



The Regulation and
Quality Improvement
Authority

Inspector: Kylie Connor
Inspection ID: IN022653

Greenvale
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**Unannounced Care Inspection
of
Greenvale**

17 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 17 June 2015 from 09.20 to 16.40. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. Due to the absence of the registered manager (acting), Alexa Brown has taken on the role of the registered manager (acting) in a temporary capacity. The registration and name of the home no longer included Rossmore Small Homes. The number of registered beds had reduced from 18 to 11. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care (2013).

1.1 Actions/ Enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection.

1.2 Actions/ Enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection outcome

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

The details of the QIP within this report were discussed with Alexa Brown, Registered Manager (Acting) and Jill Houston, Area Manager. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Autism Initiatives NI / Andrew Grainger	Registered Manager: Alexa Brown (Acting)
Person in charge of the home at the time of inspection: Jill Houston, Area Manager and Alexa Brown, Registered manager (Acting)	Date manager registered: 20 May 2015
Categories of care: RC – LD and RC – LD(E)	Number of registered places: 11
Number of residents accommodated on day of inspection: 11	Weekly tariff at time of inspection: £470

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous care inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/ Process

Prior to the inspection we analysed the following records: the returned Quality Improvement Plan (QIP) from the previous care inspection, notifications of accidents and incidents.

During the inspection we met with the registered manager (acting), an area manager, a director of Autism Initiatives, six residents, two care staff and one volunteer visitor.

We inspected the following records:

- Two care records
- The home's complaint and compliment file
- The accident and incident file
- Fire safety check records
- Staff training records in regard to fire safety, palliative care and continence management
- The home's Statement of Purpose dated May 2015
- A number of policies and guidelines pertaining to the areas inspected
- Activity records
- Minutes of residents meetings
- Six completed staff questionnaires

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 21 October 2014. The completed QIP was returned and was approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (4)	The responsible person must forward a copy of the most recent fire risk assessment, with details of action taken should be forwarded to the aligned estates inspector.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager (acting) and an inspection of the current fire risk assessment dated 10 September 2014 confirmed to us this had been addressed.	

Previous inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 23.3	The registered manager (acting) should ensure that all staff completed training in behaviours which challenge and have an awareness of the human rights approach; review staff training records and ensure all staff are up to date with mandatory training	Met
	Action taken as confirmed during the inspection: Inspection of staff training records and discussions with the registered manager (acting) and staff confirmed to us that this had been addressed.	

<p>Recommendation 2</p> <p>Ref: Standard 6.2</p>	<p>The registered manager (acting) should ensure that an individual comprehensive care plan is drawn up as the assessment of the resident's needs is carried out, and includes details of:</p> <ul style="list-style-type: none"> • Any personal outcomes sought by the resident • The daily care, support, opportunities and services provided by the home and others • How specific needs and preferences are to be met if the resident is from a specific minority group • How information about the resident's lifestyle is used to inform practice • The resident's agreed daily routine and weekly programme • The management of any identified risks • Strategies or programmes to manage specified behaviours • Directions for the use of any equipment used to assist the delivery of care <p>Care plans should be detail how all known behaviours present and the approaches staff should follow and implement.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspection of two care records and discussions with the registered manager (acting) confirmed that not all residents' care records had been improved. We have re-stated this recommendation.</p>		

