

Unannounced Care Inspection Report

14 July 2016



Greenvale

Type of Service: Residential Care Home
Address: 21 Rossmore Drive, Belfast, BT7 3LA
Tel No: 02890491310
Inspector: John McAuley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Greenvale Residential Care Home took place on 14 July 2016 from 10:30 to 14:00hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

One recommendation was made in regard to submitting in writing to the home's aligned estates inspector confirmation details on how the seven recommendations made in the last fire safety risk assessment will be dealt with.

Areas of good practice were identified during this inspection in relation to staff being knowledgeable with good understanding of adult safeguarding principles. Staff had also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

Is care effective?

No requirements or recommendations were made in relation to this domain.

Areas of good practice were identified during this inspection in relation to the acting registered manager's knowledge and understanding of residents' needs and care interventions. Added to this she was very aware of the dynamics of the communal living in the home and the impact of admissions to the existing status quo.

Is care compassionate?

No requirements or recommendations were made in relation to this domain.

Areas of good practice were identified during this inspection in relation to how residents' personal memorabilia was furnished in the home. This added to the homeliness of the environment.

Is the service well led?

Areas of good practice was identified during this inspection in relation to discussion with staff confirming that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Discussions with residents also confirmed that they felt comfortable in approaching staff and management about any concerns and that they felt that these would be dealt with appropriately.

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and The DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Lorraine Carr the acting Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent estates inspection

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

2.0 Service details

Registered organisation/registered provider: Inspire Wellbeing Limited	Registered manager: Lorraine Carr
Person in charge of the home at the time of inspection: Lorraine Carr	Date manager registered: Registration pending
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 11

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection reports, and accident and incident notifications.

During the inspection the inspector met with seven residents, four members of staff of various grades and the acting registered manager.

The following records were examined during the inspection:

- The Statement of Purpose and Residents' Guide
- Recruitment policy and procedure
- Safeguarding policy and procedure
- Staff training records
- Induction records
- Complaints policy and procedure
- Records of complaints
- Fire safety records
- Four residents' care records
- Records of residents' meetings
- Monitoring visit records

The inspector left six residents, six resident's representatives and six staff questionnaires to be distributed and returned to RQIA following the inspection. .

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 16 November 2015

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at their next inspection

4.2 Review of requirements and recommendations from the last care inspection dated 17 June 2015

Last care inspection recommendations		Validation of compliance
<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>Met</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 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>	<p>Met</p>

4.3 Is care safe?

The acting registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

On the day of inspection the following staff were on duty:

- 1 x acting registered manager
- 1 x senior care assistant
- 2 x care assistants
- 1 x cook
- 1 x domestic

Review of induction records and discussion with the acting registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided.

The acting registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained.

The acting registered manager confirmed that no new staff have been recruited recently. Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. The acting registered manager had knowledge and understanding that staff recruited need to be in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policies and procedures in place were consistent with the current regional guidance and included definition of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion had been established and the new regional guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the acting registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

Discussion with the acting registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Inspection of care records confirmed there was a system of referral to the multi-disciplinary team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was clean and tidy with a good standard of décor and furnishings being maintained. The home had a nicely appointed patio area which was accessible for residents to avail of.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 15 September 2015. Seven recommendations were made as a result of this assessment. There was no corresponding evidence in place to confirm what action was taken in response to these recommendations. A recommendation was made for the home's aligned estates inspector to be notified in writing what action is taken and timescales in response to these recommendations.

Review of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

There was one area identified for improvement.

The one recommendation was made in regard to submitting in writing to the home's aligned estates inspector confirmation details on how the seven recommendations made in the last fire safety risk assessment will be dealt with.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care effective?

Discussion with the acting registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

The acting registered manager had good knowledge and understanding of residents' needs and care interventions. Added to this she was very aware of the dynamics of the communal living in the home and the impact of admissions.

A review of four residents' care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. The care records also reflected the multi-professional input into the resident's health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. For example this was identified in "All about me passport" record, which was found to be very informative, with clear evidence of resident consultation.

Records were stored safely and securely in line with data protection.

The acting registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals.

The acting registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

The minutes of the residents' meeting dated 13 May 2016 was inspected. These were found to be informative with good evidence of resident consultation and participation.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas for improvement

There were no areas identified for improvement.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The acting registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The inspector met with seven residents in the home at the time of this inspection. All spoke in a positive basis about their life in the home, their relationship with staff, the provision of activities and events and the provision of meals. Some of the comments made included statements such as;

- “I love it here the staff are all very kind”
- “We all get on great. Just like a big family”
- “The staff are wonderful”
- “I couldn’t wish for any better”

Observations of care practices found that staff spoke with residents in a kind, caring, polite manner. Care duties were organised and unhurried. A nice pleasant relaxed atmosphere was in place. A number of residents were enjoying the company of one another whilst some relaxed in their rooms. One resident was in attendance at day care and another was out for a local church service.

Discussion with residents confirmed that their spiritual and cultural needs were met within the home. Discussion with residents also confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Staff confirmed their awareness of promoting residents’ rights, independence and dignity.

Discussion with staff and residents confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The acting registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with residents confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example this was evident in how residents’ personal memorabilia was furnished in the home. This added to the homeliness of the environment.

Areas for improvement

There were no areas identified for improvement.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The acting registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSPPS guidance on complaints handling. Residents were made aware of how to make a complaint by way of their relationship with management and staff, residents' meetings, care reviews and accessible information. Discussion with the acting registered manager confirmed that she was knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable from 1 April 2016 to date of inspection was undertaken. This confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports of May and June were inspected. These were informative, detailed and had good evidence of governance.

There was evidence of managerial staff being provided with additional training in governance and leadership. For example the acting registered manager discussed the benefits she had in recently obtaining the Level 5 qualification in management.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Discussions with residents also confirmed that they felt comfortable in approaching staff and management about any concerns and that they felt that these would be dealt with appropriately.

Areas for improvement

There were no areas identified for improvement.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Lorraine Carr the acting Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager 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 provider 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 the residential 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to care.team@rqia.org.uk for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 29.1

Stated: First time

To be completed by:
15 September 2016

The registered provider should notify in writing the home's aligned estates inspector of the actions taken with timescales in response to the seven recommendations made from the fire safety risk assessment dated 15 September 2015.

Response by registered provider detailing the actions taken:



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