



Announced Variation to Registration Inspection Report 2 December 2020



Greenfield

Variations: VA011510 and VA011407

Type of Service: Residential Care Home

Address: 2 Melmount Road, Strabane, BT82 9BT

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Inspectors: Raymond Sayers and Laura O'Hanlon

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 provider 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 registered to provide care for up to 34 residents.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual: Dr Anne Kilgallen	Registered Manager and date registered: Eilish Morris – 26 November 2019
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.	Number of residents accommodated in the residential home on the day of this inspection: 20

4.0 Inspection summary

An announced pre- registration inspection took place on 2 December 2020 from 10.50 to 12.40 hours. The inspection was undertaken by both estates and care inspectors.

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

RQIA received two variation applications for this service:

- VA011510 proposing to decrease the numbers of residents from 34 to 28; these 28 places will accommodate RC-DE for eight residents and RC-I for 20 residents
- VA011407 proposed a change of use of bedrooms in the Annex to enable additional office space with a separate entrance from residential home.

The purpose of the inspection was to assess the revised residential care home accommodation on the ground floor of the building to ensure its suitability for persons with dementia. We also reviewed the areas within the annex.

As part of this inspection we checked the provision of washing facilities within the first floor.

The variation application VA011510 to provide residential care for up to eight residents with dementia is approved.

The variation application VA011407 for the redesignation of bedrooms to office space is not approved at this time. The Western Health and Social Care Trust estates department must submit to RQIA: (1) a legionella risk assessment review, and (2) a fire risk assessment review to confirm that service users will not be adversely affected by the proposed variation works.

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	0	0

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Eilish Morris, manager, as part of the inspection process and can be found in the main body of the report.

One area for improvement identified at the last care inspection was not reviewed and is carried forward to the next care 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:

- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- the applications for variation.

Building services maintenance certificates and associated registration documents were reviewed by the designated estates inspector prior to this inspection.

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 1 September 2020

This inspection focused solely on the variation to registration application made by the registered provider to RQIA. The areas for improvement from the last care inspection on 1 September 2020 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.2 Review of areas for improvement from the last care inspection dated 1 September 2020

Areas for improvement from the last care inspection	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 16 (1) Stated: First time	<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>This area for improvement was not reviewed at this inspection and is carried forward for review at the next inspection.</p>

6.3 Inspection findings

Statement of Purpose

The establishment's Statement of Purpose had been reviewed to include the decrease in the number of rooms and change in the category of care and outlined the range of services provided in accordance with Regulation 3 (1) of The Residential Homes Regulations (Northern Ireland) 2005.

Resident's Guide

The establishment's Resident's Guide had been reviewed to include the decrease in the number of rooms and change in the category of care and outlined the range of services provided in accordance with DHSSPS Residential Care Homes Minimum Standards (2011) and Regulation 4(1) (b) and 5 (1) (b) of the Residential Homes Regulations (Northern Ireland) 2005.

The Environment

VA011510 - Repurposing of eight beds for RC-DE

The refurbished eight beds were in a self-contained unit on the ground floor of the building. In addition to eight bedrooms, the ground floor contained a dining area, communal day room and sluice room facilities. We observed during the inspection that the sluice room door was unlocked. This was discussed with the manager and addressed immediately.

Residents would be accommodated in single bedrooms which were found to be hazard free. The resident's bedrooms were appropriately furnished. Wardrobes were appropriately secured.

Communal bathrooms were clean and hazard free.

The areas of the environment viewed during the inspection presented as organised and adequately heated. The décor and furnishings had been completed to a very high standard.

There was outside space designated for the use of the social care residents. There are plans in place to develop this outdoor area.

We noted that bedroom doors within the home were FD30 specification with intumescent door edge strips fitted, however `cold smoke` containment had not been installed. This item will be discussed with the estates inspector responsible for the care home, and the fire risk assessment will be reviewed.

From a care and estate inspectors' perspective the accommodation to be occupied by service users living with dementia is suitable for use, and the variation is approved.

VA011407 - Annex removal from registration works

We reviewed the area known as the annex. Within this area the rooms have been repurposed to facilitate office space. This area will no longer form part of the residential care home. There is a separate entrance in place for this area which will be operated by community staff.

The building conversion works have been completed and the removal of the annex accommodation from the Greenfield RCH registration will be considered for approval when (1) a valid fire risk assessment audit has been completed, and any required control measures implemented, (2) a valid legionella risk assessment audit has been completed, and any required control measures implemented.

Infection prevention and control

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.

PPE was readily available and PPE stations were well stocked. 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.

Waste disposal bins were provided in the home. Hand wash and hand towels were in place in communal bathrooms.

Operational issues

The manager confirmed to the inspector that admissions to the home would be managed in a phased manner so as to enable staff sufficient time to become familiar with newly admitted residents and plan care accordingly. A phased approach to admission would also afford new residents time to settle and to become accustomed to life in Greenfield.

The manager confirmed that she will complete a pre-admission assessment for all residents prior to admission to the home. It was confirmed by the manager that the care plan would incorporate all information gathered and be developed in accordance with assessed need. The inspector was informed that the resident and/or their representative will be consulted and included in the care planning process, where appropriate.

It was confirmed by the manager that a range of risk assessments will be completed upon admission to ensure the resident's suitability for the new unit.

The manager was aware of her responsibilities in regard to the categories of care for which the home will be registered.

Staffing

The inspector was informed that the planned staffing levels for the home would be flexible and responsive to the changing needs and numbers of residents as the home began to admit residents. Catering and domestic services were to be shared with the entire residential home.

The manager confirmed that staffing levels would be tailored to changing resident numbers during the admission process, with consideration of resident dependency and the environment. The manager confirmed that appropriate staffing levels would be maintained to ensure that the assessed needs of the residents are met.

Additional Areas Inspected

First Floor shower/bath facility provision

We reviewed the provision of washing facilities for residents accommodated on the first floor. This area of the home can accommodate up to 20 residents. There is one communal bath and one communal shower situated on the first floor level, and there is one bedroom with a shower ensuite.

The remaining 19 first floor residents share one communal bath and one communal shower. This is contrary to The Residential Care Homes Minimum Standards August 2011, reference registration standard N32 & E30 (1:8 communal bath/shower to residents).

We discussed this with the manager during feedback and she acknowledged the communal bath/shower deficit. We were advised that the provision of an additional shower facility on the first floor level would be considered and that she will devise a proposal to the trust for the provision of a second communal shower on the first floor.

Areas for improvement

No new areas for improvement were identified 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 quality improvement plan (QIP). Details of the QIP were discussed with Eilish Morris, 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 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</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

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



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