



## Primary Announced Care Inspection

**Name of Service and ID:** Greenfield (1545)  
**Date of Inspection:** 8 July 2014  
**Inspector's Name:** John McAuley and Alice McTavish  
**Inspection ID:** IN017542

**The Regulation And Quality Improvement Authority**  
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**1.0 General Information**

<b>Name of Home:</b>	Greenfield (1545)
<b>Address:</b>	2 Melmount Road Strabane BT82 9BT
<b>Telephone Number:</b>	02871882381
<b>E mail Address:</b>	donna.tracey@westerntrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Western HSC Trust
<b>Registered Manager:</b>	RP01778 - Donna Tracey
<b>Person in Charge of the home at the time of Inspection:</b>	Mrs Donna Tracey
<b>Categories of Care:</b>	RC-I
<b>Number of Registered Places:</b>	34
<b>Number of Residents Accommodated on Day of Inspection:</b>	28
<b>Scale of Charges (per week):</b>	Trust rates
<b>Date and type of previous inspection:</b>	21 November 2013 Secondary Unannounced
<b>Date and time of inspection:</b>	8 July 2014 10am – 4pm
<b>Name of Inspector:</b>	Mr John McAuley and Mrs Alice McTavish

## 2.0 Introduction

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

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

## 3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service 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 (2011)

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

## 4.0 Methods / Process

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

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

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

- Analysis of pre-inspection information
- Discussion with registered manager
- Examination of records

- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

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

Residents	28
Staff	4
Relatives	2
Visiting Professionals	0

Questionnaires were provided, during the inspection, to staff seeking their views regarding the service.

Issued To	Number issued	Number returned
Staff	10	6

## 6.0 Inspection Focus

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

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**  
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**  
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

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

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

## 7.0 Profile of service

Greenfield Residential Care home is situated on the Melmount Road in the town of Strabane. The residential home is owned and operated by the Western Health and Social Care Trust. The Registered Manager is Mrs Donna Tracey.

Accommodation for residents is provided in 32 single rooms and 1 double room over two floors. Access to the first floor is via a passenger lift or stairs. Communal lounge and dining areas are provided for in both floors of the home.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home.

The home has gardens to the front and rear, with ample space for residents to benefit from the opportunity to enjoy outdoor space.

The home is registered to provide care for a maximum of 34 persons under the following categories of care: Residential Care - I – Old age not falling into any other category.

## 8.0 Summary of Inspection

This announced primary care inspection of Greenfield was undertaken by John McAuley on 8 July 2014 between the hours of 10am and 4pm. The inspector was accompanied by an inspection colleague Mrs Alice McTavish as part of her induction programme to the RQIA. The Registered Manager Mrs Donna Tracey was available during the inspection and for verbal feedback at the conclusion of the inspection.

As the previous inspection on 21 November 2013 resulted in no requirements or recommendations being made, no follow up was required during this inspection.

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

During the inspection the inspector met with residents, staff and two visiting relatives, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

## 8.1 Standards inspected:

### **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**

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

### **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**

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

## 8.2 Inspection findings

### **Responding to resident's behaviour – Standard 5**

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy and procedure in place which reflected best practice guidance. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that restraint is not used in the home. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information is recorded in the resident's care records. The registered manager is aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A requirement was made in relation to an incident that occurred on 4 July 2014 and the delay in reporting this under the protection of vulnerable adults' protocol. The requirement has been made for the training in this to be revisited with all staff, so subsequent appropriate learning on the management of this incident is made.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that the home is substantially compliant with this standard.

### **Programme of activities and events – Standard 13**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally

appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources was available for use during activity sessions. Detailed records were maintained. The evidence gathered through the inspection process concluded that the home is compliant level with this standard.

### **8.3 Stakeholder consultation**

During the course of the inspection the inspector(s) met with residents, two visiting relatives and staff. Questionnaires were also completed and six returned in time for inclusion to this report.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complimented staff in this regard.

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

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

### **8.4 Care Practices**

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

### **8.5 Environment**

The areas of the environment viewed by the inspector(s) presented as clean, tidy with a good standard of décor and furnishings. A requirement has been made in respect of the safety risk of radiators / hot surfaces and wardrobes, as discussed later in this report.

