

Unannounced Care Inspection Report

13 October 2016



Greenfield

Type of service: Residential Care Home
Address: 2 Melmount Road, Strabane, BT82 9BT
Tel no: 02871882381
Inspector: John McAuley

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Greenfield took place on 13 October 2016 from 10:00 to 14:00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff being knowledgeable and having a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

No requirements or recommendations were made in relation to this domain.

Is care effective?

There were examples of good practice found throughout the inspection in relation to staff interactions being found to be polite, friendly, warm and supportive.

Two recommendations were made in relation to this domain. One was to ensure that progress records give clear account of residents' assessed needs and the other was to ensure that admission profile details are adequately and accurately recorded.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and choice for residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to there was a clear organisational structure and all staff were aware of their roles, responsibility and accountability

No requirements or recommendations were made in relation to this domain.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mary Sharkey, senior care assistant, 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.

1.2 Actions/enforcement taken following the most recent medicines management inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 22 August 2016.

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Western Health and Social care Trust Elaine Way CBE	Registered manager: Donna Tracey
Person in charge of the home at the time of inspection: Mary Sharkey – senior care assistant	Date manager registered: 1 April 2005
Categories of care: RC-I - Old age not falling within any other category	Number of registered places: 34

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and accident and incident notifications.

During the inspection the inspector met with 17 residents, six members of staff of various grades, one visiting professionals and one visiting relative.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- A sample of competency and capability assessment
- Staff training schedule/records
- Two residents' care files
- Minutes of recent staff meetings
- Complaints and compliments records

- Audits of risk assessments, care plans, care reviews and accidents and incidents (including falls, outbreaks).
- Infection control register/associated records
- Accident/incident/notifiable events register
- Evaluation report from annual service user quality assurance survey
- 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
- Information of independent advocacy services
- Programme of activities

A total of ten questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. .

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 22 August 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector. This QIP will be validated by the pharmacy inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 20 April 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 29.1 Stated: First time To be completed by: 20 July 2016	The registered person should submit in writing to the home's aligned estates inspector confirmation details of the date of the fire safety risk assessment, recommendations made from it and subsequent actions to be taken from it, if applicable.	Met
	Action taken as confirmed during the inspection: An action plan was submitted to the home's aligned estates inspector.	

<p>Recommendation 2</p> <p>Ref: Standard 5.5</p> <p>Stated: First time</p> <p>To be completed by: 20 May 2016</p>	<p>The registered person should ensure that the identified resident's assessment, care plan and review is up dated to reflect current care needs.</p> <hr/> <p>Action taken as confirmed during the inspection: This care plan was up dated..</p>	Met
<p>Recommendation 3</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: 27 April 2016</p>	<p>The registered person should ensure all expressions of complaint are documented in the complaints register so that clear evidence is available that resident's complaints have been taken seriously and investigated thoroughly.</p> <hr/> <p>Action taken as confirmed during the inspection: An inspection of the record of complaints found that such expressions were recorded.</p>	Met

4.3 Is care safe?

The senior care assistant 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.

On the day of inspection the following staff were on duty:

- 1 x senior care assistant
- 3 x care assistants
- 1 x administrator
- 1 x cook
- 2 x catering assistants
- 3 x domestics and 1 x laundress

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

The senior care assistant 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. An inspection of a sample of one staff competency and capability assessments was undertaken and found to satisfactory.

Recruitment and selection of staff is undertaken by the Western Health and Social Care Trust's human resource department in conjunction with the registered manager. The policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the senior care assistant confirmed that there have been no recently recruited members of staff to the home.

Enhanced AccessNI disclosures were viewed by the human resource department and 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. A schedule of these was inspected on this occasion.

The adult safeguarding policies and procedures in place were consistent with the current regional guidance and included a 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 new 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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Inspection of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The senior care assistant confirmed that no restrictive practices were undertaken within the home and on the day of the inspection no obvious restrictive type practices were observed.

Review of the infection prevention and control (IPC) policies and procedures confirmed that these were 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.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The home was clean and tidy throughout. There were many areas of the environment that had dated and tired décor and furnishings, but these remained fit for purpose.