Previous inspection recommendations		Validation of compliance
Recommendation 3 Ref: Standard 5.2, 5.3	<p>The initial assessment details obtained at the time of referral are revised as soon as possible and at the latest within one month of the resident's admission, to ensure there are comprehensive details of:</p> <ul style="list-style-type: none"> • The resident's physical, social, emotional, psychological and spiritual needs • Specific needs and preferences if the resident is from a minority group • Information about the resident's life history and current situation • Risks involved in the delivery of care and/or resulting from the residents behaviour • Other professionals or agencies providing a service to the resident. <p>Further information about the resident's life history and previous lifestyle, values and personal preferences is obtained on an on-going basis and recorded.</p>	Partially Met
	<p>Action taken as confirmed during the inspection: Inspection of two care records and discussions with the registered manager (acting) confirmed that not all residents' care records had been improved. We have re-stated this recommendation.</p>	
Recommendation 4 Ref: Standard 10.7	<p>The responsible person should ensure that the statement of purpose is reviewed and updated as detailed in the report regarding restrictive practices.</p>	Met
	<p>Action taken as confirmed during the inspection: Inspection of the Statement of Purpose confirmed that this had been reviewed and updated. The registered manger (acting) assured us that more specific detail regarding the types of restrictive practices would be included.</p>	
Recommendation 5 Ref: Standard 13.1	<p>The responsible person should develop a policy on the provision of activities and events.</p>	Met
	<p>Action taken as confirmed during the inspection: Inspection of the policy confirmed that this had been addressed.</p>	

Previous inspection recommendations		Validation of compliance
Recommendation 6 Ref: Standard 13.2	The registered manager (acting) should review and improve activities and activity resources in the home. The programme should include activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It should promote healthy living, be flexible and responsive to residents' changing needs and facilitate social inclusion in community events.	Met
	Action taken as confirmed during the inspection: Inspection of activity records, minutes of residents meetings, discussions with residents, the registered manager and staff confirmed that improvements had been made. The registered manager confirmed that staff will record when residents decline activities offered or suggested by staff.	
Recommendation 7 Ref: Standard 1.5	The registered manager (acting) should ensure that residents meetings conclude with an agreed action plan.	Met
	Action taken as confirmed during the inspection: Inspection of the minutes of a residents meeting in June 2015 and discussions with the registered manager (acting) confirmed that this had been addressed.	
Recommendation 8 Ref: Standard 13.4	The registered manager (acting) should develop a daily/ weekly activity programme with residents.	Met
	Action taken as confirmed during the inspection: Inspection of the activity board, minutes of a residents meeting and discussions with residents and staff confirmed that this had been addressed.	

Areas for improvement

There were two areas of improvement identified. Two recommendations pertaining to assessment and care plans have been stated for the second time.

Number of requirements	0	Number of recommendations	2
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5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The registered manager (acting) confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this.

Following a review of two care records and discussions with the registered manager (acting) and staff, we confirmed that assessments, risk assessments and care plans were in place and kept under continual review. Documentation was amended as changes occurred to residents' care or welfare. The home was in the process of improving assessments and care plans as recommended in the previous QIP.

Two residents' care records inspected were being updated to accurately reflect at all times the residents' needs and preferences. The registered manager (acting) confirmed to us that the care records would be signed by the resident or their representative as part of this process.

Assessments and care plans detailed the residents' or families wishes regarding any specific arrangements at the time of his or her death. Care plans recorded the spiritual and cultural wishes of the residents.

Is care effective? (Quality of management)

The home had policies and procedures in place relating to dying and death of a resident. Inspection of staff training records and discussion with the registered manager (acting) confirmed to us that staff training was scheduled to take place in July 2015.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (general practitioner, district nursing, occupational therapy, speech and language therapy and dietician). Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

Is care compassionate? (Quality of care)

Staff members reported to us that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate informed values that underpin care within the home as they related to dying and death of a number of residents.

The registered manager (acting) and staff described to us the care and support delivered to residents when their health deteriorated. Staff reported to us that residents and staff continued to visit these residents when they moved from the home. Staff reported to us the circumstances of family involvement.

The registered manager (acting) and staff reported to us that residents had been aware of the dying and death of individuals who had lived in the home. Staff reported how residents had been supported to visit and pay their respects prior to and following the death of a number of residents. This is commended.

The registered manager (acting) confirmed to us that arrangements can be made to provide spiritual care for residents who are dying, if they so wish.

The registered manager (acting) confirmed to us that deceased resident's belongings are handled with care and his or her representative is consulted about the removal of the belongings.

Areas for improvement

There were no areas of improvement identified from the standard inspected. Overall, this standard was assessed to be safe, effective and compassionate.

Number of requirements	0	Number of recommendations	0
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

Staff were knowledgeable and demonstrated to us an understanding of continence care. The registered manager (acting) confirmed training was scheduled to take place.

