



Secondary Unannounced Care Inspection

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| Name of Establishment: | Owenvale Court |
| Establishment ID No: | 1642 |
| Date of Inspection: | 27 May 2014 |
| Inspector's Name: | Maire Marley |
| Inspection No: | 16847 |

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

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| Name of Home: | Owenvale Court |
| Address: | 607 Springfield Road Belfast BT12 7FN |
| Telephone Number: | (028) 9041 2030 |
| E mail Address: | paula.kennedy@carecircle.co.uk |
| Registered Organisation/ Registered Provider: | Mr Ciaran Sheehan Care Circle Limited |
| Registered Manager: | Mrs Paula Marie Kennedy |
| Person in Charge of the home at the time of Inspection: | Mrs Paula Marie Kennedy |
| Categories of Care: | RC-I, RC-SI, RC-A, RC-DE, RC-PH |
| Number of Registered Places: | 47 |
| Number of Residents Accommodated on Day of Inspection: | 40 and 2 residents in hospital |
| Scale of Charges (per week): | Trust Rates |
| Date and type of previous inspection: | 29 October 2013 Secondary Unannounced Care Inspection |
| Date and time of inspection: | 27 May 2014 9.00am - 12.30pm |
| Name of Inspector: | Maire Marley |

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 a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether 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.

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.

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 (2008)

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

METHODS/PROCESS

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

- Discussion with the registered manager
- Discussion with the responsible person
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection undertaken in August 2013 and October 2013.

PROFILE OF SERVICE

Care Circle assumed responsibility for Owenvale Court in June 2012. Mr Ciaran Sheehan is the responsible person and Ms Paula Kennedy is the registered manager.

The home is located on the Springfield Road in Belfast and is accessible for residents with a disability. The facility consists of forty seven single en-suite bedrooms, a lounge on each floor, designated smoke room, quiet room, bathroom/toilets, activity room hairdressing room, laundry, dining room, kitchen, staff accommodation and reception/staff office and storage rooms.

There is ample private car parking to the front and rear of the home. Security gates are also in position. The external area of the home is appropriately secured and paved.

The home is registered to provide care for a maximum of forty seven persons in the following categories RC-I, RC-SI, RC-A, RC-DE, RC-PH.

SUMMARY

This unannounced secondary inspection of Owenvale Court was undertaken by Maire Marley on 27 May 2014 between the hours of 9.00am and 12.30pm.

The registered manager, Mrs Paula Kennedy was available during the inspection and for verbal feedback at the conclusion of the inspection. Mrs Nuala Green director and Mr Ciaran Sheehan, responsible person joined the inspection for feedback.

The requirements and recommendations made as a result of the previous inspections undertaken on August 2013 and October 2013 were examined. Observations and discussion with the management team demonstrated that the home had responded positively to the requested improvements and all requirements and recommendations had been addressed. The detail of the actions taken can be viewed in the section following this summary.

This inspection was undertaken to the home to assess progress with the issues identified during the previous inspections undertaken in 8 August 2013 and 29 October 2013. However during the inspection the issues identified by the estates officer in the inspection undertaken in April 2014 became a particular focus of this inspection.

During the inspection the inspector met with residents, three relatives, an officer from Helm Housing Association and discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. Care practice was observed discreetly and a general inspection of the home was carried.

The staff roster for a three week period in May 2014 was examined. The registered manager confirmed that the home's staffing levels were sufficient to meet the assessed needs of the residents and were in accordance with the minimum recommended RQIA staffing guidance. A requirement is made to include the registered manager's hours worked on the duty roster.

The inspector paid particular attention to the environment and it was good to note the improvement in the overall environment. The dining room, lounge, hallways and nineteen bedrooms had been refurnished.

Additional bedrooms were identified as requiring attention and assurance was provided that these bedrooms were scheduled for phase two of the redecoration programme. Two of the identified bedrooms required immediate action and the inspector was informed that the redecoration of these bedrooms was commencing on the afternoon of the inspection.

