



Unannounced Care Inspection Report 7 July 2019



Greenvale

Type of Service: Residential Care Home
Address: 21 Rossmore Drive, Belfast BT7 3LA
Tel No: 028 9049 1310
Inspector: John McAuley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 11 residents.

3.0 Service details

Organisation/Registered Provider: Inspire Disability Services Responsible Individual: Louise Anne Smith	Registered Manager and date registered: Lorraine Carr 21 December 2016
Person in charge at the time of inspection: Rebecca Martin, senior care assistant	Number of registered places: Total number 11 comprising: 11 – RC – LD 11 – RC – (LD (E))
Categories of care: Residential Care (RC) LD – Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 10

4.0 Inspection summary

This unannounced inspection took place on 7 July 2019 from 10.00 to 13.50 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the nice relaxed atmosphere in the home helped by the organised, unhurried care practices. Good practices were also found in relation to the methodical nature and content of care records and the provision of staff training.

Two areas requiring improvement were identified during this inspection. These were in relation to the need to make good the condition of the corridor carpet and in identified residents' bedrooms and revising the smoking risk assessment.

Residents described living in the home as being a good experience/in positive terms. Some of the comments made included statements such as:

- “They are very good to me. They help me a lot.”
- “The staff are very good here. They have me very happy”.

Comments received from residents and staff during the inspection are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Findings of the inspection were discussed with Rebecca Martin, senior care assistant, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent inspection dated 7 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 7 February 2019. No further actions were required to be taken following this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, such as notifiable events.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

During the inspection a sample of records was examined which included:

- staff duty rota
- staff training schedule and training records
- two residents' records of care
- complaint records
- a sample of governance audits/records
- accident / incident records
- a sample of reports of visits by the registered provider/monthly monitoring reports
- RQIA registration certificate

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspection

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

Throughout this inspection residents advised and indicated that they felt safe in the home and that staff were responsive to their needs and were kind and supportive.

Staffing

Inspection of the duty rota confirmed that it accurately reflective the staff on duty at the time of this inspection.

The senior care advised that staffing levels were in keeping with resident dependencies and the size and layout of the home. The staffing levels over the 24 hour period were discussed. Discussions with residents and staff confirmed that they felt there was adequate staffing in place to meet residents' needs.

There was a deficit in the staffing levels at the time of this inspection with the absence of a cook. It was reported that attempts to provide this cover were unsuccessful but subsequent measures were utilised by staff to eliminate any negative impact. Staff advised that this had no impact on their ability to meet the residents' needs at the time of this inspection and indeed this was observed to be the case.

The senior care assistant in charge acted with competence and confidence throughout this inspection. A sample of a competency and capability assessment for any member of staff with the responsibility of being in charge in the absence of the registered manager was inspected. This was recorded in comprehensive detail.

Staff induction, supervision and appraisal

Discussions with staff confirmed that they had received a comprehensive programme of induction on appointment. An inspection of the programme of supervisions and appraisals found these were being maintained in a regular and up-to-date basis for all staff. Staff spoke positively about this provision.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. This was being audited on a monthly basis.

Staff training

Inspection of staff training records found that mandatory requirements and additional training areas were being met. A matrix of staff training is in place which identifies when staff have last received their mandatory training and when up-date training is required. This is good practice. In the past month training was provided for with medication, recruitment, safeguarding, person-centred care, first aid and record keeping. One member of staff made the following comment in regard to the provision of training:

- “They are very active in getting staff training needs sorted.”

Safeguarding

Discussions with staff confirmed that they had knowledge and understanding of safeguarding principals. Staff were aware of their obligations to report any concerns and advised that they found management to be approachable. They also advised that they would have no hesitation to report any concerns and that they would have confidence in management in dealing with such appropriately. Staff were knowledgeable of the Health and Social Care Trust’s role in safeguarding and these contacts details were displayed. One member of staff made the following comment in relation to safeguarding in the home:

- “There is absolutely nothing wrong with this home. If I had any concerns at all I would go straight away to the RQIA but I know I will never need to do here.”

