



The Regulation and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Service and Establishment ID: Greenvale and Rossmore (1613)
Date of Inspection: 21 October 2014
Inspector's Name: Kylie Connor
Inspection No: 16665

The Regulation And Quality Improvement Authority
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1.0 General information

Name of home:	Greenvale and Rossmore
Address:	21 Rossmore Drive Belfast BT7 3LA
Telephone number:	(028) 9049 1310
Email address:	lorraine@ai-ni.co.uk
Registered Organisation/ Registered Provider:	Mr Andrew Grainger (Acting)
Registered Manager:	Mrs Lorraine Carr
Person in charge of the home at the time of inspection:	Mrs Lorraine Carr
Categories of care:	RC-LD(E), RC-LD
Number of registered places:	18
Number of residents accommodated on day of inspection:	10 residents in Greenvale and 1 in Rossmore small homes
Scale of charges (per week):	£636.12
Date and type of previous inspection:	18 March 2014 Secondary Unannounced Care Inspection
Date and time of inspection:	21 October 2014 10:30am to 6:00pm
Name of Inspector:	Kylie Connor

2.0 Introduction

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

This is a report of a primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was 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. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

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

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

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

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered manager(acting)
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups

- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	6
Staff	3 and the registered manager
Relatives	1
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	14	6

6.0 Inspection Focus

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

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

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

7.0 Profile of service

Greenvale and Rossmore Residential Care home is situated in a residential area of Belfast, within the Belfast Health and Social Care Trust geographical area. The residential home is owned by a housing association and operated by Autism Initiatives. Lorraine Carr is manager of the home and has been registered manager (acting) and has applied for registration.

Accommodation for residents is provided in single bedrooms in a single storey building. Communal lounge and dining areas are provided. The home also provides for catering and laundry services and a number of communal sanitary facilities are available throughout the home. An activity room and secure garden with seating is available.

The home has submitted an application to reduce their overall numbers and is registered under the following categories of care:

Residential care

LD	Learning Disability
LD(E)	Learning Disability – over 65 years

8.0 Summary of Inspection

This primary unannounced care inspection of Greenvale and Rossmore small homes was undertaken by Kylie Connor on 21 October 2014 between the hours of 10:30am and 6:00pm. Lorraine Carr was available during the inspection and for verbal feedback at the conclusion of the inspection. The registered manager (acting) confirmed that she is aiming to complete QCF Level 5 by the end of December 2014 to complete the registered manager application process.

The recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that all three had been addressed. The detail of the actions taken by the registered manager (acting) can be viewed in the section following this summary. Prior to the inspection, Lorraine Carr, Registered Manager (Acting) completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager (acting) in the self-assessment were not altered in any way by RQIA with the exception of a number of compliance levels. These had not been completed prior to the inspection but were emailed to the inspector following the inspection and were incorporated into the report.

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

In discussions with residents they indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. However, they were not happy with activity provision in the home and recommendations have been made. A resident's representative indicated their satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant

resources and training to undertake their respective duties. Comments received from residents, representatives and staff are included in section 11.0 of the main body of the report.

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. It was observed that improvements have been made to the décor and furnishings which has made a significant difference to the overall standard throughout the home. This is commended.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

One requirement and eight recommendations were made as a result of this primary unannounced inspection, the details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relative, registered manager (acting) and staff for their assistance and co-operation throughout the inspection process.

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that physical restraint is not used. Residents' care records did not sufficiently outline their usual routine, behaviours, means of communication and how staff should respond to their assessed needs.

Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Some staff confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager (acting) was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Greenvale and Rossmore Small Homes was substantially compliant with this standard. Improvements identified include: reviewing and improving documentation pertaining to needs assessments and care plans; reviewing the homes statement of purpose and providing all staff with training in responding to behaviours which challenge.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home did not have a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based

on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. However, the frequency of activities had been reduced in the previous number of weeks and residents expressed their dissatisfaction in this regard.

Records identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. In the absence of the activity coordinator activities are provided by designated care staff or through a volunteer. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Records were maintained but in need of improvement. The evidence gathered through the inspection process concluded that Greenvale and Rossmore Small Homes is substantially compliant with this standard. Improvements identified included: consistently providing activities each day and developing a policy on the provision of activities and events.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 18 March 2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	11	The home should review and improve their system for managing the receipt of all care management minutes.	Discussions with the registered manager identified that this is addressed.	Compliant
2	20.11	The registered person monitors the quality of services in accordance with the home's written procedures and completes a monitoring report on a monthly basis. This should detail the views of staff on the standard of care provided in the home and be recorded in the appropriate section.	A review of the records pertaining to registered provider reports demonstrated this is addressed.	Compliant
3	16	The home should provide the Authority with a summary report of findings and action taken following the identified vulnerable adult referral. This should include action taken/planned to prevent a re-occurrence.	This was addressed.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
Staff within Greenvale have knowledge and understanding of each individual residents usual conduct and behaviour and means of communication this is documented in each residents support plan and this plan provides information on how to support each resident and promote positive outcomes for the resident.	Moving towards compliance
Inspection Findings:	
<p>The home had a policy and procedure in place which reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used. Observation of staff interactions, with residents, identified that informed values were demonstrated and there was implementation of least restrictive strategies. Discussions with the registered manager, staff and a review of returned staff questionnaires identified that training in behaviours which challenge which included a human rights approach had not been completed for all staff and the questionnaires revealed that other areas of mandatory training were not completed. A recommendation has been made.</p> <p>A review of residents' care records identified that not all of individual resident's usual routines, behaviours and means of communication were recorded. Two out of three records reviewed had an 'about me' form completed. Improvements are needed to detail all known behaviours, how behaviours present and how staff should respond. A recommendation has been made. Risk assessments were completed. Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours, means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents. Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision and staff meetings.</p>	Moving towards compliance

Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	COMPLIANCE LEVEL
Provider's Self-Assessment When a residents behaviour is uncharacteristic the staff make note of this on the residents daily notes and if required also on the behaviour chart this enables staff to monitor the behaviour and contact the relevent professionals also contact can be made with the residents family if permission is given to do so. Within the organisation we have a trained positive intervention team who we can contact to support us with any positive intervention support plans if required for the resident.	Moving towards compliance
Inspection Findings: Staff were aware of the need to report the uncharacteristic behaviour to the registered manager (acting) and/or the person in charge. Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined below: <ul style="list-style-type: none"> • Identifying uncharacteristic behaviour which causes concern • Recording of this behaviour in residents care records • Action to be taken to identify the possible cause(s) and further action to be taken as necessary • Reporting to senior staff, the trust, relatives and RQIA. • Agreed and recorded response(s) to be made by staff Records reviewed identified included information regarding residents identified uncharacteristic behaviour. A review of the records and discussions with a visitor confirmed that they are informed appropriately.	Compliant

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident’s care plan. Where appropriate and with the resident’s consent, the resident’s representative is informed of the approach or response to be used.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment If a resident requires a consistent approach or response from staff this will be documented in the residents care plan or if a more specific approach is required this will be documented in a positive intervention support plan. Any approaches or prescribed responses that are used will be discussed with the residents family and Trust.</p>	<p>Moving towards compliance</p>
<p>Inspection Findings: A review of records identified that when a resident needed a consistent approach or response from staff, this was not consistently detailed. Records reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up but not the registered manager on a consistent basis. Assurances were given that the registered manager(acting) would sign assessments and care plans.</p>	<p>Substantially compliant</p>
<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident’s care plan.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment If a resident requires a specific behaviour management programme this will be introduced with the guidance and support of the trained professionals and will be documented in the residents care plan.</p>	<p>Not applicable</p>
<p>Inspection Findings: The registered manager(acting) informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	<p>Not applicable</p>