A number of issues were identified for attention during the estates inspection undertaken in April 2014. The management team reported that the work was in progress and on the day of inspection a meeting was held with an officer from Helm Housing Association to clarify responsibilities and agree timescales for the completion of the refurbishment programme.

The inspector reviewed documentation in regard to lifting equipment, gas installation and a heating and ventilation certificate. These documents were forwarded to the estates officer for review. The outstanding documentation requested by the estates officer in regard to the passenger lift and electrical installation should be forwarded to the RQIA without delay.

Prevention of fire in regard to the environment was a particular focus of this inspection. It was good to note during the inspection of the building that fire doors were closed and all fire exits were free from obstruction. The inspector was informed that the improvements identified by the estates inspector in regard to the fire doors had not been addressed. Assurance was provided by the Directors of Care Circle that the identified areas would be addressed with immediate effect.

The inspector tested a number of call bells in residents' bedrooms. A delay in the activation of the bell was found. The registered manager was requested to risk assess the call bell system and establish if the system is fit for purpose. The record for the most recent service of the residents' call system was not available for inspection and should be forwarded to the RQIA by the date agreed at inspection.

Discreet observations of care practices evidenced that residents were being treated with dignity and respect. Staff interactions with residents were found to be pleasant, friendly and warm. Residents were found to be going about their daily routines, reading the daily newspaper, sitting chatting, walking in the grounds or relaxing in their bedrooms.

During the inspection of the home, communal areas viewed were found to be clean and organised.

An action plan detailing the action taken to date along with the proposed time scales for those areas identified during this inspection and in the estates inspection 17 April 2014 should be submitted to the RQIA no later than 3 June 2014. The requested information was received and forwarded to the estates officer for examination.

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

The inspectors wish to thank Mr Sheehan, Responsible Person, Ms Green, Director, Mrs Kennedy, Registered Manager, residents and visitors for their helpful discussions and assistance throughout the inspection process.

FOLLOW-UP ON PREVIOUS ISSUES

| NO. | REGULATION REF. | REQUIREMENTS | ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION | INSPECTOR'S VALIDATION OF COMPLIANCE |
|--|------------------------|--|--|---|
| Primary Announced Care Inspection, 8 August 2013 | | | | |
| 1 | 5 (11) (a) (b) | The registered person/manager should ensure the financial arrangements in regard to each resident are detailed in their individual agreements. | The registered manager confirmed that financial arrangements are recorded in residents' agreements. | Compliant |
| 2 | 20 (1) (b) | The registered person/manager should ensure that suitable qualified, competent and experienced persons are working in the home in such numbers as are appropriate for the health and welfare of residents. | The registered manager reported that following the previous inspection the number of care assistants had been increased during the evening period as requested. It was confirmed that the number of staff was sufficient to meet the assessed needs of the residents accommodated in the home. | Compliant |
| Secondary Unannounced Care Inspection, 29 October 2013 | | | | |
| 1 | Regulation 27 (4) (b) | Combustible material should not be stored under a main escape route | On the day of this inspection it was noted that combustible material had been cleared. Exit areas were noted to be clear and no hazards were observed. | Compliant |
| 2 | Regulation 27 (4) (b) | Internal doors should not be wedged open | On the day of this inspection internal doors were satisfactory. | Compliant |
| 3 | Regulation 27 (2)(d) | The RQIA should be informed of the completion date of the current re decoration of the home | The RQIA had been provided with the information in regard to the redecoration of the home. Details of the work completed are contained in the main body of the report. | Compliant |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|--|-----------------------|---|---|--------------------------------------|
| Primary Announced Care Inspection, 8 August 2013 | | | | |
| 1 | 11.1 | The registered person/manager should develop a policy to direct and guide staff in regard to the review of a resident's circumstances. | The registered manager confirmed that a policy to direct and guide staff in regard to the review of a resident's circumstances had been developed. | Compliant |
| 2 | 11.3 | The registered person/manager should ensure opportunities are afforded to residents or their representative to participate in the preparation of their review report. | The registered manager confirmed that residents or their representatives are encouraged to provide their views on the care provided for inclusion in the review report. | Compliant |
| 3 | 11.4 | The registered person/manager should ensure review reports contain all of the elements outlined in 11.4. | The registered manager confirmed that review reports contain all of the elements as outlined in criterion 11.4. | Compliant |
| 4 | 16.2 | The registered person/manager should ensure that induction records are stored within the home and available for inspection. | The registered manager confirmed that induction records are held in the home and are available for inspection. | Compliant |
| 5 | 33.9 | The registered person/manager should review the practice of leaving topical medicines unattended in the home. | On the day of inspection the inspector observed that topical medicines were stored in a trolley in the treatment room. | Compliant |
| 6 | 27.1 | The registered person/manager should confirm that the redecoration programme for the home commenced in October 2013. | Dates for the redecoration of the home were submitted to the RQIA as requested. | Compliant |