Smoking

One resident in the home smokes. An inspection of the aligned risk assessment found it lacked detail and was more about where the designated area for smoking was. It was advised that this risk assessment needs to be more detailed and precise in terms of risk, such as amount smoked, physical health of resident and their capability in terms of smoking and any increased risk factors such as sedative type medication or medical condition such as epilepsy. Subsequent to this assessment then the prescribed interventions will be made and reviewed. This has been identified as an area of improvement in accordance with standards to review and put in place.

Environment

The home was clean and tidy with generally a good standard of décor and furnishings being maintained. However there was significant staining and marks in areas of the corridor carpets and in identified residents’ bedrooms. This was despite concerted efforts of deep cleaning. This has been identified as an area of improvement in accordance with regulation to make good.

Residents’ bedrooms were comfortable and personalised. Residents took pride and fulfilment in the personalisation of their bedrooms.

Communal areas were nicely facilitated and provided a relaxing space for residents to enjoy the company of one another, if desired.

There was good provision of infection prevention and control aids and equipment throughout the environment. Added to this there was accessible information available to residents, their representatives, visitors and staff on the need for good infection prevention and control practices.

The grounds of the home were accessible and tidy but with an overgrowth of plants. It was advised that plans are in place to upgrade and tidy this facility.

Fire safety

An inspection of fire safety records confirmed that all staff were in receipt of up-to-date fire safety training and drills. Fire safety checks on the environment were also carried out by staff on a regular and up-to-date basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, support and the environment.

Areas for improvement

Two areas for improvement were identified in respect of this domain during the inspection. These were in relation to the need to make good the condition of the corridor carpet and in identified residents’ bedrooms and revising the smoking risk assessment.

	Regulations	Standards
Total number of areas for improvement	1	1

6.4 Is care effective?

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

Discussions with staff confirmed that they had good knowledge and understanding of residents’ needs and prescribed care interventions. Staff also advised that there was good communication and teamwork between staff members for the benefit of residents.

Care records

An inspection of a sample of two residents’ care records was undertaken. The care records were methodical and detailed in the information recorded. These records also were maintained in line with the regulations and standards. They included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment and risk assessments, for example safe moving and handling, nutrition, falls, were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents.

There was evidence that residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Signatures of participation in this process were included the two care records inspected.

Effectiveness of care

Throughout this inspection there were examples of good delivery and effectiveness of care observed. Care practices such as safe moving and handling and infection prevention and control were found to be maintained in line with good practice.

The senior care assistant described how the team of staff dealt with the increasing needs of a resident with end of life care. She felt that this was dealt with very positively and staff gained themselves from this experience, by the effective team working and the person centeredness of care delivered.

Dining experience

An appetising wholesome three course dinner time meal was provided for at the time of this inspection. This contained good provision of choice as well as staff facilitating choice with the provision of condiments, sauces and types of vegetables to accompany the meal. The dinner room was tidy with tables nicely set. There was a nice ambience in place for residents to enjoy their meal and throughout this inspection residents gave positive feedback on this provision.

The catering facility was tidy, clean and appeared organised.

Human rights considerations

A turn nail locking system was used to exit doors in the home. This meant that there was no deprivation of liberty with residents in that they not locked in. However agreement had been sought with individual residents to inform staff when they wished to leave the home and in accordance with their safety needs a member of staff would then accompany the resident on the desired journey. This provision has been suitably assessed and documented in individual resident's care records.

Residents' possessions were facilitated in their own bedrooms. Photographs and personal memorabilia were nicely displayed and encouraged. Residents voiced pride and fulfilment with the personalisation of their bedrooms. They also declared that there were no problems with the security of their belongings and items of property they felt was secure.

