



Unannounced Care Inspection Report 7 November 2019



Greenfield

Type of Service: Residential Care Home
Address: 2 Melmount Road, Strabane, BT82 9BT
Tel No: 028 7188 2381
Inspector: Jane Laird

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 34 beds that provides care for older people.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT) Responsible Individual: Anne Kilgallen	Registered Manager and date registered: Eilish Morris – registration pending
Person in charge at the time of inspection: Eilish Morris	Number of registered places: 34
Categories of care: Residential Care (RC) I - Old age not falling within any other category	Total number of residents in the residential care home on the day of this inspection: 16

4.0 Inspection summary

An unannounced inspection took place on 7 November 2019 from 10.20 hours to 15.30 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care, medicines management and finance inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, supervision and appraisal, care records, communication between residents, staff and other key stakeholders and maintaining good working relationships. Further areas of good practice was identified in relation to the culture and ethos of the home, listening to and valuing residents and their representatives and taking account of the views of residents.

An area of improvement was identified in relation to the refurbishment of the environment.

Residents described living in the home in positive terms. Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Eilish Morris, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 8 January 2019

The most recent inspection of the home was an unannounced finance inspection undertaken on 8 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including care, pharmacy and finance issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

During the inspection a sample of records was examined which included:

- staff duty rotas from 28 October 2019 to 10 November 2019
- staff training schedule and training records
- two staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- a sample of governance audits/records
- accident, incident, notifiable event records
- minutes of recent residents' meetings
- minutes of recent staff meetings
- a sample of three resident agreements
- management of distressed reactions
- a sample of monthly monitoring reports from September 2019
- RQIA registration certificate

Areas for improvements identified at the last care, medicines management and finance inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 5 October 2018

There were no areas for improvements made as a result of the last care inspection.

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4.2 Stated: First time	The registered person shall include a provision within the residents' agreements stating that details of the fees were forwarded directly to residents from the WHSCT.	Met
	Action taken as confirmed during the inspection: A review of three patients' files evidenced that written agreements had been reviewed to include a provision within the residents' agreements stating that details of the fees were forwarded directly to residents from the WHSCT.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 6 Stated: First time	The registered person shall ensure that detailed care plans for the management of distressed reactions are in place.	Met
	Action taken as confirmed during the inspection: The inspector reviewed the management of distressed reactions for one identified resident which evidenced that a detailed care plan was in place.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

On arrival to the home at 10.20 hours we received a warm welcome from the manager who provided an orientation of the building. There was a pleasant and relaxed atmosphere observed throughout the home and staff were friendly and knowledgeable regarding resident's needs. The manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met.

Staffing rotas for weeks commencing 28 October 2019 and 4 November 2019 were reviewed which evidenced that there were adequate numbers of staff in place to ensure residents were kept safe and their social and physical needs are met in a timely manner. A discussion with staff evidenced that they were satisfied that there was sufficient staff on duty to meet the needs of the residents. Staff said that they felt supported by management, comments included;

- "I love it here"
- "Great place"
- "Very supported by management"

We also sought staff opinion on staffing via an online survey. There was no response in the time frame provided.

Residents spoken with were very complimentary of the staff and expressed that they felt valued and safe living in Greenfield. Comments included;

- "Staff are great"
- "Very happy here. Have everything I need"

We also sought the opinion of residents on staffing via questionnaires. There was no response in the time frame allocated.

Records of recruitment are maintained in the personnel department of the Western Health and Social Care Trust. Discussion with the manager confirmed that staff were recruited in line with legislation and relevant checks were sought, received and reviewed prior to staff commencing work. Residents were supported by staff that received on-going training to ensure they understood and were able to respond to resident's needs. A system was also in place to direct the management team of when staff were due their bi-annual supervision and yearly appraisal.

The staff we spoke with understood their responsibilities in relation to keeping residents safe and were able to describe what they would do if they suspected or witnessed any form of abuse. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

The manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. A sample of a staff competency and capability assessment was inspected and found to be satisfactory.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. Fire exits and corridors were observed to be clear and free from obstruction.