ADDITIONAL AREAS EXAMINED

Residents' views

During the inspection the inspector greeted the majority of residents accommodated in the home. The inspector spoke to residents in the lounge, dining room and privately in their bedrooms to gain their views and opinions on the care provided in the home, although some residents could not fully articulate their views, other residents spoke positively of the care provided in the home. One resident informed the inspector he was concerned that he would not get his medication in time as he had an appointment. Management addressed this issue with immediate effect.

Staffing

The registered manager is based in the home and is assisted by a team of care and support staff. Examination of the staff duty rosters for a three week period in May 2014 was examined. The registered manager confirmed that the home's staffing levels were sufficient to meet the assessed needs of the residents and were in accordance with the minimum recommended RQIA staffing guidance. A requirement is made to include the registered manager's hours worked on the duty roster.

Environment

The atmosphere in the home was friendly and welcoming. The inspector undertook a tour of the building and viewed a random selection of residents' bedrooms, communal areas, bathrooms and washrooms and the laundry room. It was good to note the improvement in the overall environment. The dining room, lounge, hallways and nineteen bedrooms had been refurnished. Additional bedrooms were identified as requiring attention and assurance was provided that these bedrooms were scheduled for phase two of the redecoration programme. Two of the identified bedrooms required immediate action and the inspector was informed that the redecoration of these bedrooms was commencing on the afternoon of the inspection.

The registered manager confirmed there were nine residents who smoked in the home however on the day of inspection there was only three chairs in the smoking room. These chairs had no labels to indicate if they complied with the fire retardant standards. The registered manager must ensure sufficient chairs are available to residents in the smoke room. Confirmation should be forwarded that the chairs in the smoke room meet with the ignition sources 0 and 5 fire retardant standard.

Fire Safety Precautions

A number of issues were identified for attention during the estates inspection undertaken in April 2014 relating to fire prevention. It was concerning to note there was limited progress made in regard to the issues identified. An assurance was provided by the responsible person that the following areas would be addressed with immediate effect;

- Copies of the reports for the current inspection and test for the fixed wiring installation should be submitted without delay to the RQIA.
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- Confirmation that a smoke seal has been fitted to the meeting edges of the double doors to the large lounge on the ground floor.
- Confirmation that the fire doors have all been checked to ensure that they close effectively with the self-closing devices and that they provide fully effective smoke sealing.
- Confirmation that the chairs in the smoking room comply with the ignition sources 0 and five fire retardant standard.
- Confirmation that a fire blanket had been provided in the designated smoking area to the front of the outside of the building.

Passenger Lift

The inspector was informed that documentation in regard to the maintenance of the lift was not available. A copy of the current examination of the passenger lift in accordance with the Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 should be forwarded to the estates officer in the RQIA.