The grounds to the home were very well maintained and had good accessibility for residents to avail of. Staff members had got together and facilitated planting and upkeep of beds with an impressive result.

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

Review of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. 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 for improvement

No areas for improvement were identified in relation to this domain during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

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

An inspection of two residents' care records was undertaken. These records 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.

One record had an assessed area of care of low mood and anxiety. However the daily statement of health and well-being did not adequately report on this. Advice was given in relation to this with a recommendation made for this to be acted on. The same care record had an admission profile which was not adequately recorded. This issue had been identified in a previous audit of care records. A recommendation was made for profile details to be adequately and accurately recorded.

The care records did reflect the multi-professional input into the residents' health and social care needs.

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

Arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. These included audits of care records which were inspected on this occasion.

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.

Discussions with residents and observation of practice evidenced that staff were able to communicate effectively with residents. Staff interactions were found to be polite, friendly, warm and supportive.

Minutes of resident and/or their representative meetings were available for inspection.

A review 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.

There was arrangements in place, in line with the legislation, to support and advocate for residents who required specialist support. This information was readily displayed in the home.

Areas for improvement

Two areas for improvement were identified in relation to this domain. One was to ensure that progress records give clear account of residents' assessed needs and the other was to ensure that admission profile details are adequately and accurately recorded.

Number of requirements	0	Number of recommendations	2
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4.5 Is care compassionate?

The senior care assistant in charge confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and choice for residents.

The inspector met with 17 residents during this inspection. All confirmed that they were happy with their life in the home and their relationship with staff. Some of the comments made included statements such as;

- "If I were to pick a home I'd pick here"
- "Everyone is very kind"
- "It's a great place. I am doing well here"
- "I am really well looked after"
- "Things are marvellous here"
- "I love it here. Everyone is so kind to me and the food is wonderful"

The inspector also met with one visiting relative who spoke in complimentary terms about the provision of care and the staff in the home.

Discussion with residents confirmed that residents' spiritual and cultural needs were met within the home. Details of church services and aligned contact details was displayed in a conspicuous place for residents.

Discussion with residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. Call alarms were found to be answered promptly.

Discussion with residents and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected. For example staff were mindful of discussing handover information.

Discussion with residents and confirmed that they were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents were enjoying the company of one another, watching television or resting. A planned programme of activity was in place for that afternoon. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Observations of care practices confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. For example a staff member was observed to be quick to respond to a resident who had difficulty obtaining a desired television channel.

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.

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, such as care review meetings and residents' meetings.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation dated December 2015 were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified. .

Areas for improvement

No areas for improvement were identified in relation to this domain during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The home has defined management arrangements and governance systems in place in line with the Western Health and Social Care Trust's structure. These were found to be in line with good practice.

The health and social care 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 were in place to guide and inform staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSPPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident' Guide and accessible information on complaints displayed in the home.

Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review 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.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review 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 available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The Falls Prevention Toolkit was in place to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. The feedback from the residents' survey completed in October 2015 was examined.

Mandatory training was in place for all staff. An inspection of these records found that all areas other than first aid were maintained on an up to date basis. The senior care assistant gave assurances that plans were in place to update first aid training for staff.

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. These were found to be recorded in good detail, with good account of the governance arrangements in place.

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 and also displayed in the home.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed in a conspicuous location.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

During this inspection the inspector met with one visiting health care professional. This person spoke highly of the home and the care provided for and confirmed that there were effective working relationships with external stakeholders.

The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

Areas for improvement

No areas for improvement were identified in relation to this domain during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mary Sharkey, senior care assistant, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 5.5</p> <p>Stated: First time</p> <p>To be completed by: 20 October 2016</p>	<p>The registered provider should to ensure that progress records give clear account of residents' assessed needs.</p>
	<p>Response by registered provider detailing the actions taken: This recommendation has been discussed at management and care staff meetings and has been fully met.</p>
<p>Recommendation 2</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: 20 October 2016</p>	<p>The registered provider should ensure that admission profile details are adequately and accurately recorded.</p>
	<p>Response by registered provider detailing the actions taken: This recommendation has been raised at management and care staff meetings to ensure resident profile details are recorded on admission and fully within a few days. Audit on resident profiles also completed.</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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