



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

**Name of Service and ID: Owenvale Court (1642)**

**Date of Inspection: 13 August 2014**

**Inspectors' Names: Ruth Greer and Alice McTavish**

**Inspection ID: IN020423**

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
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## 1.0 General information

<b>Name of Service:</b>	Owenvale Court
<b>Address:</b>	607 Springfield Road Belfast BT12 7FN
<b>Telephone number:</b>	(028) 9041 2030
<b>E mail address:</b>	paula.kennedy@carecircle.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Mr Ciaran Sheehan Care Circle Limited
<b>Registered Manager:</b>	Mrs Paula Marie Kennedy
<b>Person in charge of the home at the time of inspection:</b>	Mrs Anna McKinnon, senior care assistant
<b>Categories of care:</b>	RC-I, RC-SI, RC-A, RC-DE, RC-PH
<b>Number of registered places:</b>	47
<b>Number of residents accommodated on Day of Inspection:</b>	33 residents plus 2 residents in hospital
<b>Scale of charges (per week):</b>	Trust rates
<b>Date and type of previous inspection:</b>	17 April 2014 (Estates) 27 May 2014 (Care) 9 June 2014 (Estates)
<b>Date and time of inspection:</b>	13 August 2014 10.30am and 3.30pm
<b>Name of Inspectors:</b>	Alice McTavish Ruth Greer

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standard measured during inspection was met.

## 3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

This unannounced inspection was undertaken in response to information received by RQIA from an anonymous whistle blower. The whistle blower alleged that the staffing levels in the home were insufficient to meet the needs of the residents.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with Mrs A McKinnon, senior care assistant in charge of the home
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff and one visitor
- Consultation with residents individually and with others in groups
- Inspection of the premises

- Evaluation of findings and feedback to Mrs McKinnon at the conclusion of the inspection and with Mrs Paula Kennedy, registered manager, by telephone on 15 August 2014.

## **5.0 Inspection focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

Standard 25 The number and ratio of management and care staff on duty at all times meet the care needs of residents.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 Profile of service

Owenvale Court Residential Care home is situated on the upper Springfield Road in Belfast.

The residential home is owned and operated by Care Circle Limited. Mrs Paula Kennedy is manager of the home. Mrs Kennedy has been registered with RQIA since May 2013.

Accommodation for residents is provided in single rooms on both the ground and first floor. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided downstairs around the main entrance to the home. Several smaller lounge areas are situated on both floors at various locations throughout the home.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 47 persons under the following categories of care:

### Residential care

I	Old age not falling into any other category
DE	Dementia
PH	Physical disability other than sensory impairment
A	Past or present alcohol dependence
SI	Sensory impairment

## 7.0 Summary of inspection

This secondary unannounced care inspection of Owenvale Court was undertaken by Alice McTavish and Ruth Greer on 13 August 2014 between the hours of 10.30am and 3.30pm. Mrs McKinnon was available during the inspection and for verbal feedback at the conclusion.

The requirement in relation to the duty roster made previously had been addressed. The other requirements and recommendations made as a result of the previous inspection had been confirmed by the registered manager, in writing, as having been actioned. These were not examined during this inspection and will be reviewed at the next inspection.

During the inspection the inspectors met with residents, staff, and one relative, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents there were differing responses in relation to their experience of life in the home. In relation to staffing levels, several residents confirmed that at times they have to wait for assistance for longer than acceptable and they attributed this to poor staffing levels. Further details can be found in section 10.0 of this report.

Staff indicated that they were supported in their respective roles and that the work well together as a team. Staff confirmed that at times there have been difficulties in providing the standard of care they feel is necessary. Staff also stated that the residents' care is the most important element in their jobs.

Comments received from residents, one visitor and staff are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspectors presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

A number of additional areas were also examined and these included an inspection of the environment and an examination of the records relating to fire training. Further details can be found in section 10.0 of the main body of the report.

Five requirements and one recommendation were made as a result of the secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

As a result of the serious issues which were identified during the inspection on 13 August 2014 the matters were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting. Mr C Sheehan, responsible person and Mrs Kennedy, registered manager were invited to attend a meeting at RQIA on 22 August 2014. Mr M Doran, operations director was also in attendance. The issues identified during the inspection on 13 August 2014 were shared with Mr Sheehan, Mr Doran and Mrs Kennedy who gave assurances to RQIA that arrangements were being put in place to address the identified issues as a matter of urgency.

The inspectors would like to thank the residents, one relative and staff for their assistance and co-operation throughout the inspection process.

