

Unannounced Care Inspection Report 26 September 2017



Greenfield

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

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 34 beds that provides care for residents under the category of care detailed in its certificate of registration.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual(s): Dr Anne Kilgallen	Registered Manager: Patrick Travers
Person in charge at the time of inspection: Patrick Travers	Date manager registered: 5 July 2017
Categories of care: Residential Care (RC) I - Old age not falling within any other category	Number of registered places: 34

4.0 Inspection summary

An unannounced care inspection took place on 26 September 2017 from 10:00 to 13:15 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought 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 the governance arrangements, staff training, supervision, adult safeguarding and infection prevention and control. Evidence of good practice was also found in relation to communication between residents, staff and other key stakeholders and maintenance of good working relationships.

Two areas requiring improvement were identified. These were in relation to risk assessments for residents who smoke and the detail recorded in residents' progress records.

Feedback from residents was all positive. Residents were keen to express praise and gratitude for the care provided for and the kindness and support received from staff.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Patrick Travers, Registered 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 April 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and returned QIP and accident and incident notifications.

During the inspection the inspector met with 18 residents, six staff and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Two residents' care files
- Residents' progress records
- Minutes of recent staff meetings
- Complaints and compliments records
- Infection control register/associated records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially 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 most recent inspection dated 20 April 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 20 April 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(2)(t) Stated: First time	The registered provider must individually risk assess all wardrobes in accordance with current safety guidelines with subsequent appropriate action.	Met
	Action taken as confirmed during the inspection: All wardrobes have been risk assessed with subsequent appropriate action taken.	
Area for improvement 2 Ref: Regulation 27(4)(a) Stated: First time	The registered provider must put in place corresponding evidence of an action plan with timescales to the recommendations made in the fire risk assessment in place dated 21 April 2016. This action plan needs to be submitted to the home's aligned estates inspector.	Met
	Action taken as confirmed during the inspection: An action plan was submitted to the home's aligned estates inspector.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: First time	The registered provider should ensure that the wall paper in an upstairs dining room is made good.	Partially met
	Action taken as confirmed during the inspection: The dampness to the area affected has been treated. However the unsightly appearance of the damage to the wall paper has yet to be addressed.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were regularly provided. A schedule for mandatory training, staff supervision and appraisal was maintained and was inspected.

The registered manager and staff advised 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; records of competency and capability assessments were retained.

The home's recruitment and selection policy and procedure was in line with current legislation and best practice. Discussion with the manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the Western Health & Social Care Trust's personnel department. The registered manager reported that a bank member of staff had been recruited to the home, since the previous inspection.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken to advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The home itself was clean and tidy, fresh smelling and appropriately heated. Décor and furnishings were being adequately maintained. Residents' bedrooms were comfortable and nicely personalised. An upstairs dining room was in need of redecorating due to wall paper being damaged. The registered manager reported that this has been requested to be done.

There were no obvious hazards to the health and safety of residents, visitors or staff.

An area of improvement in accordance with standards was identified in regard to with assessments for residents who smoke. The existing records lacked details of assessment and subsequent actions. Advice was given in relation to this matter to ensure that a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes needs to put in place. The assessment needs to take account of contributing factors pertaining to risk such as medical condition(s), compliance and subsequent prescribed interventions, as well as current safety guidance.

The home had a fire risk assessment in place dated April 2017. The five recommendations made from this assessment had corresponding evidence recorded of the actions taken.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Updated training is planned for 28 September and 11 October 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up-to-date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to staff training, supervision, adult safeguarding and infection prevention and control.

Areas for improvement

One area of improvement was identified in respect of risk assessments for residents who smoke.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Inspection of two 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 and care plans. An area of improvement was identified in regard to residents' progress records. Entries in daily progress records did not always provide information to regards to the residents' identified needs, in that identified issues of assessed need had little corresponding recorded statement of this need nor care / treatment given with effect(s) of same. For example one resident had an assessed need of low mood but the progress records gave very little account pertaining to this actual assessed need. Advice was given in relation to this matter.

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 reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. This was reflected by staff knowledge and understanding of residents' individual needs.

Records were stored safely and securely in line with data protection.

An individual agreement setting out the terms of residency was in place and appropriately signed.

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. These included care record audits and monthly monitoring visits.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas of good practice

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

Areas for improvement

One area of improvement was identified in respect of the detail recorded in residents' progress records.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

The inspector met with 18 residents in the home at the time of this inspection. In accordance with their capabilities all residents confirmed that they were happy and content with their life in the home, their relationship with staff, the provision of meals and the provision of activities.

Some of the comments made included statements such as;

- “I am very happy here. Everyone is lovely”
- “This is a really good home. I am delighted with it”
- “The food is just perfect and there is plenty to eat”
- “It’s a 100% here. I can’t fault it”
- “The staff are all just brilliant. They are all friendly and kind and work hard”

A range of policies and procedures were in place which supported the delivery of compassionate care.

Discussion with residents and staff confirmed that residents’ spiritual and cultural needs, including preferences for end of life, were met within the home.

Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents and staff confirmed that consent was sought in relation to care and treatment.

Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff interactions with residents were found to be polite, friendly, warm and supportive. Discussions with residents confirmed that they had a warm relationship with staff and felt in gratitude for their kindness.

Staff confirmed their awareness of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected.

Staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included care review meetings, monitoring visits and day to day contact with management.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read, with an action plan as appropriate.

Discussion with residents, staff and observation of practice confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents at the time of this inspection were relaxing enjoying the company of one another, watching television and/or reading. On the afternoon of this inspection a visiting entertainer was the planned activity. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Areas of good practice

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

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

6.7 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

The registered manager confirmed 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.

A range of policies and procedures was in place to guide and inform staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents' Guide and information on same displayed. Discussion with the registered manager confirmed that he was knowledgeable about how to receive and deal with complaints.

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. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. The last three months' reports were inspected and these were found to be maintained in informative detail.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

There was evidence of managerial staff being provided with additional training in governance and leadership. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to the governance arrangements and maintenance of 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 Patrick Travers, Registered 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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 28.5</p> <p>Stated: First time</p> <p>To be completed by: 26 November 2017</p>	<p>The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A detailed risk assessment and care plan is now in place for all residents who smoke. The assessment takes account of contributing factors pertaining to risk such as medical conditions, prescribed interventions and current safety guidance.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: 26 November 2017</p>	<p>The registered person shall review with staff how residents' progress records are maintained. Entries in the daily progress records should reflect the identified issues of assessed need. Identified issues of assessed need to have a corresponding record statement of this need and care / treatment given with effect(s) of same.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The OIC has reviewed residents progress notes in conjunction with staff to ensure they reflect the residents identified needs. Daily progress notes are now checked by senior care staff during handover to ensure they correspond with residents care plans. Any care or treatments given are monitored and the effects noted in the progress notes. Formal in-house training is being commissioned for senior and care assistant staff to further address this matter.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews