

Inspection Report

29 May 2024



Greenfield

Type of service: Residential Care Home
Address: 2 Melmount Road, Strabane, BT82 9BT
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)</p> <p>Responsible Individual: Mr Neil Guckian</p>	<p>Registered Manager: Mrs Shannon Simpson – not registered</p>
<p>Person in charge at the time of inspection: Mrs Shannon Simpson; new acting manager</p>	<p>Number of registered places: 25</p> <p>RC-DE for a maximum of 8 residents</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 18</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 25 residents. Residents have access to communal spaces and a sensory garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 29 May from 10.15am to 4.40pm, by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was found to be welcoming, clean and free from odours. Staff were observed to be friendly and approachable.

Residents were observed to be relaxed in their surroundings and at ease in their interactions with staff. The residents were involved in activities of their choice throughout the day.

The mealtime experience was calm and organised. Residents were offered choices and support was readily available from staff. The nutritional needs of the residents were found to be met.

Staff were found to be knowledgeable of the needs of individual residents, and were observed to be compassionate and caring in their interactions with residents.

Two new areas for improvement have been identified during this inspection and two further areas were stated for the second time.

RQIA were assured that the delivery of care and service provided in Greenfield was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Greenfield.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the returned quality improvement plan, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Residents spoke positively about staff and their experience of living in the home. Residents talked about the staff being "kind to them," "that this was a "good place and they were well looked after." Residents described the staff as being approachable and helpful. The residents praised the food provision in the home saying that it was "nice." Compassionate interactions were observed between staff and the residents.

Staff reported that there was a good staff team in Greenfield and they all worked well together. Staff commented that there was enough staff on duty to meet the needs of the residents. Staff were found to be knowledgeable of residents’ needs and preferences and they were able to provide support and reassurance to residents, when required. Positive comments were made by staff in regards to the management team in terms of the level of support provided to them and that they were approachable and proactive.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 16 November 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (2) (t) Stated: First time	The registered person shall ensure that a risk assessment is completed in relation to hot surfaces with particular reference to the radiators on the first floor, with subsequent appropriate action.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 27 (4) (a) Stated: First time	The registered person shall ensure that any recommendations made as a result of the fire safety risk assessment are signed off, as completed by the manager.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: There has been a review of the fire safety risk assessment undertaken on 23 April 2024. At the time of the inspection the written report had not yet been provided to the manager. This area for improvement will be carried forward and reviewed at the next inspection.	

<p>Area for Improvement 3</p> <p>Ref: Regulation 30 (1) (d)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any incident which affects the health, care, welfare or safety of a resident, is reported to RQIA.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was not met. This area for improvement will be stated for the second time.</p>	<p>Not met</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans are in place for the management of distressed reactions</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records of staff training and competency assessment in relation to medicines management are maintained and available for inspection.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the hours worked by the manager are recorded on the staff duty rota.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	<p>Met</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 12.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all staff are knowledgeable in relation to residents who require a modified diet.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for Improvement 5</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the daily menu is displayed in a suitable format for residents.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for Improvement 6</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans accurately reflect the needs of the residents and any recommendations from health care professionals.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for Improvement 7</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the malodour in one identified room is addressed.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
<p>Area for Improvement 8</p> <p>Ref: Standard 29.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met.</p> <p>This area for improvement will be stated for the second time.</p>	Not met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Recruitment of staff is managed by the Trust human resource department and the Manager. An area of improvement was identified to ensure that a recruitment checklist of staff is put in place from the human resource department so as to give greater managerial oversight of this process.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. The Manager explained how the number of staff on duty was regularly reviewed to ensure the needs of the residents were met.

Any person who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place. Furthermore, records of staff training and competency assessment in relation to medicines management were maintained for all staff with this responsibility and were available for inspection.

Staff registrations with the Northern Ireland Social Care Council (NISCC) were audited on a monthly basis. A review of these audits found these to be appropriately maintained.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management and they worked well as a team. Staff said that there was a good staff morale and that they felt the care provided for in the home was very good.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. One resident said: "It's a great place in here, I feel very safe and well cared for. There is always plenty of staff about."

There were systems in place to ensure staff were trained and supported to do their job. Staff mandatory training was maintained on an up-to-date basis. Staff spoke positively on the level of training and how it was provided.