A number of additional areas were also examined these include the management of complaints, information in relation to resident dependency levels and fire safety. Further details can be found in section 11.0 of the main body of the report.



## **8.6 Conclusion**

The findings of this inspection evidenced that the delivery of care to residents was of a good standard. There were processes in place to ensure the effective management of the standards inspected.

Three requirements and one recommendation were made as a result of the primary announced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector(s) would like to thank the residents, staff and registered manager for their assistance and co-operation throughout the inspection process.

**9.0** There were no requirements and recommendations issued as a result of the previous inspection on 21 November 2014.

## 10.0

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
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.	
<b>Provider's Self-Assessment</b>	
Information about each residents usual conduct, behaviour and means of communication is gathered in the following ways to inform staff: Referral Form, Visit at their home or hospital, Care Manager, Relatives, Carers and all professionals directly involved in their care. A Care Plan or if required a risk assessment is drawn up detailing this information and added to from ongoing observation and assessment by staff. Our procedure and guidelines for managing and responding to behaviour that is challenging are based on staff knowing and understanding the residents usual conduct, behaviour and means of communication and having an awareness of and ability to adapt the environment in response to behaviours that are challenging. We aim to create and maintain a safe and comfortable environment for all.	Compliant
<b>Inspection Findings:</b>	
The home has a policy and procedure on responding to residents' behaviours. Staff have also received training in this. This training also includes reference to the Human Rights Act and the implications of staff interventions in responding to residents' behaviours.  Discussions with three care staff on duty at time of this inspection revealed they had knowledge and understanding on how to respond to residents' behaviours and how their interventions had a positive outcome for residents. Staff also demonstrated a good knowledge and understanding of residents' assessed needs, which were also found to correspond with the sample of residents' care records reviewed on this occasion.	Compliant

<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> Staff immediately report to the officer on duty when a resident's behaviour causes concern, who investigates the cause (s), monitors records and informs relevant professionals and services to seek guidance and support. We recognise that in times of trouble or distress people may act out of character and understand that a person's action may be affected by mental health, illness, or other factors associated with lifestyle issues, consent is sought from resident to inform their next of kin.	Compliant
<b>Inspection Findings:</b> A review of a residents' care records confirmed that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referral as appropriate to the aligned health care professional.	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
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.	
<b>Provider's Self-Assessment</b>	
Where a resident's behaviour presents a risk their care plan and risk assessment sets out a plan of care that meets their individual assessed needs involving the appropriate professionals and services. In all cases we will inform the resident why we believe their behaviour is unacceptable, what action we are taking with their consent or others and why and the duration of what action. We also inform the resident how they can challenge the decision if they disagree with it. The care plan is reviewed regularly to assess its effectiveness and reflect the resident's changing needs. Records of review meetings and or case conferences, timescales for actions, arrangements for review are recorded and copies given to the resident and those in attendance.	Compliant
<b>Inspection Findings:</b>	
A review of one resident's care plan found that the interventions prescribed were detailed, informative and specific evidence was in place of consultation and consent with the resident, through a signature.	Compliant

<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The trained professional would discuss the specific behaviour management programme with the resident or if appropriate their representative and care plan is revised. All changes to the care plan is printed and it is given to the resident or representative to read and sign. The care plan is implemented, monitored and reviewed regularly by the officer in charge. Date for review is set soon if needed.	Substantially compliant
<b>Inspection Findings:</b>	
There are no residents in the home who have a specific behaviour management programme. However, discussions with the registered manager would indicate if such were the case, appropriate consultation would be in place and this would be specified in the resident's care plan.	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	
<b>Provider's Self-Assessment</b>	
Staff have knowledge and skills, appropriate to their role to enable them to manage and respond to behaviour that is challenging. When behaviour management programme is in place for any residents', staff are provided with advice, training and support from key professionals with the required expertise.	Substantially compliant
<b>Inspection Findings:</b>	
Discussions with staff on duty at the time of this inspection confirmed that they felt they have the necessary skills, training, support and supervision in place to meet the assessed needs of residents accommodated.	Compliant

