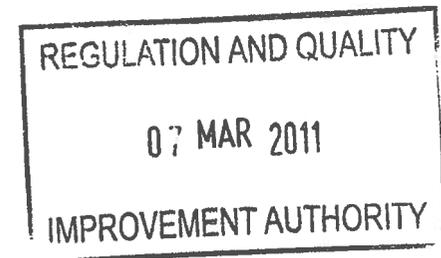
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of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

Enquiries relating to this report should be addressed to:

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

**John McAuley
Inspector/Quality Reviewer**

Date



QUALITY IMPROVEMENT PLAN
ANNUAL ANNOUNCED INSPECTION
THE BROOK
20 JANUARY 2011

The issue(s) identified during this inspection are detailed in the Quality Improvement Plan.

The details of the Quality Improvement Plan were discussed with Mrs Gillian McPeak as part of the inspection process.

The timescales for completion commence from the date of inspection.

- **Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (Northern Ireland) 2005 and must be met.**
- **Recommendations are statements based on The Residential Care Homes Minimum Standards (2008), research or recognised sources which if adopted by the Registered Person may enhance service quality and delivery.**

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	31 (1) (b) & (2)	Notification must be sent to the Authority, with regard to the absence of the registered manager and the subsequent interim arrangements.		This has been actioned and email to both Caroline Rix and John McAuley on 16.2.11	One week
2	27 (2) (6)	The management of the home need to meet with the appropriate person(s) in order to put in place an action plan, to ensure maintenance issues are resolved promptly.		Maintenance was discussed at the operational meeting between NHSCT and Fold Housing Association on 21.2.11. Fold were made aware of the issues and were reminded that maintenance should be addressed within the specific timescales.	

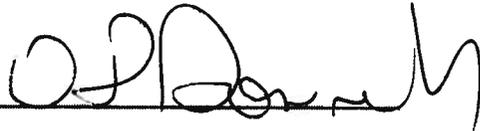
RECOMMENDATIONS

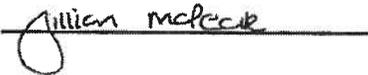
These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	12.4	The daily menu should be displayed in a suitable format and in an appropriate location so that residents and their representative know what is available at each meal time.	Three	Wipe board now in situ. Menu displayed daily. Picture menu file completed	Two weeks
2	10.2	Residents' progress records need to be reviewed so that they have sufficient detail of the resident's well being or condition after an incident, such as a fall.		Staff updated and records now reflect same if applicable	One week
3	17.6	Advice to residents / representatives on how to make a complaint should be included in the "residents introduction to scheme" form.		This document has been altered accordingly	Two weeks

The Registered Provider / Manager is required to detail the action taken in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the Registered Provider and Registered Manager and returned to:

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

SIGNED: 
NAME: Oscar Donnelly
Registered Provider
DATE 2/03/2011

SIGNED: 
NAME: Gillian McPeak
Registered Manager
DATE 24-2-11

DATE APPROVED	SIGNATURE OF INSPECTOR
14 3 11	