Unannounced Care Inspection Report
21 June 2017

Greenvale

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

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.

1.0 What we look for

2.0 Profile of service

This is a residential care home that provides care for 11 residents with learning disabilities.

3.0 Service details

Organisation/Registered Provider: Inspire Wellbeing Limited / Peter McBride	**Registered Manager:** Lorraine Carr
Person in charge at the time of inspection: Helen McGee, senior care assistant	**Date manager registered:** 21 December 2016
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	**Number of registered places:** 11

4.0 Inspection summary

An unannounced care inspection took place on 21 June 2017 from 09:30 to 14:30.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and 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 training, supervision, listening to and valuing residents, taking account of the views of residents and maintaining good working relationships.

Areas requiring improvement were identified in regard to the duty roster, individual residents' agreements, fire safety, care plans and records of residents' meetings.

Residents and a representative said that they enjoyed the range of activities available; that staff were kind, caring and respectful and that they had choice in their daily lives.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	5

Details of the Quality Improvement Plan (QIP) were discussed with Helen McGee, senior care assistant, 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 28 February 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous care inspection report and returned QIP, notifications of accidents and incidents since the previous inspection.

During the inspection the inspector met with two residents, two care staff, one ancillary staff and one resident's representative.

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Three questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Three staff supervision records and supervision schedule
- Staff training schedule/records
- Two resident's care records
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities

The Residents' Guide and a Licence to occupy record was forwarded to the inspector following the inspection.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met and not met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 February 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 28 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 14(4) **Stated:** First time	The registered provider must instigate a safeguarding plan of action around the issue of delays in distribution of residents' personal allowances. This included notifying the individual residents' aligned care manager(s) of this issue / event.	**Met**
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with staff and following the inspection, the assistant director.	
Area for improvement 2 **Ref**: Regulation 24(3) **Stated:** First time	The registered provider must manage the identified expression of dissatisfaction by residents at the time of this inspection, as per the complaints procedure.	**Met**
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with staff, residents and following the inspection, the assistant director. The complaint record was not available for review during the inspection. A separate area for improvement was identified in regard to this issue.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 **Ref**: Standard 4.4 **Stated:** First time	The registered provider should ensure that resident agreements are appropriately signed.	**Not met**
	Action taken as confirmed during the inspection: A resident's agreement was requested following the inspection. A licence to occupy record was forwarded to the inspector. This does not constitute an individual resident agreement as per standard 4. Following consultation with a finance inspector, this area for improvement was re-stated and an additional area for improvement was made in regard to the development of an individual resident agreement which fully complies with standard 4.4.	

6.3 Inspection findings

6.4 Is care safe?

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

The person in charge 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, a resident's representative and staff. The assistant director confirmed that a recruitment process was taking place to fill vacant posts.

A review of the duty roster confirmed that it did not accurately reflect the staff working within the home. The registered manager was on leave which was not reflected on the duty roster. An area for improvement was identified; action is required to ensure compliance with the standards.

Review of one completed induction record and discussion with the person in charge and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for staff supervision was maintained and was reviewed during the inspection.

The person in charge 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. Staff competency and capability assessments were not available in the absence of the registered manager. These will be reviewed during another inspection.

Recruitment and staff personnel records were not available in the absence of the registered manager. These will be reviewed during future inspections.

Care staff spoken with confirmed that they were registered with the Northern Ireland Social Care Council (NISCC).

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy 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 person in charge, review of accident and incidents notifications, care records and complaints register 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 person in charge 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 person in charge confirmed there were restrictive practices employed within the home, notably lap belts and pressure alarm mats. Discussion with the person in charge regarding such restrictions confirmed these were appropriately assessed, minimised and reviewed with the involvement of the multi-professional team, as required. Section 6.5 of the report addresses the issue of documenting the arrangements for the use of lap-belts in care plans.

