



# Unannounced Care Inspection Report 1 September 2020



## Greenfield

**Type of Service: Residential Care Home (RCH)**  
**Address: 2 Melmount Road, Strabane, BT82 9BT**  
**Tel No: 028 7188 2381**  
**Inspector: Laura O'Hanlon**

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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 registered to provide care for up to 34 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western Health and Social Care Trust  <b>Responsible Individual:</b> Dr Anne Kilgallen	<b>Registered Manager and date registered:</b> Eilish Morris – 26 November 2019
<b>Person in charge at the time of inspection:</b> Eilish Morris	<b>Number of registered places:</b> 34
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 20

### 4.0 Inspection summary

An unannounced inspection took place on 1 September 2020 from 09.10 to 18.00.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements

Residents said that they felt safe in the home were well cared for and staff were kind to them.

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
<b>Total number of areas for improvement</b>	1	0

Areas for improvement and 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 19 residents and six staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. There was a number of staff responses returned. This has been escalated to senior management in the trust for further action. Nine questionnaires were returned from residents which indicated that they were satisfied with the care provided in the home.

The inspector provided the registered manager with 'Tell Us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas
- three residents' records of care
- three staff competency and capability assessments
- staff training matrix
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate.

Areas for improvement identified at the last care 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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 7 November 2019.

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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and inspection of the environment confirmed that a number of areas in the refurbishment plan were completed; the exterior of the building was repainted, bedroom furniture is being replaced on a phased basis, new flooring is in place and the new bath is to be installed in the next few weeks.	

## 6.2 Inspection findings

### 6.2.1 Staffing

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

We could see that the duty rota accurately reflected the staff working in the home. We were unable to clearly identify the person in charge in the absence of the manager. The manager's hours were recorded on the rota. We noted where the rota records the full names of staff but does not record the full grades of staff, simply the bands for which the staff are employed in the home. During discussion with the manager we were advised that this is a new electronic system which has been implemented throughout the trust.

The staff reported that they all work together for the benefit of the residents. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- “This is a really lovely home; there are always plenty of staff on duty and the residents are all getting their needs met promptly. Everyone is cared for like family”
- “This is a good home, there is personalised and good care provided here.”
- “There is good care provided here, its very person centred, the residents are all happy and there is good teamwork.”
- “There is good team work here; the residents are safe and well cared for”
- “There is excellent care provided, they are all well cared for and their needs are met. The staff have a good way with the residents. This is one of the best homes I have worked in; I have felt supported and welcomed.”

We reviewed three staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager’s absence.

We reviewed the records of staff training and confirmed that this was maintained on an up to date basis. Where it was identified that staff training had lapsed; the manager either completed individual sessions with the staff member or ensured this was completed on line.

### **6.2.2 Infection prevention and control procedures**

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed; hand sanitiser and the recommended Personal Protective Equipment (PPE) was available.

One of the staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff. We observed that staff used PPE according to the current guidance.

The staff had identified changing facilities where they could put on their uniform and the recommended PPE. PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to don and doff PPE correctly.

There was an extensive range of information, up to date guidance was available and accessible to staff to support them in the management of IPC including risk assessments and contingency plans.

### **6.2.3 Care delivery**

We observed that residents looked well cared for; they were well groomed and nicely dressed. It was obvious that staff knew the residents well; they spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- “I like it here alright; there is lots of food.”
- “I feel very secure in this home.”
- “It’s a great place, the staff are all so kind and good.”
- “The food is good. The staff are good, I get all my washing done and I get showered”
- “I am very satisfied.”

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting was restricted. The care staff assisted residents to make phone or video calls with their families in order to reassure relatives that their loved one was well.

We observed residents engaged in activities such as, knitting or playing games. A number of residents were reading or watching television in their own bedrooms. There was music playing in the background. Staff were able to describe the types of activities that the residents preferred.

#### **6.2.4 Care records**

We reviewed three care records. Care records contained assessments of needs, care plans and associated risk assessments. Care records were individualised and written in a person centred manner.

However we identified issues regarding the record keeping to direct residents’ care. In one care record reviewed the resident was prescribed supplements; the type or frequency of this supplement was not recorded in the care plan. The care plan in place for management of skincare did not specify the type of dressing required.

In a second care record we noted where the care plan for the management of nutrition was not updated following the discontinuation of supplements. A falls risk assessment was present however there was no evidence of the falls risk assessment being reviewed following a fall. This was identified as an area for improvement to ensure care plans are reviewed and updated accordingly and reflect recommendations from the multi professional team. Falls risk assessments should be reviewed following a fall.

The records were written in a professional manner and used language which was respectful of residents. Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents’ needs, as required.

#### **6.2.5 Environment**

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, bathrooms, a lounge, dining areas and storage areas.

Residents’ bedrooms were found to be personalised with items of memorabilia and special interests. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction. A new bath is being installed in the home in the coming weeks.

We observed a number of pieces of worn furniture in resident's bedrooms. The manager advised that a number of these have already been replaced and that this process is ongoing in the home. We identified damp and stained areas in two bedrooms. The manager advised that she was already aware of this and this is in the process of being addressed.

### **6.2.6 Governance and management arrangements**

There is a clear management structure within the home and the manager was available throughout the inspection process. The manager confirmed that she undertakes a daily walk around the home in order to ensure she is apprised of the current situation. All staff and residents spoken with commented positively about the manager and described her as supportive and approachable. Comments from staff were:

- “The manager is very approachable. She cares about her staff and the residents. She does a walk around the home and listens to the staff handovers.”
- “Eilish (manager) is lovely, she is very approachable and involved in the care of both the residents and the staff.”
- “Eilish (manager) is very supportive and understanding to me.”

An inspection of accidents and incident reports confirmed that these were effectively documented and reported to other relevant organisations in accordance with the legislation and procedures.

A system of audits was in place in the home. Examples of such audits reviewed were, hand hygiene, care records, medication, staff training, the management of IPC and accidents and incidents. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The report of the visit dated 8 June 2020 and 16 July 2020 were reviewed. An action plan within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action.

During the inspection we noted there was a number of residents' living within the home which was not in keeping with the home's registered categories of care or Statement of Purpose. This was brought to the attention of the manager and senior management team of the Trust during and/or following the inspection. It was agreed that the WHSCT would address this deficit as a matter of urgency to ensure that the home operates in keeping with regulation. RQIA will continue to monitor this situation to ensure that the needs of those individuals living within the home are effectively met.

### **Areas of good practice**

Evidence of good practice was found in relation to maintaining residents' dignity and privacy. We observed friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.



## Areas for improvement

One area for improvement was identified in relation to care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a respectful manner. Feedback from residents evidenced that they were very satisfied with the standard of care being provided.

### 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 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2020</p>	<p>The registered person shall ensure care plans are reviewed and updated accordingly and reflect recommendations for the multi professional team. Falls risk assessments should be reviewed following a fall.</p> <p>Ref: 6.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Care plans were updated and reviewed to reflect changes/recommendations by multi- professional team. Falls risk assessments were updated/reviewed to reflect actions required following falls.</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 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**📍** @RQIANews