**8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 27 May 2014.**

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	19 (3) Schedule 4 (7)	<p><b><u>Duty Roster</u></b>            The responsible person must ensure that the actual hours the registered manager works is included in the duty roster.</p>	A review of the duty roster showed that the hours worked by the registered manager were recorded. This requirement has been addressed.	Compliant



<b>9.0</b> <b>STANDARD 25 - STAFFING</b> <b>The number and ratio of staff at all times meet the care needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
25.1 At all times the staff on duty meets the assessed care, social and recreational needs of residents, taking into account the size and layout of the home, the statement of purpose and fire safety requirements.	
<b>Inspection Findings:</b>	
<p>On the day of this inspection the following staff were on duty -</p> <ul style="list-style-type: none"> <li>Senior Care Assistant x 2</li> <li>Care Assistant x 2</li> <li>Domestic and laundry staff x 2</li> <li>Catering staff x 2</li> <li>Administration staff x 2</li> </ul> <p>In addition 1 young person was on placement which had been organised by the Prince's Trust.</p> <p>A review of the staff duty rotas and discussion with staff evidenced that on several occasions over recent weeks the numbers of staff on duty were not adequate to meet the needs and numbers of the residents accommodated.</p> <p>Further scrutiny of these records provided evidence of the following staff shortages -</p> <p>On two occasions during August two staff were working on night duty. The minimum staffing requirement for night duty in Owenvale Court is three staff. Staff confirmed that on both of these nights the third staff member who had been rostered had reported sick and a replacement had not been provided.</p> <p>On the 3 August 2014 a member of care staff who had worked from 8am to 8pm was held on duty until 8am the following morning. This member of staff had worked on wakened duty for a continuous 24 hour period.</p> <p>The reviewed rotas identified that a number of staff had worked 5 x 12 hour shifts each week. Staff confirmed that this excess was as a result of staff shortages and to cover planned annual leave.</p>	<p>Not compliant</p>

<b>Criterion Assessed:</b> 25.2 The number and ratio of staff to residents is calculated using a method that is determined by the Regulation and Quality Improvement Authority. Students and volunteers working in the home are not taken into account in the overall staffing calculation.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> Mrs McKinnon was aware of the RQIA guidance on the minimum staff levels but was unsure if this information was used to calculate the overall staffing requirements in the home. On one occasion the rota identified that an individual who was on a voluntary placement in the home had been included in the numbers of staff required to meet the needs of the residents accommodated. Individuals who are placed in a home on a voluntary basis must be treated as supernumery and must not be included in the overall staffing complement. Inspectors are concerned that staff on voluntary placement are not suitably qualified, competent and experienced to meet the health and welfare needs of the residents.	Not compliant

<b>STANDARD 25 - STAFFING</b>	
<b>The number and ratio of staff at all times meet the care needs of residents.</b>	
<b>Criterion Assessed:</b> 25.3 There is a competent and capable person in charge of the home at all times.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>The rotas showed that the home is managed throughout the 24 period by the manager, the deputy manager or one of a team of senior care assistants.</p> <p>The person in charge at the time of this inspection, Mrs McKinnon, confirmed that competency and capability assessments had been undertaken in respect of the senior care assistants. Records of the competency and capability assessments, however, were not available for inspection. Inspectors were unable to verify that the relevant competency and capability assessments for persons with the responsibility of being in charge of the home had been completed.</p> <p>Mrs McKinnon facilitated this unannounced care inspection in a professional, friendly and knowledgeable manner. Observation of practice provided evidenced that Mrs McKinnon was experienced and competent in her duties of managing the home.</p>	Substantially compliant
<b>Criterion Assessed:</b> 25.4 Administrative and ancillary staff are employed to ensure that minimum standards relating to their respective responsibilities are fully met.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>There were two administrative staff on duty on the day of this inspection. The rota identified a deficit in the hours of ancillary staff working in the home. The minimum standards require a minimum of 149.6 ancillary hours for homes registered for 40 residents, however, only 60 ancillary hours had been provided in Owenvale Court for several weeks. RQIA is concerned that a lack of ancillary staff to cover domestic and laundry duties may have a direct impact on resident care. The inspectors were informed that interviews for domestic staff have taken place and a new domestic assistant was due to take up post in the days immediately after this inspection.</p>	Not compliant, apart from administrative staff.

<b>STANDARD 25 - STAFFING</b>	
<b>The number and ratio of staff at all times meet the care needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
25.5 Records are kept of all staff that includes name, date of birth, previous experience, qualifications, starting and leaving dates, posts held and hours of employment.	
<b>Inspection Findings:</b>	
The staff files of four staff were chosen for examination. The elements outlined in this criterion were found to be present. In addition, the registration details for each person with the Northern Ireland Social Care Council (NISCC) were in place.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
25.6 A record is kept of staff working over a 24-hour period and the capacity in which they worked.	
<b>Inspection Findings:</b>	
The inspectors examined the staff duty rotas for five weeks. This provided evidence of compliance with this criterion.  Catering arrangements have been franchised to an outside agency hence the hours provided for catering duties were not examined at this inspection.	Compliant