Staff training records confirmed that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. 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.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. There were no notices promoting good hand hygiene displayed throughout the home in written and/or pictorial formats. A number of pull-cords were not wipe-able. Following the inspection, the assistant director confirmed that these issues had been addressed.

The person in charge reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

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 fresh-smelling, clean and appropriately heated. Glass in an exterior door had a large crack. Staff confirmed that this had been reported. One bedroom did not have a ceiling light shade fitted. Following the inspection, the assistant director confirmed that these issues had been addressed.

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. Apart from a smoking shed used by staff, in a very poor condition located in the garden, there were no other obvious hazards to the health and safety of residents, visitors or staff. Following the inspection, the assistant director stated that she had immediately condemned the smoking shed and had made arrangements for its removal. Discussion with the person in charge confirmed that risk assessments and action plans were in place to reduce risk to individual residents, where possible.

The home had an up to date fire risk assessment in place dated 27 January 2017 and the person in charge confirmed that the recommendations were being or had been addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every six months as part of fire safety training; the most recent fire drill took place on 23 March 2017. Unannounced fire drills were not being undertaken to support and enhance fire safety training. An area for improvement was identified: action is required to comply with the standards. Fire safety records identified that fire-fighting equipment, emergency lighting and means of escape were checked at least monthly but that weekly fire alarm checks had not been completed consistently every week. An area for improvement was identified: action is required to comply with the standards. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Staff spoken with during the inspection made the following comments:

- "There is agency (staff used), but its consistent (staff used) and residents are used to them"
- "The training is good"
- "We are up to date (with mandatory training)"
- "There is good communication and handovers involve all staff"

Three completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, training and supervision.

Areas for improvement

Three areas for improvement were identified in regard to the staff duty roster, weekly fire safety checks and unannounced fire drills.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

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

Discussion with the person in charge established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of two care records confirmed that these were largely 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. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. Whilst one care record did state that a resident had diabetes, a diabetic care plan had not been developed to support and guide staff in the management of the condition. Where a resident used a wheelchair the care plan did not detail the arrangements for the use of the lap-belt. An area for improvement was identified; action is required to comply with the standards.

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. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice.

As detailed in section 6.2, an area for improvement was re-stated and another was identified in regard to the completion of an individual agreement for every resident. Action is required to comply with the legislation and standards.

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

The person in charge 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 person in charge and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and a representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of recent residents' meetings were not available during the inspection. Minutes of a resident meeting, dated 13 May 2016 were reviewed. Staff confirmed that more recent residents' meetings had taken place. An area for improvement was identified: action is required to comply with the standards.

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. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

A resident's representative spoken to commented:

- "I'm kept informed"

Three completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

One area for improvement was identified and one area for improvement was re-stated in regard to the individual agreement and care plans.

	Regulations	Standards
Total number of areas for improvement	1	2

6.6 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.

The person in charge confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Staff confirmed that a range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff, residents and a representative confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Staff for example spoke of the importance of making time for residents and discussing options, preferences, likes and dislikes.

The person in charge, residents and a representative confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. They were able to demonstrate how residents' confidentiality was protected in residents' daily lives.

The person in charge and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and a representative confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, a representative and observation of practice 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. These included, for example, residents' meetings, annual reviews and monthly monitoring visits.

Discussion with staff, residents, and a representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents spoke of their enjoyment of a number of activities including arts and craft, skittles, going for walks and a recent overnight stay in a hotel to see 'Cowboy Larry'. Residents spoke of their wish to go out on a day trip during the summer. Staff confirmed that management were aware of this request. Arrangements were in place for residents to maintain links with their friends, families and wider community. A number of residents attend a local church, local day centres, a community club and community events.

Staff and residents spoken with during the inspection made the following comments:

- "We are quite happy here. There is only the three of us in today and we keep ourselves going" (resident)
- "We can chat to the staff" (resident)
- "I enjoy the day" (resident)
- "I believe the care is very good. They get a lot of one to one" (staff)
- "They get choice daily" (staff)
- "It's their home and they know what care best suits them" (staff)

Three completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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

The 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.

Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and information displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

While a complaints register was available for review, the complaint records were not available in the absence of the registered manager. An area for improvement was identified: action is required to comply with the legislation.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included monthly monitoring visits, satisfaction surveys and residents' meetings.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Staff stated that training in diabetes management had been arranged to take place in the near future.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Residents' Guide. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responds to regulatory matters in a timely manner.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The person in charge confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Staff spoken with during the inspection made the following comments:

- "I've had good working relationships with the senior staff and Lorraine (registered manager).I can rely on them to guide and assist"
- "It's a happy place to work"
- "Lorraine's door is always open and the deputy manager is brilliant"

Three completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of incidents and maintaining good working relationships.

Areas for improvement

One area for improvement was identified in regard to the availability of complaints records.

	Regulations	Standards
Total number of areas for improvement	1	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 Helen McGee, senior care assistant, as part of the inspection process and Irene Millar, assistant director following the inspection. 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 to Care.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 5 (1) (3) **Stated:** First time **To be completed by:** 30 August 2017	The registered person shall ensure that an individual resident agreement which complies with standard 4 is completed for each individual resident. **Response by registered person detailing the actions taken:** A resident's agreement document has been developed which complies with standard 4. A consultation is currently being undertaken with residents prior to being signed off by each individual resident. This process will be completed by 30 August 2017 and available for inspection after that date.
Area for improvement 2 **Ref**: Regulation 19 (1) (a) Schedule 4 11. **Stated:** First time **To be completed by:** 30 July 2017	The registered person shall ensure that complaint records are available for inspection at all times. Ref: 6.7 **Response by registered person detailing the actions taken:** Complaints records have been updated and are available for inspection in the service.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 **Ref**: Standard 25.6 **Stated:** First time **To be completed by:** 30 July 2017	The registered person shall ensure that the staff roster accurately reflects staff working in the home. Ref: 6.2 **Response by registered person detailing the actions taken:** The staff rosters were updated on 22 June 2017 and continue to be updated by the person in charge of the service on a daily basis as required.
Area for improvement 2 **Ref**: Standard 29.6 **Stated:** First time **To be completed by:** 20 August 2017	The registered person shall ensure that unannounced fire drills are carried out to support and enhance training: records should be retained. Ref: 6.4 **Response by registered person detailing the actions taken:** Two unannounced fire drills will be carried out annually and acurately recorded in the fire file. The next fire drill will be undertaken before 20 August 2017.

Area for improvement 3 **Ref**: Standard 29.2 **Stated:** First time **To be completed by:** 10 July 2017	The registered person shall ensure that weekly fire alarm checks are carried out consistently; records should be retained. Ref: 6.4
	Response by registered person detailing the actions taken: Weekly fire alarm checks are carried out weekly and accurate records are retained in the fire file.
Area for improvement 4 **Ref**: Standard 6.2 **Stated:** First time **To be completed by:** 10 July 2017	The registered person shall ensure that a diabetic care plan is developed for residents with diabetes and the identified care plan details the arrangements in place and agreed for the use of a wheelchair lap-belt. Ref: 6.5
	Response by registered person detailing the actions taken: A Diabetic Care Plan was developed on 22 June 2017 for the resident who has a diagnosis of Diabetes. A care plan is now in place for the resident who requires a wheelchair lap-belt during transfer. This has been agreed with the resident's named statutory worker. Both are available for inspection within the service.
Area for improvement 5 **Ref**: Standard 1.5 **Stated:** First time **To be completed by:** 10 July 2017	The registered person shall ensure that a record is made of residents' meetings and are available during inspection. Ref 6.5
	Response by registered person detailing the actions taken: Hand written records of resident's meetings are minuted in a bound book and subsequently typed. These are available for inspection in the service.

Please ensure this document is completed in full and returned to Care.Team@rqia.org.uk from the authorised email address*

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