

# Inspection Report

## 16 November 2023



## Greenfield

Type of service: Residential Care Home  
Address: 2 Melmount Road, Strabane, BT82 9BT  
Telephone number: 028 7188 2381

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

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|---|---|
| <b>Organisation/Registered Provider:</b><br>Western Health and Social Care Trust (WHSCT)  | <b>Registered Manager:</b><br>Mrs Stacey McAleer<br><br><b>Date registered:</b> 21 July 2023              |
| <b>Responsible Individual:</b><br>Mr Neil Guckian   |   |
| <b>Person in charge at the time of inspection:</b><br>Ms Luisa Carlin, Senior care assistant  | <b>Number of registered places:</b><br>25   |
| <b>Categories of care:</b><br>Residential Care (RC)<br>I – Old age not falling within any other category.<br>DE – Dementia.   | <b>Number of residents accommodated in the residential care home on the day of this inspection:</b><br>16 |
| <b>Brief description of the accommodation/how the service operates:</b><br>This home is a registered Residential Care Home which provides health and social care for up to 25 residents. Residents have access to communal spaces and a sensory garden. |   |

## 2.0 Inspection summary

An unannounced inspection took place on 16 November 2023 from 9.50am to 4pm by a care inspector.

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

The home was found to be comfortably warm, clean and have a welcoming, relaxed atmosphere. Staff interactions with residents were observed to be compassionate and supportive. Staff were found to be attentive to the needs of the residents.

Residents were observed to be at ease in their surroundings and were well looked after regarding attention to personal care and appearance. Staff provided care in a compassionate manner. The lunchtime meal was served to residents by staff in an unhurried, relaxed manner.

Nine new areas for improvement have been identified during this inspection.

RQIA will be assured that the delivery of care and service provided in Greenfield will be safe, effective, compassionate and well led in addressing these areas of improvement.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the returned quality improvement plan, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

### 4.0 What people told us about the service

Residents spoke positively about the care that they received and about their interactions with staff. Residents confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. Residents commented, "Staff are good and the food is great" and "I have no complaints; this is a good place." Another resident said, "You couldn't ask for better; the staff are all good and the food is lovely."

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the staff confirmed that there were good working relationships between staff and management. Staff spoken with stated that the care provided to residents was important to them and was of a good standard.

Three returned questionnaires were received from relatives following the inspection. All of the comments were positive in relation to the care provision. One relative expressed a concern which was shared with the manager for follow up. Comments included: "Staff are very efficient, caring and friendly, providing a family atmosphere for our loved ones. Staff are very approachable and informative about the care needed, keeping relatives informed at all times" and "Greenfield has some amazing staff. Stacey, the manager is excellent and wants the best for her residents."

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

| Areas for improvement from the last inspection on 3 August 2022  |  |   |
|--|--|---|
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2) |  | Validation of compliance                      |
| <b>Area for Improvement 1</b><br><b>Ref:</b> Standard 6<br><b>Stated:</b> First time                                 | The registered person shall ensure that care plans are in place for the management of distressed reactions.  | <b>Carried forward to the next inspection</b> |
|  | <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>               |   |
| <b>Area for improvement 2</b><br><b>Ref:</b> Standard 23<br><b>Stated:</b> First time                                | The registered person shall ensure that records of staff training and competency assessment in relation to medicines management are maintained and available for inspection. | <b>Carried forward to the next inspection</b> |
|  | <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>               |   |

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. Competency and capability assessments were completed for the person in charge of the home in the absence of the manager. Records were in place to evidence that staff supervision and appraisal were completed.

Appropriate checks had been made to ensure that care workers with the Northern Ireland Social Care Council (NISCC) were appropriately registered.

Staff said there was good teamwork and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence.

Review of the staff duty rota confirmed that it accurately reflected the staff working in the home and the person in charge was identified. However, it was noted that the manager's hours were not recorded and the staff were unsure when the manager was on duty. This was identified as an area for improvement.

Discussions with staff confirmed that they were knowledgeable in relation to specific details about the care of the residents. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents spoken with, reported that staff were responsive to their needs and did not express any concerns in seeking support from staff.

### 5.2.2 Care Delivery and Record Keeping

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner and by offering personal care to residents discreetly.

Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes. We observed staff to be prompt in recognising residents' needs and any early signs of request for assistance.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents' consent when delivering care. We observed residents able to walk around freely and light music was playing in the background.

Examination of records confirmed that the risk of falling and falls were well managed.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

During the lunchtime meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

It was noted that staff spoken with were unclear in relation to all of the residents who required a modified diet. This was identified as an area for improvement.

There was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. Residents told us they very much enjoyed the food provided in the home. Appropriate supervision and support was readily available from staff. Meals were covered during transportation to residents who chose to have their lunch in their bedrooms.

It was observed that the daily menu was not displayed in an accessible format for residents. This was identified as an area for improvement.

Overall care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. However, it was noted that one care plan did not accurately reflect recommendations made by the dietician. This was identified as an area for improvement. Additionally, two of the care records reviewed identified that the care plans had not been updated to accurately reflect the needs of the residents. This was identified as an area for improvement.

Residents' needs were assessed at the time of their pre admission to the home. Following admission care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs.

Residents' care records were held safely and confidentially.

Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents commented positively on the care delivery in the home and praised the meal provision.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was found to be warm, clean and maintained to a good standard. Resident bedrooms were personalised and contained items which were important to them.