On review of the bathrooms we identified that both baths had been removed from the home without notifying RQIA. One of the bathroom floor covering was uneven where the bath had been removed resulting in a potential trip hazard and the manager agreed to secure this room until appropriate refurbishment work has been completed. There were a number of identified walls and ceilings that required painting both internally and externally. We observed bedroom furniture and floor coverings in identified areas of the home that were marked/worn requiring refurbishment/replacement.

This was discussed in detail with the manager who informed us that the management team were in the process of commencing a refurbishment plan to enhance the internal/external environment with work proposed to commence in January 2020. Following the inspection an action plan detailing the proposed dates for completion of refurbishment work and the reinstating of a bath was forwarded to RQIA. The estates inspector for the home was notified and an area for improvement was identified.

A number of audits were completed on a monthly basis by the manager and/or deputy manager to ensure the safe and effective delivery of care. Falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall.

Infection prevention and control, care records, hand hygiene and environment audits were also carried out monthly and where deficits were identified, an action plan had been devised to monitor improvement. However on review of the incident records it was identified that an incident had not been reported to RQIA as per regulation. Following the inspection a notification was forwarded retrospectively to the aligned inspector and the manager agreed to communicate with all relevant staff the importance of notifying RQIA when medical attention is sought and/or received.

The management of medicines prescribed for administration on a "when required" basis for the management of distressed reactions was reviewed for one identified resident. The dosage instructions were recorded on the personal medication record and staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. The reason for and the outcome of administration were recorded and a care plan was maintained. This was identified as an area for improvement at the previous medicines management inspection which has been suitably addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal.

Areas for improvement

An area for improvement was identified during the inspection in relation to the refurbishment of the environment.

	Regulations	Standards
Total numb of areas for improvement	1	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

A review of three residents' care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records inspected were observed to be signed by the resident and/or their representative.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted with demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns they could raise these with the manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussion with residents and staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home and staff were observed to use every interaction as an opportunity for engagement with residents. Care records contained the social history of the residents and their preferences in relation to activities.

On the day of the inspection residents were observed having their hair styled in the onsite hair salon by the hair dresser who visits the home on a weekly basis. There was clear evidence of a relaxed, pleasant and friendly atmosphere between residents and staff. A visit from the local primary school in the afternoon identified further positive interactions between the residents and the children.

We observed the serving of the lunchtime meal which commenced at 12.30 hours. A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dinner time meal was appetising and nicely presented and residents commented positively on their provision of meals. We identified that there was no menu on display and discussed this with the manager who advised that they were in the process of reviewing the menu in consultation with residents and would be displaying this at each table offering a choice of two meals.

Review of minutes from resident meetings evidenced that residents' needs were recognised, listened to and valued. Staff were observed throughout the inspection communicating with residents in an appropriate manner and their views and opinions were taken into account in all matters affecting them. This was commended by the inspector.

Consultation with 11 residents individually, and with others in small groups, confirmed that living in Greenfield was a positive experience.

Patient comments:

- "Great place"
- "Well looked after"
- "Lovely staff working here"
- "Staff are very friendly"
- "Really like it here"
- "Manager is great"
- "Food is great. If you don't like something on the menu they will make you something different"

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents and general observations of care practices.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

A review of the duty rota evidenced that the manager's hours, and capacity in which these were worked were recorded. The manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis; however a copy of the most recent visit for October 2019 was not available for patients, their representatives, staff and trust representatives. This was discussed with the manager who agreed to communicate this with the designated monitoring officer and a copy of the report was forwarded to RQIA retrospectively.

A review of three patients' files evidenced that written agreements had been reviewed to include a provision within the residents' agreements stating that details of the fees were forwarded directly to residents from the WHSCT. This was an area for improvement that had been identified at the previous finance inspection which has been suitably addressed.

Staff confirmed that there were good working relationships in the home and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Eilish Morris, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27</p> <p>Stated: First Time</p> <p>To be completed by: 7 February 2020</p>	<p>The registered person shall ensure that a refurbishment plan is implemented to include the repair or replacement of bedroom furniture in a number of resident bedrooms, the repair to damaged floors in identified rooms, the replacement of a bath and the redecorating of walls both internal and external.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Request in place for replacement of bedroom furniture. Repair/Replacement flooring has been requested. Replacement of bath in upstairs bathroom is in progress. Redecoration of external walls has been allocated. Request for additional work on internal walls has been requested.</p>
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