



The Regulation and  
Quality Improvement  
Authority

## Unannounced Secondary Care Inspection

**Service and Establishment ID:** Greenfield (1545)  
**Date of Inspection:** 13 January 2015  
**Inspector's Name:** John McAuley  
**Inspection No:** IN017542

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**1.0 General Information**

<b>Name of Establishment:</b>	Greenfield (1545)
<b>Address:</b>	2 Melmount Road Strabane BT82 9BT
<b>Telephone Number:</b>	028 7188 2381
<b>Email Address:</b>	donna.tracey@westerntrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Western HSC Trust Ms Elaine Way CBE
<b>Registered Manager:</b>	Mrs Donna Tracey
<b>Person in Charge of the Home at the Time of Inspection:</b>	Mrs Rosaline McConnell – Senior Care Assistant
<b>Categories of Care:</b>	RC-I
<b>Number of Registered Places:</b>	34
<b>Number of Residents Accommodated on Day of Inspection:</b>	19
<b>Scale of Charges (Per Week):</b>	Trust rates
<b>Date and Type of Previous Inspection:</b>	8 July 2014 Primary Announced Inspection
<b>Date and Time of Inspection:</b>	13 January 2015 10:15am – 2:00pm
<b>Name of Inspector:</b>	John McAuley

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

## 3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

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

## 4.0 Methods/Process

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

- Discussion with the senior in charge
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

## 5.0 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 Standard/s: **9 - Health and Social Care**  
**The health and social care needs of residents are fully addressed**

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

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

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

## **6.0 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.

## 7.0 Summary

This secondary unannounced care inspection of Greenfields Residential Care Home was undertaken by John McAuley on 13 January 2015 between the hours of 10:15am and 2:00pm.

Mrs Rosaline McConnell was the senior care assistant in charge of the home and was available during the inspection was available for verbal feedback of the inspection findings.

There was three requirements and one recommendation made as a result of the previous inspection on 8 July 2014. A review of these found that two requirements and one recommendation had been addressed satisfactorily within timescale. The other requirement in relation risk assessment of radiators / hot surfaces had been addressed but in respect of loose fitting wardrobes there was no obvious evidence to indicate this was address. This requirement has been stated for a second time. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

The focus of this inspection was on Standard 9 Health and Social care of the DHSSPS Residential Care Homes Minimum Standards. A review of this standard found that care records were recorded in detail with good account of residents' health and social care needs being met. Staff on duty confirmed good knowledge and understanding of residents' needs and prescribed interventions. Care progress records contained evidence that statements of assessed need had a recorded statement of care / treatment given and effect of same. However there were a number of entries into residents' progress records that referred to the resident's behaviour as "very unsettled" or "unsettled". A requirement has been made for such terminology to be clearly defined in descriptive terms, with a recorded statement of care / treatment given and effect of same.

There were processes in place to ensure the effective management of the standard inspected, and the overall standard was assessed as compliant.

During the inspection the inspector met with residents and staff, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

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. The details of these discussions are in section 10.0 of the main body of this report.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

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

A review of the accident / incident reports was also undertaken. This resulted in a requirement in terms of notification. Further details can be found in section 10.0 of the main body of the report.

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

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

**8.0 Follow Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 8 July 2014.**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
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>	Training in the protection of vulnerable adults has been revisited / updated.	Compliant



No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
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 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.</li> </ul>	<ul style="list-style-type: none"> <li>• A risk assessment has been carried out on all radiators / hot surfaces with a subsequent requisition made for covers to be installed throughout.</li> <li>• There were a significant number of wardrobes which continued to pose risk if pulled on in the event of a fall. This requirement has been stated for a second time.</li> </ul>	<p>Compliant</p> <p>Not compliant</p>

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
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>	<p>The home's aligned estates inspector has been notified of the action plan to address the recommendations made in the fire safety risk assessment dated 6 November 2013.</p>	<p>Compliant</p>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
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>	<p>A review of the record of complaints confirmed there were clear details recorded whether the complainant was satisfied with the outcome of such.</p>	<p>Compliant</p>

**9.0 Inspection Findings**

<b>Standard 9 - Health and Social Care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
9.1 The home has details of each resident’s General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	
<b>Inspection Findings:</b>	
A review of residents’ care records confirmed that the details of each resident’s GP and aligned healthcare professionals were recorded.  Assistance is in place, for those residents who need to register with a new GP and / or healthcare professional.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	
<b>Inspection Findings:</b>	
Discussions with staff on duty confirmed that they had good knowledge and understanding of residents’ needs and practices and interventions prescribed. This knowledge and understanding was found to correspond with the assessments and care plans reviewed.	Compliant