It was noted that there were improvements in the home both internally and externally; the installation of new lighting, the call bell system and the repainting of a number of areas. In addition, there is a new sensory garden which has been completed; in the summer time all the residents will benefit from this. This all helps to create a positive working environment.

A malodour was identified in one room during the inspection. This was identified as an area for improvement to ensure this is addressed.

It was observed that residents were able to move around the home around freely and, in addition to their bedrooms had access to communal lounges and dining areas. Residents could choose where to sit and how to spend their time.

It was identified that the radiators on the first floor were very hot to touch. This poses a risk, should a resident fall against this surface. This was identified as an area for improvement.

Corridors and fire exits were clear from clutter and obstruction. The home's most recent fire safety risk assessment was completed on 27 April 2023. It was evident that action had been taken to address any areas for improvement identified; however, it was unclear if these actions were completed as they were not signed off by the manager. This was identified as an area for improvement.



The records of fire evacuation drills were reviewed. It was unclear if all staff had participated in an annual fire drill. This was identified as an area for improvement.

Throughout the home there was evidence of accessible personal protective equipment (PPE) and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct PPE and to adhere to the correct food hygiene and infection control guidelines.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

#### **5.2.4 Quality of Life for Residents**

The atmosphere was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and in their interactions with staff. Discussion with residents confirmed that they were satisfied that they could make their own choices throughout the day with regard to their routine. For example, residents could have a lie in or stay up late to watch TV.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

During the inspection residents were involved in small group activities of reminiscence therapy. We observed some residents engaged in puzzles, while others were reading their daily paper and watching television. Staff were observed sitting with residents in small groups and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to watch television or engage in their own preferred activities.

#### **5.2.5 Management and Governance Arrangements**

There was no change of management since the last inspection. Mrs Stacey McAleer is the Registered Manager of this home.

Staff were aware of who the manager of the home was and demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about resident care or staffs' practices. Staff commented positively about the manager and described her as approachable and accessible.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Review of the home's record of complaints confirmed that these were well managed. The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. On review of these records it was identified that a number of incidents were not reported to RQIA. This was identified as an area for improvement.

The home was visited each month by a representative on behalf of the responsible individual to consult with residents' their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

## 7.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 3           | 8*        |

\*The total number of areas for improvement includes two areas which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Luisa Carlin, Senior Care Assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

| <b>Quality Improvement Plan</b>  |   |
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| <b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>                                  |   |
| <b>Area for improvement 1</b><br><b>Ref:</b> Regulation 27(2) (t)<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>16 December 2023 | The registered person shall ensure that a risk assessment is completed in relation to hot surfaces with particular reference to the radiators on the first floor, with subsequent appropriate action.<br><br>Ref: 5.2.3 |
|  | <b>Response by registered person detailing the actions taken:</b><br>Manager has a risk assessment in place and a Minor Capital Works has been put in place to cover all radiators on the first floor.                  |



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| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (4) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>30 November 2023</p>      | <p>The registered person shall ensure that any recommendations made as a result of the fire safety risk assessment are signed off, as completed by the manager.</p> <p>Ref: 5.2.3</p>   |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 30 (1) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>16 November 2023</p>      | <p>The registered person shall ensure that any incident which affects the health, care, welfare or safety of a resident, is reported to RQIA.</p> <p>Ref: 5.2.5</p>   |
| <p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b></p>   |   |
| <p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>From the date of this inspection</p> | <p>The registered person shall ensure that care plans are in place for the management of distressed reactions.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b><br/>All care plans monitored and distressed reaction care plans are in place for the relevant residents.</p>   |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>3 September 2022</p>                | <p>The registered person shall ensure that records of staff training and competency assessment in relation to medicines management are maintained and available for inspection.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b><br/>All staff trainings and competencies are in place and available in the managers office.</p> |

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| <p><b>Area for improvement 3</b></p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by:<br/>16 November 2023</p>  | <p>The registered person shall ensure that the hours worked by the manager are recorded on the staff duty rota.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>Manager has input hours onto the staffing rota</p>   |
| <p><b>Area for improvement 4</b></p> <p>Ref: Standard 12.10</p> <p>Stated: First time</p> <p>To be completed by:<br/>16 November 2023</p> | <p>The registered person shall ensure that all staff are knowledgeable in relation to residents who require a modified diet.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>Support staff supervisor has been contacted and has retrained all support services staff.</p>   |
| <p><b>Area for improvement 5</b></p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by:<br/>16 November 2023</p>  | <p>The registered person shall ensure that the daily menu is displayed in a suitable format for residents.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>Daily menus are now visible on both units for all residents to see.</p>   |
| <p><b>Area for improvement 6</b></p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by:<br/>30 November 2023</p>   | <p>The registered person shall ensure that care plans accurately reflect the needs of the residents and any recommendations from health care professionals.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>All care plans have been reviewed and have been updated to reflect each individuals current needs.</p> |

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| <p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>30 November 2023</p> | <p>The registered person shall ensure that the malodour in one identified room is addressed.</p> <p>Ref: 5.2.2</p>  |
| <p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 29.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>16 December 2023</p> | <p><b>Response by registered person detailing the actions taken:</b><br/>social work manager has been contacted for a review of care for the resident who is the source of the malodour. Support services staff are aware to deep clean the bedroom and surrounding area frequently.</p> <p>The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b><br/>Fire drills have been carried out by the manager and the fire officer and have all been completed with the exception of staff off on long term leave.</p> |

*\*Please ensure this document is completed in full and returned via Web Portal\**



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