

Unannounced Care Inspection Report 20 April 2016



Greenfield

Address: 2 Melmount Road, Strabane, BT82 9BT

Tel No: 02871882381

Inspector: John McAuley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Greenfield took place on 20 April 2016 from 10:00 to 15:00 hours.

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

Is care safe?

There was one area of improvement identified with this domain. This was in relation to the fire safety risk assessment as this was in need of updating.

Is care effective?

There was one area of improvement identified with this domain. This was in relation to updating an identified resident's assessment, care plan and review, as this did not reflect the resident's current needs.

Is care compassionate?

There were no areas of improvement noted in this domain.

Is the service well led?

There was one area of improvement identified in this domain. This was in relation to ensuring all complaints are documented in the complaints register as required.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and The 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	3

Details of the QIP within this report were discussed with Donna Tracey the 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.

1.2 Actions/ enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered person: Elaine Way CBE	Registered manager: Donna Tracey
Person in charge of the home at the time of inspection: Jane Rush Senior Care Assistant until 14:00 hours then the registered manager	Date manager registered: 1 April 2005
Categories of care: RC-I - Old age not falling within any other category	Number of registered places: 34
Weekly tariffs at time of inspection: £494	Number of residents accommodated at the time of inspection: 12 plus 1 resident in hospital

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 12 residents and six staff members of various grades and the registered manager.

The following records were inspected during the inspection:

- Statement of Purpose
- Residents' Guide
- Safeguarding policy and procedure
- Accident and incident notifications
- Induction records
- Staff training records
- Complaints and compliments records
- A sample of three residents' care records
- Quality assurance audits
- Monitoring reports
- Fire safety records.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13/1/2015

The most recent inspection of the home was an announced estates inspection dated 4 August 2015. The completed QIP was returned and approved by the estates inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 13/1/2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (2) (t) Stated: First time	<p>The registered person shall, having regard to the number and needs of the residents, ensure that-</p> <p>(t) a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>Reference to this is made in that:</p> <ul style="list-style-type: none"> All wardrobes must be individually risk assessed in accordance with current safety guidelines with subsequent appropriate guidelines. Particular attention is drawn to loose fitting wardrobes which poses a risk if a resident were to pull on the event of a fall. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Risk assessments were put in place with subsequent appropriate action taken.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 19 (1) (a) Schedule 3 (3) (k)</p> <p>Stated: First time</p>	<p>The registered person shall-</p> <p>(a) Maintain in respect of each resident a record which includes the information, documents and other records specified in Schedule 3 relating to the resident:</p> <p>Schedule 3 (3) (k) a contemporaneous not of all care and services provided to the resident, including a record of his condition and any treatment or other intervention.</p> <p>Reference to this is made in that the use of terms such as “very unsettled” or “unsettled” to describe a resident’s behaviour must be refrained from, with description of such be detailed and informative in terms of the actual behaviour.</p> <p>Action taken as confirmed during the inspection:</p> <p>An inspection of residents’ progress records found there had been improvement in the way in which changes in residents’ behaviour were described.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 30 (1) (c), (d) and (f)</p> <p>Stated: First time</p>	<p>The registered person shall give notice to the RQIA without delay of the occurrence of</p> <p>(b) any serious injury to a resident in the home: (d) any event in the home which adversely affects the care, health, welfare or safety of any resident: (f) any accident in the home</p> <p>Reference to this is made notification of incidents of significant medical intervention such as hospital admission, or challenging behaviours, or incident when fire alarm was activated must be made to RQIA.</p> <p>Action taken as confirmed during the inspection:</p> <p>An inspection of the accident/ incident reports from 1 January 2016 to date of inspection found notifiable events records had been forwarded to RQIA as appropriate</p>	<p>Met</p>

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;

- Registered manager from 14:00 hours
- An administrator
- 1 x senior care assistant
- 3 x care assistants
- 2 x domestics
- 1 x laundry worker
- 1 x cook
- 3 x catering assistants

Review of completed induction records and discussion with the senior care assistant and staff evidenced that an induction programme was in place for all staff. These were relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided.

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.

No staff have been recently recruited to the home. Staff recruitment records are held centrally at the Trust's human resource department. The human resource department send the registered manager a checklist to confirm that each staff member recruited is in accordance with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Details of Enhanced Access NI disclosures were in place in the checklists issued from the human resource department. These were also viewed by the registered manager for all staff prior to the commencement of employment.

The adult safeguarding policy and procedure was in place. This policy and procedure included the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015).

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the senior care assistant, review of accident and incidents notifications, review of care records and review of complaints 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 of these were retained.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges dining room and bathrooms. Residents' bedrooms were personalised with photographs, pictures and personal items. The home was clean and tidy and appropriately heated. Discussions with two domestic assistants confirmed that daily work schedules were in place.