<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b> All incidents are recorded and reported to the relevant professionals, services and to the resident's representative. A multi-disciplinary review would be held to discuss any risk or behaviour likely to pose risk for the resident or others. This information would be recorded in the daily report to inform all staff and in a separate section in their care plan and risk assessment. There is a policy that sets out the residential care settings response to behaviour that is challenging, it provides guidance on understanding, assessing and on how to respond.	Substantially compliant
<b>Inspection Findings:</b> A review of accident and incident records from January 2014 to date of inspection evidenced that notification was made as appropriate to the resident's representative, to the trust and to RQIA. A review of care plans confirmed that they were updated and reviewed with involvement from the trust and appropriate health care professionals. An allegation of misconduct was found to have been reported in the home on 4 July 2014. This was recorded as a complaint when it should have been dealt with under the protection of vulnerable adults protocol. There also was a delay in instigating this protocol until the 8 July 2014. A requirement was made for the training in the protection of vulnerable adults to be reinforced with all staff, particularly in respect of timescales and reporting arrangements.	Substantially compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The home has a policy on the use of physical restraint that is evidence based and adheres to regulations and national guidelines. Compliance with policy and regulatory requirements are clearly demonstrated.	Substantially compliant
<b>Inspection Findings:</b>	
The home has a policy and procedure on restraint.  Discussions with the registered manager and general observations confirmed that there are no aspects of restraint used in the home.	Compliant

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

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant



<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
<b>Provider's Self-Assessment</b>	
An activity assessment is completed for each resident on admission, the programme of activities are based on their identified needs and their interests.	Substantially compliant
<b>Inspection Findings:</b>	
<p>The home has a policy and procedure on the provision of activities. A review of residents' care records confirmed that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussions with residents at the time of this inspection revealed they were complimentary on such provision and that they felt comfortable about raising suggestions with staff.</p>	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	
<b>Provider's Self-Assessment</b>	
There is a daily varied programme of activities to meet the assessed needs of both male and female residents. The programme can be flexible to respond to residents request i.e. bingo session to promote healthy living sessions of gentle exercise by care staff are carried out. Most residents' take part in these activities provided daily by care staff. Residents have occasionally attended the Arts Theatre, Cinema, Bus Run's and other community events funded by the Friends of Greenfield.	Compliant
<b>Inspection Findings:</b>	
<p>A review of the programme of activities showed that social activities are organised on a daily basis.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in in community based events.</p> <p>Discussions with care staff confirmed that residents were provided with enjoyable and meaningful activities on a regular basis</p>	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
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.	
<b>Provider's Self-Assessment</b>	
If a resident prefers to watch their favourite programmes on TV in their bedroom then their wish is respected. They are however informed of what activity is taking place and involved in the development of the activities programme.	Substantially compliant
<b>Inspection Findings:</b>	
A review of the record of activities provided and discussion with one resident who generally stayed in his room, confirmed that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.  Residents were also invited to express their views on activities by means of monthly residents' meetings.	Compliant

<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The programme of activities is displayed on residents notice boards weekly which can be clearly seen by everyone. The date, time, activity and staff member or volunteer is included.	Compliant
<b>Inspection Findings:</b>	
<p>On the day of the inspection the programme of activities was on display in communal areas throughout the home and in residents' bedrooms.</p> <p>Discussion with two residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	
<b>Provider's Self-Assessment</b>	
Equipment is purchased by friends of greenfield as and when requested. An activity store is provided within the home to hold all equipment. Our volunteer purchases bingo prizes weekly. Pupils from the local Academy attend on a Wednesday to help the residents mark their bingo cards.	Compliant
<b>Inspection Findings:</b>	
Care staff in the home have designated duties of co-ordinating the activity provision and events, with the support of other senior care staff and the registered manager..  General observations made at the time of this inspection found that there was a wealth of equipment and aids to support the provision of activities. These included craft materials, games, musical items, and DVDs appropriate to the age group.	Compliant

