

# Unannounced Care Inspection Report 24 April 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 under the category of care of old age.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western HSC Trust  <b>Responsible Individual(s):</b> Dr Anne Kilgallen	<b>Registered Manager:</b> Jane Rush – acting capacity
<b>Person in charge at the time of inspection:</b> Jane Rush	<b>Date manager registered:</b> Acting capacity since 1 April 2018
<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 24 April 2018 from 10.15 to 13.45 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 and adult safeguarding. Good practice was also evidenced with infection prevention and control and communication with residents and other relevant stakeholders and maintenance of good working relationships.

One area of requiring improvement was identified. This was in relation to revising/updating individual risk assessments on radiators/hot surfaces.

Feedback from residents throughout this inspection was positive about all aspects of care and life in the home.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Jane Rush, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 September 2017.

## 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 and returned QIP, accident and incident notifications and any verbal and written communication received from the home.

During the inspection the inspector met with 18 residents, five members of staff of various grades and the manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Four residents' care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 26 September 2017

The most recent inspection of the home was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 26 September 2017

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 put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A risk assessment and subsequent care plan has been put in place for any resident(s) who smokes.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 8.2 <b>Stated:</b> First time	The registered person shall review with staff how residents' progress records are maintained. Entries in the daily progress records should reflect the identified issues of assessed need. Identified issues of assessed need to have a corresponding record statement of this need and care/treatment given with effect(s) of same.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of residents' progress records found that there was significant progress in that issues of assessed need had a recorded statement of care / treatment given with effect(s) of same.	

## 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 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.

An inspection of a completed induction record and discussion with the manager and 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 manager and staff advised 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.

Discussion with the 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 that records were retained at the Western Health and Social Care Trust's personnel department. The manager reported that no new staff have been recruited since the previous inspection.

Enhanced AccessNI disclosures would be viewed by the 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. Discussions with care staff acknowledged their registration with the Northern Ireland Social Care Council (NISCC).

The home's adult safeguarding policy and procedure was consistent with the current regional guidance and 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.

Discussion with staff confirmed that they were aware of the 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.

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

Discussion with the manager, 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.

Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The home's infection prevention and control (IPC) policy and procedure 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.

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.

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained. Communal areas were comfortable and nicely facilitated. The sample of residents' bedrooms viewed were found to be personalised and nicely furnished. The home had nicely appointed gardens for residents to avail of.

Inspection of the environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. A number of radiators throughout the home were excessively hot to touch and posed a risk if a resident were to fall and lie against its surface. There were risk assessments in place for this. However it was identified with one resident who had falls in their bedroom this risk assessment needed to be duly revised/updated. This has been identified as an area of improvement in accordance with standards.

The home had an up to date Legionella risk assessment in place and all recommendations had been actioned.

The manager 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 manager advised that Lifting Operations and Lifting Equipment Regulations (LOLER) were maintained and inspection of these records confirmed that safety maintenance records were up to date.

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

The manager reported that home had an up to date fire risk assessment in place dated 20 April 2018 and two recommendations were made, which were being appropriately addressed.

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 of good practice

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

### Areas for improvement

One area of improvement was identified in respect of this domain. This was in relation to revising and updating individual risk assessments on radiators/hot surfaces.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 6.5 Is care effective?

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

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

An inspection of four residents' care records was undertaken. 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 the health and well-being of the resident. Care needs assessment and risk assessments such as manual handling, nutrition and falls 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 reviewed were observed to be signed by the resident and or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. For example discussions with staff found that they could identify residents' individual social care needs and how these were acted on to create fulfilment, enjoyment and comfort.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Records were stored safely and securely in line with data protection. However in a staff room office there were a number of old care records which were not stored securely. The manager



informed that these were currently in the transition of being secured at the time of this inspection.

The 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. Audits of risk assessments, care plans, care reviews, accidents and incidents, complaints and the environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visit reports.

The 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.

A varied and nutritious diet is provided which meets the individual and recorded dietary needs of residents. Systems were in place to regularly record residents’ weights and any significant changes in weight are responded appropriately. There are arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required.

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 and their representatives.

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 of good practice**

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

**Areas for improvement**

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

	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 manager confirmed that staff in the home promoted a culture and ethos that supported the core 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 staff and inspection of care records confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

An inspection of a sample of residents' progress records found that issues such as pain or discomfort had a recorded statement of care/treatment given and effect of same.

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.

Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

The 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.

Discussion with residents and observation of care 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 quality assurance audits, care review meetings, residents' meetings and day to day contact with management. The minutes of the last residents' meeting, dated 17 February were inspected and found to be maintained appropriately.

Discussion with residents, staff and observation of practice confirmed that residents were enabled and supported to engage and participate in meaningful activities. A planned programme of activities is in place.

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

The inspector met with all the residents in the home at the time of this inspection. In accordance with their capabilities, all confirmed/indicated that they were happy with their life in the home, their relationship with staff, the provision of meals and the general atmosphere in the home. Some of the comments made included statements such as;

- "I love it here. There are absolutely no problems. All the staff are wonderful"
- "This is a good home. Never any complaints"
- "I cannot praise it enough"
- "I get a nice sense of feeling safe here. The staff are always at hand if I need them"

### **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 during the inspection in relation to this domain.

	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 manager confirmed 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. Discussion with the manager confirmed that she 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. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

Discussion with the 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; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. The reports of

January, February and March 2018 were inspected and found to be maintained in informative detail with good evidence of governance.

Discussions with the manager confirmed that there was learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

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 manager identified that she had good understanding of standards and legislation.

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

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The 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 of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements and maintenance of good working relationships.

### Areas for improvement

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

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

## 7.0 Quality improvement plan

The one area of improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Jane Rush, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 July 2018</p>	<p>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.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Minor Capital Works request was forwarded to Assistant Director on 1 May 2018 in regard to getting Radiator Covers fitted to Radiators that pose a scald risk to Residents. The Radiators have now been measured and covers are in the process of being made and should be fitted before 30 June 2018. All individual Residents Risk Assessments updated.</p>

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



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