<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment When a behaviour management programme is in place all staff will be provided with the relevant training in response to any agreed management programme. Staff in Greenvale have been trained by accredited Scip trainers.</p>	Not applicable
<p>Inspection Findings: The registered manager(acting) informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time. Staff training is addressed in section 10.1.</p>	Not applicable
<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment Where any incidents are managed outside the scope of a residents care plan this information would be clearly documented and recorded in the residents file and reported to the residents care manager within the Trust and this would be referred to the relevant professionals for a review and any recommendations documented and care plans updated as necessary.</p>	Substantially compliant
<p>Inspection Findings: A review of the accident and incident records from May 2014 to August 2014 and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified. A review of two records identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others. A third was not completed. A visitor and staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	Compliant

<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment Within Autism Initiatives Scip is the preferred means of positive intervention. Staff within Greenvale are trained by accredited staff and are supported regarding positive intervention support plans. Records are maintained in relation to instances when restraint may have been used and this is recorded in the monthly monitoring of each service and reviewed by the positive intervention team.</p>	<p>Substantially compliant</p>
<p>Inspection Findings: Discussions with staff, a visitor, a review of returned staff questionnaires and an examination of care records confirmed that physical restraint is not used but other less restrictive strategies are in place. A review of the home’s Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are not described and a recommendation has been made. The following areas should be considered: physical, environmental, mechanical, technological, chemical and psychological. It should describe the types of restrictions with reference to the Human Rights Act (1998) including: bedrails; door alarms; pressure mats; lap belts; the two CCTV cameras for external security purposes.</p>	<p>Substantially compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Within Greenvale the topic of activities is on the residents meeting agenda and discussed at these meetings residents share their wishes and interests. Activities are based around the residents individual interests and staff will make suggestions based on the residents needs and interests. Residents can choose to participate in activities if they wish to do so.	Substantially compliant
Inspection Findings:	
The home did not have a policy on the provision of activities and a recommendation has been made. A review of care records evidenced that individual social interests and activities were included. It is recommended that the new document formats are reviewed to ensure compliance with the needs assessment and care review standards of the residential care homes minimum standards. Residents were not satisfied with current activity provision in the home and a recommendation has been made.	Moving towards compliance
Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The programme of activities within Greenvale are in response to residents wishes and within the home we consider the age, interests and wishes of the individual resident. Residents are supported to maintain their daily spiritual needs if they wish to do so. Activities are organised to promote personal enjoyment and encourage residents to participate in community events. Residents in the home are on occasions able to access transport to facilitate outings.	Substantially compliant

Inspection Findings:	
Examination of the programme of activities identified that social activities are organised daily with the exception of Sunday and that up until six weeks prior to the inspection, activity provision had greatly improved. Issues of staff availability were raised and a number of activities were not recorded including daily religious activities and nail care. It was identified that residents' independence is being encouraged and facilitated. Activities were age and culturally appropriate and reflected residents' needs and preferences. Activities took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that when possible residents were provided with enjoyable and meaningful activities. Residents stated that they wanted daily activities to take place consistently. A recommendation has been made.	Moving towards compliance
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Residents are openly encouraged to contribute their suggestions in relation to the activities within the home and this is a topic which is discussed at residents meetings and residents are able to verbally share their views and opinions and suggestions.	Substantially compliant
Inspection Findings:	
A review of the record of activities and discussions with residents' identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents are invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, resident meetings, one to one discussions with staff and care management review meetings. A recommendation has been made in regard to residents meetings.	Compliant
Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Within the home there is a residents board which staff will post any information regarding outings or activities they may be interested in. Residents are consulted and offered on a daily basis a choice of activities and these are recorded in the activity folder on a daily basis.	Substantially compliant