<p><b>Criterion Assessed:</b></p> <p>9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, secondary health care services and social services when necessary and documented in the resident’s records.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p> <p>A review of residents’ care records confirmed that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referrals to the aligned health care professional(s). However there were a number of entries into residents’ progress records that referred to the resident’s behaviour as “very unsettled” or “unsettled”. A requirement has been made for such terminology to be clearly defined in descriptive terms, with a recorded statement of care / treatment given and effect of same.</p> <p>Management of continence care needs was found to be individually assessed and care planned for, with prescribed and specific interventions in place.</p>	<p>Substantially compliant</p>
<p><b>Criterion Assessed:</b></p> <p>9.4 Where appropriate, the resident’s representative is provided with feedback from health and social care appointments and informed about any follow up care required.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p> <p>Evidence was in place to confirm that the resident’s representative is provided with feedback from health and social care appointments and any follow up care required. This evidence was recorded in a contact record with the resident’s representative and also in the resident’s progress records.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b></p> <p>9.5 There are systems for monitoring the frequency of residents’ health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>A record is maintained of each resident’s contact with their aligned health care professional(s). There was also evidence in place to confirm that referrals are made as necessary to the appropriate service.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b></p> <p>9.6 There are systems for maintaining residents’ spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>General observations of residents’ aids, appliances and equipment found these were maintained in good order.</p>	<p>Compliant</p>

## **10.0 Additional Areas Examined**

### **10.1 Resident's consultation**

The inspector met with a large number of residents in the home at the time of this inspection. In accordance with their capabilities, all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Some of the comments received included statements such as:

- "They look after all our needs, no complaints."
- "They are all very good to us."
- "The food is lovely."
- "Everyone is very kind."

No concerns were expressed or indicated.

### **10.2 Relatives/representative consultation**

There were no visiting relatives in the home at the time of this inspection.

### **10.3 Staff consultation**

The inspector met with four members of staff of various grades on duty. All spoke positively about the provision of care, workload and duties, the provision of training and managerial support.

No concerns were expressed.

### **10.4 Visiting professionals' consultation**

The inspector did not meet with any visiting professionals during this inspection.

### **10.5 General environment**

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

Residents' bedrooms were observed to be homely and personalised.

The communal lounge and dining area were comfortable and nicely facilitated.

### **10.6 Accident / incident reports**

A review of the home's accident / incident reports was undertaken. A requirement has been made in relation to notification of incidents of significant medical intervention being notified to RQIA, such as hospital admission, or challenging behaviours, or incident when fire alarm was activated which was found not to be duly reported.

## 10.7 Care practices

Discreet observations evidenced residents being treated with dignity and respect. A pleasant relaxed homely atmosphere was in place with residents observed to be comfortable and content with same. Staff interactions with residents were found to be polite, friendly, warm and supportive.



## **11.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Rosaline McConnell Senior Care Assistant, 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.

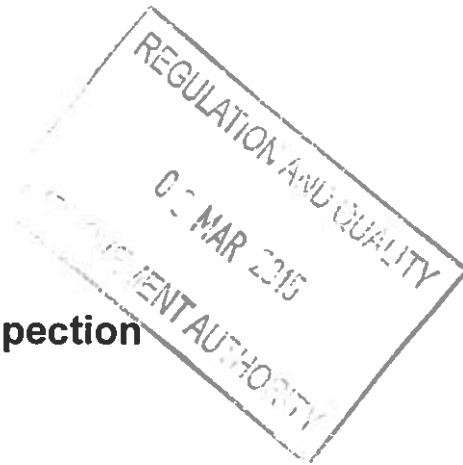
Enquiries relating to this report should be addressed to:

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



The Regulation and  
Quality Improvement  
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**Quality Improvement Plan**  
**Secondary Unannounced Care Inspection**  
**Greenfield**  
**13 January 2015**



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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Rosaline McConnell 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.

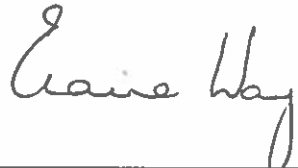
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of 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.	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 wardrobes must be individually risk assessed in accordance with current safety guidelines with subsequent appropriate 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.</li> </ul>	Two	MCW docket forwarded to Estates on 08-07-2014 follow up with Deirdre Walker on 28-01-2015 request forwarded to Lorna Stevenson for job to be considered as immediate. This has now been approved work will commence as soon as possible. OIC to liaise with Lorna Stevenson for update on progress of work.	13 March 2015

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
2.	19 (1) (a) Schedule 3 (3) (k)	<p>The registered person shall –</p> <p>(a) Maintain in respect of each resident a record which includes the information, documents and other records specified in Schedule 3 relating to the resident:</p> <p>Schedule 3 (3) (k) a contemporaneous not of all care and services provided to the resident, including a record of his condition and any treatment or other intervention.</p> <p>Reference to this is made in that the use of terms such as “very unsettled” or “unsettled” to describe a resident’s behaviour must be refrained from, with description of such be detailed and informative in terms of the actual behaviour.</p>	One	All staff have been informed of this requirement, which will be further discussed at Management and Care Staff Meetings on 2/3 March 2015. Staff aware that detailed and informative description of actual behaviour to be written on residents individual kardex.	13 February 2015

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
3.	30 (1) ( c ), (d), and (f)	<p>The registered person shall give notice to the RQIA without delay of the occurrence of –</p> <p>(c) any serious injury to a resident in the home:</p> <p>(d) any event in the home which adversely affects the care, health, welfare or safety of any resident:</p> <p>(f) any accident in the home.</p> <p>Reference to this is made notification of incidents of significant medical intervention such as hospital admission, or challenging behaviours, or incident when fire alarm was activated must be made to RQIA.</p>	One	All staff are aware of this requirement and will be further discussed at Care Staff and Management Meetings 2/3 March 2015.	14 January 2015

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 and email to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

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

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes.		9/3/15
Further information requested from provider			