We inspected residents' care records which confirmed that a person centred assessment and care plan was in place relating to continence. Staff members were able to describe to us the system of referral for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

In our inspection of the environment and discussions with the registered manager (acting) and staff, we confirmed that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels. Staff confirmed to us that gloves, aprons and hand washing dispensers were available. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is care effective? (Quality of management)

The home had written policies and procedures relating to continence management. The registered manager (acting) confirmed to us that continence training was scheduled. An

inspection of two care records confirmed to us that continence needs were documented. Staff were knowledgeable regarding where guidance and advice could be sought.

Discussions with staff and inspection of care records confirmed that where residents had reduced skin integrity associated with poor continence management, this had been risk assessed and referrals made to district nursing. In our inspection of the home we noted no malodours.

Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Residents confirmed to us that staff provide care and support in a sensitive, kind and caring manner.

Through our discussions with staff, we confirmed that they recognised the potential loss of dignity associated with incontinence. Staff described to us how care is delivered in a compassionate manner. Staff articulated those values that underpin care within the home as they related to continence management and support.

Areas for improvement

There were no areas of improvement identified from the theme inspected. Overall, this theme was assessed to be safe, effective and compassionate.

Number of requirements	0	Number of recommendations	0
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5.5 Additional areas examined

5.5.1 Residents' views

We met with residents in a group. Six residents engaged in conversation on an individual basis. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care. Suggestions were made for improvements in regard to the furniture in the activity room. Residents requested more armchairs, a table and shelving for videos, activities and activity resources.

The registered manager (acting) confirmed to us that arrangements had been made for a table and storage cabinet to be delivered to the home in the next few weeks. The registered manager (acting) reported to us that spare armchairs currently in storage would be made available to the home the following week. The registered manager (acting) and director confirmed to us that arrangements were being made to facilitate a number of day trips.

Some comments included:

- "It's great"
- "We go to mass every morning"
- "We went for a walk yesterday around the grounds. I love getting out"
- "We like bingo and skittles. We do exercises and games"
- "We are always told what is going to happen"

5.5.2 Staff views/ returned questionnaires

We met with two care staff and examined six completed staff questionnaires, returned to us before the conclusion of the inspection. Staff members spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and were given the necessary resources to fulfil their duties.

Two of the six questionnaires indicated dissatisfaction with obtaining equipment in a timely manner. The registered manager (acting) confirmed that this would be discussed with staff. A suggestion was made that more arts and craft materials were needed. The registered manager (acting) confirmed that arts and craft materials would be purchased.

Some comments included:

- “Funeral plans are in place and (residents’) wishes are documented”
- “We planted flowers out the back recently”
- “Residents are offered every day a choice of activities”
- “We can get materials (for activities) out of petty cash”
- “(Residents are) very, very well looked after”

5.5.3 Residents representatives/visitors views

We met with one visitor who visits the home once every two weeks in an activity/therapeutic role. They expressed positive views in regard to staff attitude, the environment and communication with staff. The visitor reported that fewer activities seemed to be taking place, compared to what they used to see. The visitor reported to us that they could not be certain if this was to do with the time of the day they visited. This observation was discussed with the registered manager (acting) who acknowledged that it may have had to do with the timing of the visit and confirmed to us that activities are offered to residents on a daily basis. The registered manager (acting) confirmed to us that activity records will record when residents decline participation in activities.

5.5.4 Environment

In our inspection of the premises we found the home to be clean, tidy and decorated to a good standard. The registered manager (acting) reported to us that improvements had been made. These included a television which had been provided for the activity room, thus providing residents with more choice; chairs had been recovered; a number of bedrooms had been redecorated and furniture replaced; an outdoor table, chairs and parasol had been ordered; a cupboard, a table and shelving were due to be delivered to the home within the next few weeks.

5.5.5 Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

5.5.6 Accidents/ incidents

In our inspection of accident and incidents for April and May 2015 we confirmed that these had been reported and managed appropriately.