Inspection Findings:	
On the day of the inspection the information referred to above was observed. This location was considered appropriate as the area was easily accessible to residents and their representatives. Discussions with residents and a visitor confirmed that they were aware that a choice of activities would be offered and residents are satisfied with the way information is displayed. Following discussions with the registered manager it was agreed that it is timely to review this format with residents and the need for a daily/weekly programme of activities.	Substantially compliant
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Residents are enabled to participate in activities with staff support and equipment has been provided to enable the residents enjoy the chosen activity.	Substantially compliant
Inspection Findings:	
The home did have an activity co-coordinator for two sessions each week up until the autumn of 2013. Activities are provided by care staff. The registered manager (acting) verified that a number of circumstances, particularly in the last six weeks have led to a reduction in provision which residents also confirmed. A recommendation has been made. Staff and residents confirmed that there was an acceptable supply of activity equipment available. There was confirmation from the registered manager (acting) that a designated budget for the provision of activities isn't in place. There was confirmation that the home obtained arts and craft materials from a community resource facility and that the home has received a small amount of money to purchase equipment/games/resources.	Substantially compliant
Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The duration of the activity on offer takes into consideration the needs and the ability of each individual resident who wishes to participate in the activity.	Substantially compliant

Inspection Findings:	
The care staff, registered manager (acting) and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Activities are currently provided by the staff in the service and we also have pets as therapy in once a month with a dog to visit the residents and we have conformation from the organisation.	Substantially compliant
Inspection Findings:	
The registered manager (acting) confirmed that a person provides pet therapy on a voluntary basis. The registered manager confirmed that she had obtained evidence from the person that they had the necessary skills and knowledge to deliver the activity.	Compliant
Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment	
where there is an activity provided by a person contracted to do so by the home the person would be informed of the information they need to know to ensure they are appropriately supported through the activity. When residents are attending day services the relevant information is shared to enable continuity of care.	Substantially compliant
Inspection Findings:	
The registered manager (acting) confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.	Compliant

<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment A record is maintained of all activities that take place in the home and which residents participate in the activity.</p>	Substantially compliant
<p>Inspection Findings: A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. There was evidence that appropriate consents were in place in regard to photography and other forms of media. The registered manager (acting) confirmed that these would be reviewed and updated.</p>	Substantially compliant
<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment The programme is reviewed regularly to ensure it meets residents needs and the residents are offered activities of their choice and interests and to ensure they meet their changing needs.</p>	Substantially compliant
<p>Inspection Findings: A review of activity provision identified that it is reviewed on an on-going basis. The records also identified that the programme had been reviewed through residents meeting and satisfaction questionnaires. The registered manager (acting) and care staff confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided but not the frequency and were aware that changes would be made at their request.</p>	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with a group of residents and five engaged in conversation. The inspector spoke to one resident individually. Residents were observed relaxing in the communal lounge area whilst others were sitting in the dining room. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Residents stated that the only issue they had was that there was insufficient activities taking place. A recommendation has been made.

11.2 Relatives/representative consultation

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

Comments received included:

- "I'm very enthusiastic of the provision of care here. From the first time I came here we were very impressed as there was chat and communication and goodwill between staff and residents. I find all of the staff very good. I'm received with courtesy and with kindness. The quality of attention (my relative) gets is superior to the previous place, as this is all on one level."

11.3 Staff consultation/Questionnaires

The inspector spoke with three staff of different grades, to the registered manager (acting) and five staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place. Discussion with staff and the registered manager identified that staff were provided with a variety of relevant training including mandatory training. However, staff questionnaires indicated gaps and a recommendation has been made.

Comments received included:

- "Activities have really improved' we have purchased bingo and given arts n crafts materials, painting activities, movie nights, they go out for walks more, skittles, armchair aerobics, listen to radio in activity room, gardening activities."
- "Residents are asked daily what they want to do."
- "Residents are more upbeat and positive and the home is much brighter since the home has been repainted and new furniture. I've seen an improvement in resident's sense of well-being."

11.4 Visiting professionals' consultation

No professionals visited the home/or were spoken to during the inspection.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire did not indicate that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 1 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records and discussions with the registered manager (acting) evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought. The registered manager (acting) confirmed that lessons learnt from investigations were acted upon. One issue was discussed with the registered manager (acting) who assured the inspector that the trust would be consulted.