Inspection of 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 infection prevention and control procedures.

There were observed to be no obvious restrictive care practices in place at the time of this inspection.

Inspection of three residents' care records confirmed that there was a system of referral to the multi-disciplinary team when required. Issues of assessed need had a recorded statement of care/ treatment given with effect of same. This included referral to the appropriate healthcare professional.

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

The registered manager confirmed that the home's fire risk assessment was in the process of being updated. A recommendation was made to 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.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed and records 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 checks were maintained on an up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

There was one area of improvement identified with this domain. This was in relation to updating the fire safety risk assessment.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care effective?

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

A review of three residents' care records confirmed that two of three were maintained in line with the legislation and standards.

They included 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 care record was not updated and reviewed to reflect the changing needs of the resident. A recommendation was made in this regard. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs.

Observations confirmed that records were stored safely and securely in line with data protection.

The senior care assistant confirmed that systems were in place to ensure effective communication with residents, their representatives and aligned healthcare professionals. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers.

Observations and discussion with staff confirmed that management operated an open door policy in regard to communication within the home.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of the care review meetings were available for inspection.

The senior care assistant confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents. The availability of this was displayed in the home.

Areas for improvement

There was one area of improvement identified with this domain. This was in relation to updating an identified resident's assessment, care plan and review, as this did not reflect the resident's current needs.

Number of requirements:	0	Number of recommendations:	1
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4.5 Is care compassionate?

Discussions with the registered manager and staff confirmed that there was a culture/ ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussions with residents were all positive in respect of their life in the home, their relationship with staff and the provision of activities and the provision of meals. Some of the comments made included statements such as:

- “I am very happy here. Everyone is very kind ”
- “I’d be sad to see this home close”
- “The food is wonderful. You always get what you like”
- “The staff are great”
- “You couldn’t complain about a thing”
- “It’s grand here. Just a nice place to live”
- “It’s fantastic here. I am very lucky to be here”

Observations and review of care records confirmed that residents’ spiritual and cultural needs were met within the home.

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

Observations of staff/ residents interactions found that residents were treated with dignity and respect. Care interactions such as provision of choice and explanation of tasks were observed. Staff confirmed their awareness of promoting residents’ independence and of maintaining dignity. Staff interactions with residents were found to be polite, friendly, warm and supportive.

Observations and discussion with residents and staff confirmed that residents were enabled and supported to engage and participate in meaningful activities. A planned programme of activity was in place with a small group of residents enjoying a game of bingo. Other residents were observed to be relaxing or watching television. Television channels and radios were played with residents’ choice and tastes.

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

The senior care assistant confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with residents confirmed that their needs were recognised and responded to in a prompt and courteous manner by staff. This was also observed in practice with the prompt response to call alarms.

There were systems in place to ensure that the views and opinions of residents and their representatives were sought and taken into account in all matters affecting them.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

Areas for improvement

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

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

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

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.

Review of the complaints register established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. Evidence was found that expressions of dissatisfaction were taken seriously and managed appropriately. However a complaint was recorded in the monthly monitoring report that had not been documented in the complaints register. A recommendation was made in this regard.

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.

The senior care assistant confirmed the home had 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. Review of these audits found there was learning disseminated to staff from these. These audits included the Falls Prevention Toolkit as issued by the Public Health Agency. This was used as guidance 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 questionnaires.

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.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The report was produced and made available for residents, their representatives, staff, trust representatives and RQIA. The last three months reports were inspected. These were recorded in detail with evidence of good governance arrangements.

There was a clear organisational structure in line with the Western Health and Social Care Trust's directorate. All staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability.

Inspection of the premises confirmed that the home's certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

Areas for improvement

There was one area of improvement identified in this domain. This was in relation to ensuring all complaints are documented in the complaints register as required so that clear evidence is available that resident's complaints have been taken seriously and investigated thoroughly.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Donna Tracey the Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/ 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 person/ manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s 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 person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2016</p>	<p>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.</p> <p>Response by registered person detailing the actions taken: Lewis Boyd Fire Safety Officer has been contacted via email on 2 occasions to forward Fire Risk Assessment when completed, Greenfield will forward when received to RQIA.</p>
<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> <p>Response by registered person detailing the actions taken: Resident's documentation updated 21-04-2016 also this recommendation will be discussed at Management & Care Staff Meetings.</p>
<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> <p>Response by registered person detailing the actions taken: On 22-04-2016 complaints register was updated, this recommendation will also be discussed at Management and Care Staff meetings.</p>



The Regulation and
Quality Improvement
Authority

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