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents was observed to be friendly, supportive and polite. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering and discretion when assisting in personal care. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. Staff showed understanding and sensitivity to residents' needs.

Care records were held confidentially. Care records were organised, person centred and reflected the needs of the residents.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. In addition, care plans were in place to direct staff on the management of residents who experience behaviours which may cause distress.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The food was attractively presented and portions were generous and included a choice of meal. There was a variety of drinks available. During the dining experience, staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain with appropriate action taken when weight loss was identified. Residents who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphasia.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review. However, it was noted that care plans/risk assessments were not reviewed following a fall. This was identified as an area for improvement.

Detailed daily progress records were kept of how each resident spent their day and the care and support provided by staff. Issues of assessed need were followed up with a recorded statement of care provided.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with items important to the resident. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

The home's most recent fire safety risk assessment was completed on 23 April 2024. At the time of the inspection the manager had not yet received the completed report. The manager provided assurances that any recommendations from this assessment would be addressed in a timely manner. This area for improvement will be reviewed at the next inspection.

Fire safety exits were free from obstruction. All staff were in receipt of up-to-date training in fire safety. Review of the record of fire drills identified that not all staff had participated in an annual fire drill. This area for improvement will be stated for the second time.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in, they could return to bed after breakfast or stay up late to watch TV. This was observed during the inspection.

It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff were observed sitting with residents and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities. The genre of music and television channels played were in keeping with residents' age group and tastes.

Resident comments included: "This is a great place with great staff; they couldn't do enough for you" and "They are so lovely to me in here; the staff are very kind."

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Shannon Simpson is the manager of the home. Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. However, it was identified that there were some incidents where RQIA were not notified. This area for improvement will be stated for the second time.

Review of the record of complaints and discussions with the manager confirmed that expressions of dissatisfaction were taken seriously and would be managed appropriately.

There was a wide range of audits and quality assurance in place. These audits included; falls, hand hygiene, care records, infection prevention and control, mealtime experience and health and safety.

The home was visited each month by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail, with action plans in place for any issues identified. These reports are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	2*	3*

* the total number of areas for improvement includes two areas that have been stated for a second time and one area which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Shannon Simpson, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 27 (4) (a) Stated: First time To be completed by: 30 November 2023	The registered person shall ensure that any recommendations made as a result of the fire safety risk assessment are signed off, as completed by the manager. Ref: 5.1 and 5.2.3 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for Improvement 2 Ref: Regulation 30 (1) (d) Stated: Second time To be completed by: 30 May 2024	The registered person shall ensure that any incident which affects the health, care, welfare or safety of a resident, is reported to RQIA. Ref: 5.1 and 5.2.5 Response by registered person detailing the actions taken: The Registered manager has held a workshop with the Band 5 staff to review the reporting of incidents, discussion included review of the incidents that are required to be notified to RQIA. The Registered manager also has a system in place to review any incident that occurs and will check that RQIA are notified as appropriate. Incident reporting to RQIA will also be reviewed as part of the monthly provider visit.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for Improvement 1 Ref: Standard 29.6 Stated: Second time To be completed by: 30 July 2024	The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: All staff have participated in a fire evacuation drill. there 1 staff member outstanding who remains on sick leave, this will be actioned on their return to work.
Area for improvement 2 Ref: Standard 19.2 Stated: First time To be completed by: 30 May 2024	The registered person shall ensure that the manager has oversight of the recruitment process including all pre-employment checks. Ref: 5.2.1
	Response by registered person detailing the actions taken: The registered manager and the HOS can give assurances that all necessary pre-employment checks are completed prior to an offer of employment being made. The HOS id working with RQIA and HR to ensure that the Trust does not breach GDPR in regards to the storing of information.
Area for improvement 3 Ref: Standard 6.2 Stated: First time To be completed by: 30 May 2024	The registered person shall ensure that care plans/risk assessments are reviewed following a fall. Ref: 5.2.2
	Response by registered person detailing the actions taken: The registered manager will review all care plans/risk assessments following a fall to ensure accurate and timely accounts are recorded and any follow-ups are actioned. Review of falls will also be included as part of the monthly provider visit.

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



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