<b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Most activities take place between 2.00 - 4.30pm daily, on occasions evening entertainment takes place in the community only residents who feel able would attend these events.	Substantially compliant
<b>Inspection Findings:</b>	
<p>Discussion with care staff and residents evidenced that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. In the norm, activity provision takes place in the afternoon / early evening period, which best meets the residents' needs.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in any activity, as observed during this inspection.</p>	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
On occasion activities are provided by others in this case staff members are present at all times to assist and monitor the quality of the activity etc.	Substantially compliant
<b>Inspection Findings:</b>	
The registered manager confirmed that any person who is contracted in to provide activity, such as a visiting entertainer, is supervised and assisted by staff during such provision.	Compliant
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Staff are always present at a planned activity with others and preserving confidentiality of a resident, informing them of who requested to be involved. Staff record activity in book if enjoyed or not by the residents.	Substantially compliant
<b>Inspection Findings:</b>	
In discussion with the registered manager and staff, the inspector(s) was informed that such a person contacted in to bring activity to the home would be supervised and assisted by staff, so that the needs of residents were duly met at the same time.	Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
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.	
<b>Provider's Self-Assessment</b>	
The home holds an activity book in which the activity, activity person and residents who attend are recorded.	Substantially compliant
<b>Inspection Findings:</b>	
A review of the record of activities evidenced that records had been maintained of the nature of the activity, the name of the person leading the activity and the residents who had participated in the activity.	Compliant



<p><b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>The Activity Programme and Residents Activity Assessments are reviewed 6 monthly or as required. An activity Audit is carried out twice a year by OIC, SCA and Clerical Officer. This is to improve the quality of activities provided in the home from our findings. Suggestion Days with regard to what activities the residents would like included in the activity programme are held once per month with the residents. A monthly newsletter which is provided by the home for the residents providing information as to what is happening in the home with regard to events etc.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p> <p>Examination of the record of monthly residents' meetings confirmed that activity provision and events is a standing item on the agenda.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request</p>	Compliant

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

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## **11.0 Additional Areas Examined**

### **11.1 Resident's Consultation**

The inspector(s) met with all the residents in the home at the time of this inspection. In accordance with their capabilities all confirmed / indicated that they were happy with their life in the home and their relationship with staff.

Some of the comments made included statements such as;

"I am very happy here, this is a grand home"

"The staff are all wonderful"

"I love it here, no complaints"

"This place couldn't be any better"

"The meals are perfect"

One resident expressed an allegation of misconduct against a member of staff, which the instigated the protocol of protection of vulnerable adults .

No other concerns were expressed or indicated.

### **11.2 Relatives/Representative Consultation**

The inspector met with two visiting relatives at the time of this inspection. These relatives were keen to express their praise and gratitude for the provision of care, the kindness and support received from staff and the overall homely environment.

No concerns were expressed.

### **11.3 Staff Consultation**

The inspector spoke with four members of staff of various grades. A review of the completed questionnaires and discussion with staff identified that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place. Staff informed the inspector(s) that they felt a good standard of care was provided.

No concerns were expressed.

### **11.4 Observation of Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

### **11.5 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care.

However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A review of the complaints records has made a recommendation to include in the format of recording complaints confirmation on whether the complainant was satisfied with the outcome of the investigation, as there was no indication of this in a number of records.

Included in the complaints record was an allegation of misconduct which had been managed in accordance with the complaints procedure, instead of the protocol of protection of vulnerable adults. A requirement was made in respect of staff training in this protocol.

## **11.6 General Environment**

The home was clean and tidy with a good standard of décor and furnishings being maintained.

There were three bedrooms which had radiators in position adjacent to the resident's bed. This posed as a risk if the resident were to lie or fall against its hot surface. A requirement has been made for all radiators / hot surfaces to be individually risk assessed in accordance with current safety guidelines, with subsequent appropriate action.

One resident's bedroom had a wardrobe which was free standing from the wall and poses the risk if the wardrobe were to pull on same in the event of a fall. A requirement has been made for all wardrobes to be risk assessed in this respect, in accordance with current safety guidelines with subsequent appropriate action.

## **11.7 Guardianship Information**

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

## **11.8 Fire Safety**

The inspector examined the home's most recent fire safety risk assessment dated 6 November 2013. A requirement has been made for an action plan to be submitted in writing to the home's aligned estates inspection detailing the actions and timescales to be taken in response to the recommendations made in this assessment.