5.5.7 Complaints/ compliments

Inspection of a random number of complaint records and discussion with the registered manager (acting) confirmed that complaints had been managed appropriately. Three compliments were recorded for the year 2014.

One complimentary comment included:

- “Wonderfully friendly staff”

5.5.8 Fire safety

We inspected staff training records which confirmed that staff had received two fire safety training in the last 12 months. Fire safety check records were up to date. There were no obvious fire risks. We confirmed that the most recent fire risk assessment was undertaken on 10 September 2014.

Areas for improvement

There were no areas of improvement identified from the additional areas inspected.

Number of requirements	0	Number of recommendations	0
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6. Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Alexa Brown, Registered Manager (Acting) as part of the inspection process. The timescales commence from the date of inspection.

The registered manager (acting) 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.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and 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. 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 home. 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 home.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 6.2</p> <p>Stated: Second time</p> <p>To be completed by: 10 August 2015</p>	<p>The registered manager (acting) should ensure that an individual comprehensive care plan is drawn up as the assessment of the resident's needs is carried out, and includes details of:</p> <ul style="list-style-type: none"> • Any personal outcomes sought by the resident • The daily care, support, opportunities and services provided by the home and others • How specific needs and preferences are to be met if the resident is from a specific minority group • How information about the resident's lifestyle is used to inform practice • The resident's agreed daily routine and weekly programme • The management of any identified risks • Strategies or programmes to manage specified behaviours • Directions for the use of any equipment used to assist the delivery of care <p>Care plans should be detail how all known behaviours present and the approaches staff should follow and implement.</p>
	<p>Response by Registered Person(s) detailing the actions taken:</p> <p>A comprehensive care plan has been updated for each resident around the nineteen activities of daily living. The care plan includes details of personal outcomes for the resident and describes the care, support provided to each of the residents dependent on their individual needs. Each resident has in place a daily and weekly routine within their personal file. The Risk Assessments and Restrictive practice assessments have all been updated in line with the revised care plans. There are no individual Pispas at present however it is noted on the care plan that should this change advice with be sought from Autism Initiatives Practice support team who have been trained in Positive Behaviour strategies and appropriate HSCT staff. Reference is made within the care plan regarding any equipment / aids used by the residents to assit in their mobility.</p>
<p>Recommendation 2</p> <p>Ref: Standard 5.2, 5.3</p> <p>Stated: Second time</p> <p>To be completed by: 10 August 2015</p>	<p>The registered manager (acting) should initial assessment that the details obtained at the time of referral are revised as soon as possible and at the latest within one month of the resident's admission, to ensure there are comprehensive details of:</p> <ul style="list-style-type: none"> • The resident's physical, social, emotional, psychological and spiritual needs • Specific needs and preferences if the resident is from a minority group • Information about the resident's life history and current situation • Risks involved in the delivery of care and/or resulting from the

	<p>residents behaviour</p> <ul style="list-style-type: none"> Other professionals or agencies providing a service to the resident. <p>Further information about the resident's life history and previous lifestyle, values and personal preferences is obtained on an on-going basis and recorded.</p>		
	<p>Response by Registered Person(s) detailing the actions taken:</p> <p>All care plans have been updated. The current resident group within Greenvale Residential home have lived here for some time. Information has been added when shared by the ladies. There has been one recent admission to the home. The information contained within the initial assessment and HSCT referral has been transferred to the individuals care plan. The About Me documentation contains information about the residents life history and current situation. Risk Assessments have been reviewed and updated. There are details of the other professionals / agencies who are involved in the delivery of care in the residents profile and contact records within the residents care file. There are daily report and monthly summaries completed for each resident. Other documentation e.g., Care plans, Risk Assessments, Restrictive Practice Assessments are updated at least annually or as and when required. The information from the documentation is also used to appraise Annual Reviews.</p>		
Registered manager (acting) completing QIP	Alexa A. Brown	Date completed	03.08.15
Registered Person approving QIP	Grainne Close	Date approved	04.08.15
RQIA Inspector assessing response	Laura O'Hanlon	Date approved	05.08.15

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