

Unannounced Care Inspection Report 20 April 2017



Greenfield

Type of service: Residential Care Home
Address: 2 Melmourt Road, Strabane, BT82 9BT
Tel no: 02871 882381
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 2017 from 09:30 to 13:20 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 this inspection in relation to adult safeguarding and infection prevention and control.

Three areas for improvement were identified in relation to décor, risk assessment of wardrobes and the fire safety risk assessment.

Is care effective?

There were examples of good practice found throughout this inspection in relation to maintenance of care records and communication between residents, staff and other key stakeholders.

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

Is care compassionate?

There were examples of good practice found throughout this inspection in relation to feedback from residents and staff, and general observations of care practices.

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

Is the service well led?

There were examples of good practice found throughout this inspection in relation to governance arrangements, management of complaints and maintenance of good working relationships.

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	2	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Joseph Travers, 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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 13 October 2016.

2.0 Service details

Registered organisation/registered person: Western Health and Social care Trust Elaine Way CBE	Registered manager: Joseph Travers
Person in charge of the home at the time of inspection: Joseph Travers	Date manager registered: April 2017
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 15 residents, five staff of various grades on duty, the registered manager and the head of residential services.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Residents' care files
- Complaints and compliments records
- Infection control records
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 1 December 2016

The most recent inspection of the home was an unannounced finance inspection. This QIP will be validated by the finance inspector at the next finance inspection.

4.2 Review of requirements and recommendations from the last care inspection Dated 13 October 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 5.5 Stated: First time To be completed by: 20 October 2016	The registered provider should to ensure that progress records give clear account of residents' assessed needs. Action taken as confirmed during the inspection: An inspection of residents' progress records confirmed that a clear account of residents' assessed needs was being recorded.	Met

Recommendation 2 Ref: Standard 8.2 Stated: First time To be completed by: 20 October 2016	The registered provider should ensure that admission profile details are adequately and accurately recorded.	Met
	Action taken as confirmed during the inspection: An inspection of residents' admission profiles found that these were being adequately and accurately recorded.	

4.3 Is care safe?

The registered manager 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.

An inspection of the duty roster confirmed that it accurately reflected the staff working 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 appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained.

The registered manager 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; records of competency and capability assessments were retained.

The registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005, and records of these were retained in the Western Health and Social Care Trust's human resource department.. The registered manager confirmed that no new staff have been recruited since the previous inspection.

Enhanced AccessNI disclosures were viewed by 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.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established

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. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, 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 registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Inspection of the infection prevention and control (IPC) policy and procedure confirmed that this was 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. An audit on infection prevention and control practices had been undertaken in March 2017. The outcome of this audit was very positive and to be commended.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors.

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

The home was clean and tidy throughout. The general décor was dated but fit for purpose. The wall paper in an upstairs dining room was removing from the wall and a recommendation was made for this issue to be made good.

The grounds to the home were very well maintained with good accessibility for residents to avail of.

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. One issue of risk was identified with wardrobes which were loose fitting to the wall and posed a risk if a resident were to pull on same in the event of a fall. A requirement was made for all these to be individually risk assessed in accordance with current safety guidelines with subsequent appropriate action. There were no other obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 21 April 2016. There was not corresponding evidence recorded that the recommendations from this assessment had been appropriately addressed. A requirement was made for this to be put in place with corresponding timescales.

Inspection 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

Three areas for improvement were identified in relation to décor, risk assessment of wardrobes and the fire safety risk assessment.

Number of requirements	2	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.

An inspection care records 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 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 were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. This was reflected on staff knowledge and understanding of individual resident's needs.

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

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Further evidence of audit was contained within the monthly monitoring visits reports.

The registered manager confirmed 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. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

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.

Areas for improvement

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

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

The inspector met 15 residents at the time of this inspection. All confirmed that they were happy and satisfied with their life in the home, their relationship with staff and the provision of meals. Some of the comments made included statements such as;

- “The care, the staff and the food are all good. I couldn’t see it being any better”
- “I feel lovely and safe here”
- “The staff are simply marvellous”.

Staff in the home spoke about how they promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care.

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

Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the inspection of care records having evidence those issues of assessed need such as pain having a subsequent recorded statement of care given and effect(s) of same recorded.

Observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff interactions with residents were found to be polite, friendly, warm and supportive. Residents were found to be comfortable and at ease in their environment and interactions with staff.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Observations of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

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. These included residents’ meetings, care review meetings and day to day contact with management.

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 on display with activity in place each afternoon. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Areas for improvement

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

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

The registered manager outlined 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.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents' Guide and information on same displayed.

Discussion with the registered manager confirmed that he was knowledgeable about how to receive and deal with complaints.

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. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection 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.

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; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. The report of the visit on March 2017 was inspected and was found to be recorded in detail with good evidence of governance.

The head of accommodation was visiting the home at the time of this inspection and was present during feedback at the conclusion.

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.

Discussion with the registered manager identified that he had understanding of his role and responsibilities under the legislation.

Inspection 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. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Areas for improvement

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

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 Joseph Travers, registered manager, 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

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 27(2)(t)</p> <p>Stated: First time</p> <p>To be completed by: 21 June 2017</p>	<p>The registered provider must individually risk assess all wardrobes in accordance with current safety guidelines with subsequent appropriate action.</p>
	<p>Response by registered provider detailing the actions taken: Estates job Request forwarded on 21-04-2017 to have all wardrobes etc in residents bedrooms attached to walls.</p>
<p>Requirement 2</p> <p>Ref: Regulation 27(4)(a)</p> <p>Stated: First time</p> <p>To be completed by: 21 May 2017</p>	<p>The registered provider must put in place corresponding evidence of an action plan with timescales to the recommendations made in the fire risk assessment in place dated 21 April 2016. This action plan needs to be submitted to the home's aligned estates inspector.</p>
	<p>Response by registered provider detailing the actions taken: Fire Safety Officer completed his risk assessment on 21-04-2017, the action plan is currently being updated and will be submitted to the estates officer & OIC for action when issued by Fire Safety Officer.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 21 July 2017</p>	<p>The registered provider should ensure that the wall paper in an upstairs dining room is made good.</p>
	<p>Response by registered provider detailing the actions taken: Estates job request submitted on 21-04-2017 to investigate and repair damage to décor in upstairs dining room.</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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