Residents were treated with respect, kindness and individuality by all members of staff on duty. One member of staff described how these values were put into practice and summed it up by the comment: "Why won't we offer choice? I couldn't understand why not...." Added to this observation of staff interactions with residents found these to be warm, friendly, polite and supportive. Interactions were observed to include statements such as: "Would you like to...", "What about ..." and "Let's try and see ...". Such statements confirmed inclusiveness with residents in their decision making and promotion of choice and dignity.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffs' knowledge and understanding of residents' needs, prescribed care interventions and how this impacted on the culture and ethos of the home.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

General observations of care practices throughout this inspection found residents were supported in an organised, unhurried manner. Staff interactions with residents were found to be friendly, warm, polite and supportive. A nice homely ambience was in place with residents being comfortable and at ease in their environment and interactions with staff.

Residents' Views

Discussions were undertaken with all the residents in the home at the time of this inspection. In accordance with their capabilities residents confirmed that they were happy with the provision of care, the kindness and support received from staff, the provision of meals and the general atmosphere in the home. Some of the comments included:

- "They are very good to me. They help me a lot."
- "I like my lunches and dinners."
- "The staff are very good here. They have me very happy."
- "I am very happy here. Staff are very good to me. I use this buzzer here because I am prone to falls and they always come and help me."
- "I am going out later with my family. They are very good to me here."

Residents were also able to identify staff members by their names and spoke fondly about staff.

Social needs

There were good provisions of activity aids, equipment and diversional appliances throughout the home. These included games, books, televisions and arts and crafts materials.

At the time of this inspection, residents were content and relaxed in their environment; some were enjoying the company of one another and some were relaxing in their bedrooms or in the communal areas. Two residents were going out later with their families for the afternoon. Two other residents talked about a recent Country and Western event they had attended in a hotel and had great enjoyment from this.

Spiritual care is suitably assessed and planned for. This was particularly prevalent for a small group of residents in the home who had this as a primary need.

Areas of good practice

There were examples of good practice in respect of this domain found throughout this inspection in relation to feedback from residents and general observations of care practices.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

It was reported that the deputy manager is coming forward with application to be the registered manager of the home.

During this inspection staff praised the managerial arrangements and its support.

Monitoring visits

A monthly monitoring visit on the behalf of the responsible individual is undertaken in accordance with regulation. An inspection of the last three months' reports for 27 February 2019, 10 April 2019 and 30 May 2019 found these reports to be detailed and informative with good evidence of governance. The report of June 2019 visit was yet to be published.

Accidents and incidents

These reports were inspected from the previous inspection on 7 February 2019. All these events were considered to be appropriately managed and reported to the relevant persons/agencies. An analysis of accidents is carried out on a monthly basis to identify any trends or patterns and subsequent actions.

Two residents talked about receiving kind, caring help from staff when they had recent falls.

Staff views

Staff spoke positively about their roles, duties, provision of training, teamwork, support and morale. Staff advised that their good teamwork helped them deal with any difficulties that arise in the home such as with the deficit of the cook at the time of this inspection. This good support and teamwork was observed to be the case throughout this inspection.

Staff advised that they believed a good standard of care was provided for, that there was a nice atmosphere in the home and that residents' care and well-being was paramount. One comment made included the statement: "The care is very good here. I just treat residents here like the way I would treat my own mother."

Staff meetings are held and planned for each month.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from staff and general observations of care practices.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rebecca Martin, senior care assistant, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 27(2)(d)</p> <p>Stated: First time</p> <p>To be completed by: 8 November 2019</p>	<p>The registered person shall make good the poor condition of the carpet in the corridor and identified residents' bedrooms.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Ark Housing Association are seeking 3 quotations to get the carpets in the back hall replaced.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 15 July 2019</p>	<p>The registered person shall revise and update the identified smoking risk assessment in accordance with current safety guidelines with subsequent appropriate action.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: The risk assessment was reviewed and updated on 11.07.19.</p>



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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