



# Unannounced Care Inspection Report

## 5 October 2018



## Greenfield

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

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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.

## 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 with old age not falling within any other category of care.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western HSC Trust <b>Responsible Individual(s):</b> Anne Kilgallen	<b>Registered Manager:</b> Jane Rush
<b>Person in charge at the time of inspection:</b> Mary Smyth senior care assistant	<b>Date manager registered:</b> Acting capacity
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category	<b>Number of registered places:</b> 34

### 4.0 Inspection summary

An unannounced care inspection took place on 5 October 2018 from 10.00 to 14.00 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 staff training, supervision and appraisal, adult safeguarding and care records. Good practices were also found in relation to management of complaints and incidents and maintenance of good working relationships.

No areas requiring improvement were identified during this inspection.

Feedback from residents throughout this inspection was all positive in respect of their life in the home, the kindness and support received from staff, the provision of meals and the provision of activities and events.

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mary Smyth, senior care assistant, as part of the inspection process and can be found in the main body of the report.

## 4.2 Action/enforcement taken following the most recent pharmacy inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 September 2018.

## 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, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with 20 residents, five members of staff and the senior care assistant in charge.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Four residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, Infection Prevention and Control (IPC), NISCC registration
- Infection control records
- Equipment maintenance records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

The one area of improvement identified at the last care inspection was 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 most recent inspection dated 20 September 2018

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 24 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 28.5 <b>Stated:</b> First time	The registered person shall review and revise individual risk assessments with hot surfaces/radiators in accordance with current safety guidelines with subsequent appropriate action. Particular reference needs to make in areas of falls.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A risk assessment of hot surfaces/radiators had been put in place. Subsequent actions had been taken with a number of radiators with installation of covers.	

## 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 senior care assistant advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. An inspection of the duty rota confirmed that it accurately reflect the staff on duty within the home.

Discussion with 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 annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were inspected during the inspection.

Discussion with the senior care assistant 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.

Discussion with the senior care assistant confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Records of recruitment are maintained in the personnel department of the Western Health and Social Care Trust.

The senior care assistant advised that AccessNI enhanced disclosures was undertaken for all staff prior to the commencement of employment.

A register of staff working in the home was available and contained all information as outlined within the legislation.

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

The home's adult safeguarding policy was consistent with the current regional policy and procedures. This 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.

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 with the last update training on July 2018.

Discussion with staff, inspection 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 senior care assistant stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. An inspection of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The senior care assistant advised there were no restrictive practices within the home and there was no obvious restrictive practices observed at the time of this inspection.

The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures. Staff have had received mandatory training in IPC with the last updates being in June 2018.

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.

IPC compliance audits were undertaken and action plans developed to address any deficits noted. These audits included areas of hand hygiene, PPE, environment and uniform. Discussions with the IPC link person identified that the home scores highly in these audits.

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

The senior care assistant reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

The home was found to be clean and tidy with a programme of decoration on-going. Residents' bedrooms were found to be individualised with photographs, memorabilia and personal items.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors.

No malodours were detected in the home.

The senior care assistant advised that the home’s policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly

The home’s most recent Legionella risk assessment was on 13 February 2016 and confirmation was received that all recommendations from it had been actioned.

It was established that three residents smoked. An inspection of a sample of one of these records identified that risk assessment and corresponding care plan(s) was completed in relation to smoking.

The senior care assistant advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home’s most recent fire safety risk assessment was on 8 April 2018 and confirmation was received that all recommendations from it had been actioned.

Inspection of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records inspected confirmed these were up to date. The records also included the 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 weekly and were regularly maintained.

Residents and staff spoken with during the inspection made the following comments:

- “I feel very safe in here” (resident)
- “The staffing levels are fine” (staff)
- “All our mandatory training is up-to-date”. (staff)

**Areas of good practice**

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

**Areas for improvement**

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

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

**6.5 Is care effective?**

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

Discussion with the senior care assistant established that staff in the home responded appropriately to and met the assessed needs of the residents.



An inspection of a sample of four residents' care records was undertaken. This sample 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 (e.g. nutrition, falls, where appropriate) 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.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example staff were able to describe individual preferences and choices for the residents and how these were catered for.

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. Supervision and assistance for residents during the meal was organised and in accordance with assessed needs. Residents commented positively on their provision of meals. Drinks and snacks were readily available for all the residents during the day.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians' and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

The senior care assistant advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, environment, medication were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The senior care assistant advised 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. Minutes of staff meetings and resident meetings were inspected during the inspection. These were satisfactorily maintained.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with staff confirmed that management operated an open door policy in regard to communication within the home.

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.

Residents and staff spoken with during the inspection made the following comments:

- “The staff couldn’t do enough for you here. I am very happy as is my family” (resident)
- “The food is lovely and there always is a choice” (resident)
- “The dinners are fantastic” (resident)
- “We all work well as a team and there is a good morale amongst staff.” (staff)

**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 interested parties.

**Areas for improvement**

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 senior care assistant advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents’ rights, independence, dignity and confidentiality were protected. Staff were vigilant in regard to communicating sensitive information about residents and spoke with residents in a kind and caring manner.

Discussion with staff and residents confirmed that residents’ spiritual and cultural needs, were met within the home.

Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, infection, where appropriate.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. An example of this was the complaints procedure which was available in an easy read format.

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

residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, suggestion box, visits by the registered provider.

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

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Planned activities are undertaken in the afternoons and evenings. At the time of this inspection residents were enjoying the company of one another, watching television, listening to music or relaxing. Photographs were in display of a recent trip to Lusty Beg.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

The inspector met with 20 residents during this inspection, from which comments included;

- "I am very happy here, the staff are all very kind" (resident)
- "I just love it here. You won't find any problems here" (resident)
- "I love it here. I like my own company and I have a lovely room here"
- "The staff are wonderful and kind. (resident)

One staff member made comment which included;

- "It's a very caring home. The staff are all dedicated" (staff)

### 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
<b>Total number of areas for improvement</b>	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 senior care assistant 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.

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

Residents and/or their representatives were made aware of how to make a complaint by way of information on display in the home. RQIA's complaint poster was available and displayed in the home.

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.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

Inspection of the accident, incident and 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.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A visit by the registered provider 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, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action. The reports of 10 July 2018, 8 August 2018 and 4 September 2018 were inspected and found to be maintained in informative detail.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

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

The home had a whistleblowing policy and procedure in place. Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

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

### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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