Residents call bell

The inspector tested a number of call bells in residents' bedrooms. It was noted on one occasion there was a considerable delay in the bell being activated, on a further occasion the time was less and on three other occasions there was no delay. The inspector was informed that the call bells are linked to the telephone system and can be delayed when there are calls backed up. One resident reported on occasion staff response to the call bell is slow. Management are requested to review the call bell system and ascertain if it is fit for purpose. The record for the most recent service of the residents' call system was not available for inspection and should be forwarded to the RQIA by the date agreed at inspection.

Action plan

An action plan detailing the action taken to date along with the proposed time scales for those areas identified during this inspection and in the estates inspection 17 April 2014 that are not completed should be submitted to the RQIA no later than 3 June 2014. The requested information was received and forwarded to the estates officer for examination.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Paula Kennedy, 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:

Maire Marley
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

27 May 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 Mr Ciaran Sheehan, Responsible Person, Ms Nuala Green, Director and Mrs Paula Kennedy, Registered Manager during the inspection visit.

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 | 19 (3) Schedule 4 (7) | <u>Duty Roster</u> The responsible person must ensure that the actual hours the registered manager works is included in the duty roster. | One | Going forward the responsible person will ensure that the actual hours of working is included in the duty roster. This has commenced from 10/06/14. | No later than 30 June 2014. |

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|---|--------------------------------------|---|--|---|----------------------------|
| 2 | 27(4)(b) 27(4)(c) 27(4)(d)(iv) | <p><u>Fire Prevention</u></p> <p>The responsible person must ensure that copies of the reports for the current inspection and test for the fixed wiring installation should be submitted without delay to the RQIA.</p> <ul style="list-style-type: none"> • Confirmation that a smoke seal has been fitted to the meeting edges of the double doors to the large lounge on the ground floor. • Confirmation that the fire doors have all been checked to ensure that they close effectively with the self-closing devices and that they provide fully effective smoke sealing • Confirmation that a fire blanket had been provided in the designated smoking area to the front of the outside of the building • | | <p>Copies for the current inspection and test for the fixed wiring installation has been enclosed. The smoke seal has been fitted and completed to the meeting edges of the double doors on 29/05/14. All fire doors have been checked to ensure that they close effectively with the self-closing devices this has been completed Friday 30th May 2014. A fire alarm test was carried out on the 04/06/14 by the Manager and I can now confirm all doors are closing effectively. A fire blanket was installed 28/05/14 in the designated smoking area to the front of the outside of the building.</p> | No later than 3 June 2014. |
| 3 | Regulations 27(2)(c) | <p>The responsible person must ensure that the record for the most recent service of the resident's call system is submitted to the RQIA.</p> | | <p>Mrs Kennedy and Mrs Nuala Green (Director) spoke to Stacey Fitzner on the 10/06/14 Technical Officer for Helm Housing and requested that a copy be forwarded to</p> | No later than 3 June 2014 |

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|---|----------------------|--|--|---|---------------------------|
| | | | | Owenvale, Ms Fitzner confirmed that it would be sent that afternoon. This document will be forwarded on to the RQIA. | |
| 4 | Regulations 27(4)(b) | <p>The registered manager must ensure that the chairs in the smoking room are replaced with chairs that are clearly labeled to indicate compliance with the ignition sources 0 and 5 fire retardant standard.</p> <p>The registered manager must ensure there are sufficient chairs in the smoke room.</p> | | At present there are two non-combustible chairs in the designated smoking room, 5 chairs which are in compliance with ignition sources 0 and 5 fire retardant standard have been ordered by Mrs Nuala Green (Director) and are due to arrive on or before the end of June 2014. | No later than 3 June 2014 |

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

| | |
|---|----------------|
| NAME OF REGISTERED MANAGER COMPLETING QIP | Paula Manager |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | Ciaran Sheehan |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|------------|------------------|-------------|
| Response assessed by inspector as acceptable | Yes | M. Marley | 11/6/14 |
| Further information requested from provider | | | |