11.8 Environment

The inspector viewed the home alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to have been improved and residents confirmed their satisfaction.

11.9 Guardianship Information/Resident Dependency

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection. Resident dependency information was reviewed and no issues were identified.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The home's most recent fire safety risk assessment dated 17 September 2014 was reviewed. It was identified that there was no record of action taken to address the recommendations made as a result of this assessment had been duly actioned. The registered manager (acting) confirmed that the housing association has been forwarded the assessment for action and she has actioned what was relevant to her. A requirement has been made.

A review of the fire safety records evidenced that fire training, had been provided to staff, that an evacuation had been undertaken and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed with the exception of one door which the registered manager verified had been unlocked to allow access the previous day. There were assurances that this will not occur again.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed which confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Lorraine Carr, 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:

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



Quality Improvement Plan

Primary Unannounced Care Inspection

Greenvale and Rossmore

21 October 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 Lorraine Carr, Registered Manager either during or after 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	27 (4)	<p>The responsible person should have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed;</p> <ul style="list-style-type: none"> The most recent copy with details of action taken should be forwarded to the aligned estates inspector 	One	Fire Risk Assessments have been carried out by Arma and a copy has been sent to G Doherty estates inspector	By return of QIP

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	23.3 (Section 10.1 and 11.3 of the report refers)	Mandatory training requirements are met. <ul style="list-style-type: none"> • Ensure all staff completed training in behaviours which challenge and have an awareness of the human rights approach • Review staff training records and ensure all staff are up to date with mandatory training 	One	Staff training log is in situ in Greenvale and staff are booked on training when required. Staff attend training in positive intervention and if further specialised training has been identified	1 February 2015
2	6.2 (sections 10.1, 10.3 and 13.1 of the report refers)	An individual comprehensive care plan is drawn up as the assessment of the resident's needs is carried out, and includes details of: <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 	One	Arrangements are now in situ for the evaluation of comprehensive care plans. This addresses how needs are being met where strategies will be carried forward to refine the plan in response to changing need.	1 February 2015

		<ul style="list-style-type: none"> 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>			
3	5.2 5.3 (Section 13.1 of the report refers)	<p>The initial assessment 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 resident's 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</p>	One	Care plans are monitored on an ongoing basis and agreed in consultation with the Trusts care Manager.	1 February 2015

		ongoing basis and recorded.			
4	10.7	The responsible person should ensure that the statement of purpose is reviewed and updated as detailed in the report regarding restrictive practices.	One	Statement of purpose was updated and submitted.	1 February 2015
5	13.1	The responsible person should develop a policy on the provision of activities and events.	One	Local policy has been devised regarding provision of activities.	1 February 2015
6	13.2 (Section 13.5, 13.10 and 11.1 of the report refers) This issue was previously raised in the inspection report dated 19 November 2013 and therefore is re-stated here	The home should review and improve activities and activity resources in the home. The programme should include activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It should promote healthy living, be flexible and responsive to residents' changing needs and facilitate social inclusion in community events.	Two	Residents have been consulted in activities they wish to participate in and when they wish to participate ensuring the activities are enjoyable and age and culturally appropriate.	By return of QIP
7	1.5 (section 13.3 of the report refers)	A record is made of the matters raised by the residents and their representatives and the action taken. <ul style="list-style-type: none"> Residents meetings should conclude with the development of an action plan which is reviewed at the next meeting. 	One	Residents meetings now include an action plan and it is reviewed and any points actioned or responded to.	From the date of the inspection and on-going

8	13.4	<p>The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p> <ul style="list-style-type: none"> Review and develop a daily/weekly programme with residents 	One	<p>Activity board is now in situ and displayed in the main corridor and residents have been involved and consulted regarding the choices of activities offered on a daily basis and this is reviewed to ensure residents are happy with the activities that are being offered.</p>	1 February 2015
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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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Lorraine Carr
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Grainne Close signing on behalf of Andrew Granger.

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	Kylie Connor	30/12/14
Further information requested from provider			