Fire safety training including fire safety drills was found to be maintained for staff on an up to date basis.

## 12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with the Registered Manager Mrs Donna Tracey, 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.

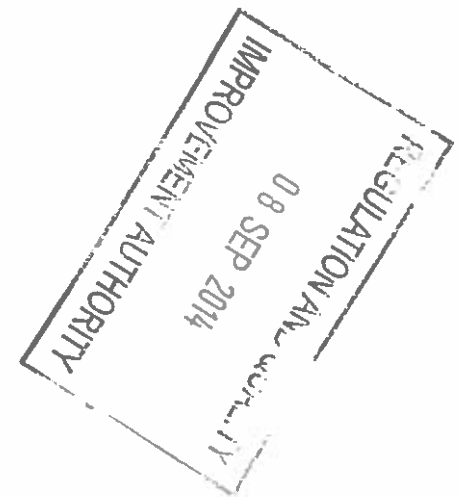
Enquiries relating to this report should be addressed to:

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



The Regulation and  
Quality Improvement  
Authority

**Quality Improvement Plan**  
**Primary Announced Care Inspection**  
**Greenfield**  
**8 July 2014**



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

The specific actions set out in the Quality Improvement Plan were discussed with the Registered Manager, Mrs Donna Tracey either during or after the inspection visit.

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

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

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

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

<b>Statutory Requirements</b>					
<b>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</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1.	14 (4)	<p>The registered person shall make arrangements, by training persons employed or by other measures, to prevent residents being harmed or suffering abuse or being placed at risk of harm or abuse.</p> <p>Reference to this is made in that the training for staff in the protection of vulnerable adults needs to be revisited with staff, so that there is learning from how the incident dated 4 July 2014 was not managed in accordance with this protocol.</p>	One	<p>Management Staff attended training on 05-11-2013, 05-09-2013 and 15-01-2014 and updated 2 yearly.</p> <p>Deirdre Walker will facilitate learning from incident on 04-07-2014 on 03-09-2014 at 2.00pm.</p>	8 September 2014
2.	27 (2) (t)	<p>The registered person shall, having regard to the number and needs of the residents, ensure that –</p> <p>(t) a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>Reference to this is made in that:</p> <ul style="list-style-type: none"> <li>• All radiators / hot surfaces must be individually risk assessed in accordance with current safety guidelines with subsequent appropriate guidelines. Particular attention is drawn to radiators which are adjacent to beds.</li> <li>• All wardrobes must be individually risk assessed in accordance with current safety guidelines with subsequent appropriate</li> </ul>	One	<p>Minor Capital Work request forwarded 13-08-2014 to have 20 radiators covered.</p> <p>Minor Capital Work request forwarded 13-08-2014 to have 7 loose fitting wardrobes secured.</p>	8 October 2014

		guidelines. Particular attention is drawn to loose fitting wardrobes which poses a risk if a resident were to pull on the event of a fall.			
3.	27 (4) (a)	<p>The registered person shall –</p> <p>(a) Have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed.</p> <p>Reference to this is made in relation to the fire safety risk assessment dated 6 November 2013. A written action plan with timescales must be submitted to the home's aligned estates inspector detailing how the ten recommendations will be dealt with.</p>	One	Action plan with time scales completed 21-08-2014 with Douglas McMorris Fire Safety Officer and forwarded to estates inspector.	8 September 2014

**Recommendations**

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	17.10	<p>Records are kept of all complaints and these include details of all communications with complainants, the result of any investigations and action taken.</p> <p>Reference to this is made, in that in the format of recording complaints there needs to be clear details recorded whether the complainant is satisfied with the outcome of such.</p>	One	<p>OIC has addressed this recommendation with Management Staff when on duty between 8<sup>th</sup> -18<sup>th</sup> July. OIC will further discuss detailed record keeping in reference to complaints on 08-09-2014 at Management Meeting.</p>	22 July 2014



Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Donna Tracey
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	<i>Carrie Way</i>

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	<i>Yes</i>	<i>Amulya</i>	<i>8/9/14</i>
Further information requested from provider			