<b>STANDARD 25 - STAFFING</b>	
<b>The number and ratio of staff at all times meet the care needs of residents.</b>	
<b>Criterion Assessed:</b> 25.7 Time is scheduled at staff or shift changes to handover information regarding residents and other areas of accountability.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Mrs McKinnon confirmed that 15 minutes at the commencement and conclusion of each shift is scheduled for a staff handover. This should be included in the rota of hours worked.	Substantially compliant
<b>Criterion Assessed:</b> 25.8 Staff meetings take place on a regular basis and at least quarterly. Records are kept that include: - <input type="checkbox"/> The date of all meetings <input type="checkbox"/> The names of those attending <input type="checkbox"/> Minutes of discussions <input type="checkbox"/> Any actions agreed.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Staff confirmed that staff meetings had not been held for many months. The communication between the manager and staff takes place daily and is informal. There were no records available to confirm that regular meetings which include an agenda and minutes have taken place.	Not compliant

## 10.0 ADDITIONAL AREAS EXAMINED

### 10.1 Resident's consultation

The inspectors met with ten residents individually and with others in groups. Residents were observed relaxing in the communal lounge area. Some residents indicated that they are happy and content in the home. Others (six) stated that there were not enough staff to provide timely assistance when required

Comments received included:

"The day is so long"

"You are only allowed to pull the bell (for assistance) if it's a real emergency"

"Staff haven't a minute for you"

"You feel like a nuisance"

"I have no complaints. I think the care is very good"

"I don't usually need help with anything, but I think if I needed to ask someone for help, they would come to me quickly"

### 10.2 Relatives/representative consultation

One relative who met with the inspectors indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

### 10.3 Staff consultation

The inspectors spoke with four care and senior staff. Staff demonstrated awareness and knowledge of the needs of residents. All staff confirmed that staffing levels have been stretched recently and at times there are not enough on duty to meet the needs of the residents. Staff stated that staff vacancies and holiday leave had made it very difficult to provide a good standard of care. The inspectors were informed that the registered manager had suspended any further admissions to the home until new staff were recruited but in the meantime the remaining staff were "tired and exhausted doing extra shifts." Staff told the inspectors that the staff shortages impacted detrimentally on the residents care. Staff members, however, did acknowledge and appreciate the efforts of the registered manager to provide support to staff.

Comments received included:

"Everybody is tired and there is never any time just to sit and speak with residents"

"Not enough staff means that residents who like to get up early are not getting up until 11.00am or later"

"Annual leave is a real problem. You never know if you can get your leave or not"

### 10.4 Visiting professionals' consultation

No visiting professionals visited the home at the time of the inspection.

## **10.5 Environment**

The inspectors viewed the home and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a satisfactory standard.

Two areas where electrical plant equipment was stored were found to be unlocked. The internal doors of the home were maintained in line with fire requirements either closed or held open with door guards connected to the fire alarm system. The room designated for residents who smoke contained fire retardant furnishings.

## **10.6 Fire Training**

The record of fire training was examined and showed that a fire lecture and drill had been carried out on 18 June 2013. The fire alarm system is checked weekly from a different point and the outcome recorded.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Anna McKinnon (in charge at time of inspection) and Mrs Paula Kennedy by telephone on 15 August 2014, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Alice McTavish**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**





## Quality Improvement Plan

### Secondary Unannounced Care Inspection

Owenvale Court

13 August 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs McKinnon at the conclusion of the inspection and with Mrs Paula Kennedy, registered manager, by telephone on 15 August 2014.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**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, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 20 (1) a	<p>The registered person must ensure that suitable qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.</p> <p><b>Ref: 9.0</b></p>	One	Duty roster has been reviewed in order to ensure that suitable, competent and experienced persons are working at the home in such numbers as are appropriate for the health and safety of residents.	Immediate and ongoing
2	Regulation 20 (1) a	<p>Students and volunteers working in the home are not taken into account in the overall staffing calculation.</p> <p><b>Ref: 9.0</b></p>	One	Students and volunteers are not taken into account. Their status is clearly documented on duty roster.	Immediate and ongoing
3	Regulation 19(2) Schedule 4 (20)	<p>A record of all staff meetings should be held and the names of those attending.</p> <p><b>Ref: 9.0</b></p>	One	All staff meetings and the names of those attending are now available for inspection.	Immediate and ongoing
4	Regulation 14 (2) a	<p>The registered person must ensure that all parts of the residential care home to which residents have access are free from hazards to their safety.</p> <p><b>Ref: 10.5</b></p>	One	All parts of the residential home are free from hazards. There is a daily check of all potential hazard areas and contractors will now be accompanied to ensure all areas are secured.	Immediate and ongoing

5	Regulation 19 (2) b	<p>The registered person must ensure that records required to be maintained are held in the home and are at all times available for inspection in the home by any person authorised by the RQIA to enter and inspect the home.</p> <p><b>Ref: 9.0</b></p>	One	All records are now available for inspection.	Immediate and ongoing
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**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	Standard 25.7	It is recommended that time is scheduled at staff or shift changes to hand over information regarding residents and other areas of accountability and that this recorded on the duty rota.  <b>Ref: 9.0</b>	One	Duty rosters now reflect a 15 minute hand over regarding residents and other areas of accountability.	Immediate and ongoing

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Paula Kennedy
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Alice McTavish	24 September 2014
Further information requested from provider			