

Unannounced Care Inspection Report 24 January 2018



Greenvale

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a residential care home with 11 places for residents with a learning disability.

3.0 Service details

Organisation/Registered Provider: Inspire Disability Services Responsible Individual: Peter McBride	Registered Manager: Lynsey Murray
Person in charge at the time of inspection: Lynsey Murray, Manager	Date manager registered: Lynsey Murray, (acting) application not required
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 24 January 2018 from 11.45 to 16.45.

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

Evidence of good practice was found in relation to care reviews, listening to and valuing residents, taking account of the views of residents, activity provision and maintaining good working relationships.

Areas requiring improvement were identified in regard to fire drills and supervision of agency staff.

Residents and a representative said that they staff were compassionate and that they enjoyed the activities, food and their lifestyle in the home.

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	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Lynsey Murray, Manager and Irene Millar, Assistant Director, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 June 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 inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

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

Questionnaires were provided for distribution to residents and their representatives. No questionnaires were returned within the requested timescale. A poster was provided detailing how staff could complete an online questionnaire within the following two weeks. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision schedule and supervision records for one staff member
- One completed staff competency and capability assessment
- Three resident's care records
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Annual Quality Review report for 2016/2017
- Minutes of recent residents' meetings
- 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
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially met.

The findings of the inspection were provided to the manager and assistant director at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 June 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 21 June 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 5 (1) (3) Stated: First time	The registered person shall ensure that an individual resident agreement which complies with standard 4 is completed for each individual resident.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following inspection of records and discussion with the manager and assistant director.	
Area for improvement 2 Ref: Regulation 19 (1) (a) Schedule 4 11 Stated: First time	The registered person shall ensure that complaint records are available for inspection at all times.	Met
	Action taken as confirmed during the inspection: Some but not all the complaints records were available. These were subsequently forwarded to the inspector; the manager advised these had been filed correctly.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure that the staff roster accurately reflects staff working in the home.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following inspection of the duty roster.	
Area for improvement 2 Ref: Standard 29.6 Stated: First time	The registered person shall ensure that unannounced fire drills are carried out to support and enhance training: records should be retained.	Partially met
	Action taken as confirmed during the inspection: One fire drill had been completed since the last inspection with three staff. The inspector advised of the importance of ensuring that night staff and agency staff participate in unannounced fire drills and that a system is developed to manage all staff participation in a fire drill, outside of training, at least on an annual basis.	
Area for improvement 3 Ref: Standard 29.2 Stated: First time	The registered person shall ensure that weekly fire alarm checks are carried out consistently; records should be retained.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following inspection of fire safety check records.	
Area for improvement 4 Ref: Standard 6.2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following inspection of two care plans.	

Area for improvement 5 Ref: Standard 1.5 Stated: First time	The registered person shall ensure that a record is made of residents' meetings and are available during inspection.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following inspection of minutes of residents' meetings.	

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 manager advised the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. The assistant director advised that a recruitment process had been taking place. No concerns were raised regarding staffing levels during discussion with residents, a resident's representative and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with staff and review of the induction procedure and staff induction handbook evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and inspection of one staff member's induction record and one staff Members appraisal confirmed that supervision and appraisal of staff was regularly provided. A schedule of staff supervision was maintained and was reviewed during the inspection. Some agency staff were used frequently to ensure consistency and were not receiving supervision. An area for improvement was identified to ensure that agency staff receive supervision. Discussion with staff confirmed that they received mandatory training.

Discussion with the manager and inspection of one staff record 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.

Discussion with the assistant director reported that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The assistant director advised that the human resource department had been requested to send managers written confirmation that all checks had been completed and this would be retained in staff personnel files.

Enhanced AccessNI disclosures were viewed by the assistant director for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken to confirmed that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy and procedure documents in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The assistant director advised that William Morrow is the safeguarding champion.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the regional operational procedures 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. Discussion with staff confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager, review of accident and incidents notifications, care records and complaints records confirmed that 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.

The manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the 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 manager advised that 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.

Discussion with staff 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 staff. There were notices promoting good hand hygiene displayed throughout the home in written and/or pictorial formats.

Staff 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.

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. The smoking shed previously used by staff, had been removed. A smoking area under cover had been designated for use by residents. A risk assessment had not been completed, a suitable ashtray was not in place and a large bin with rubbish was situated in the area; the assistant director stated that these issues would be addressed immediately. During a telephone call on 19 February 2018, the manager advised that these actions had been completed.

The home had a fire risk assessment in place dated 27 January 2017 and the manager reported that this was scheduled for review. The manager confirmed by email that this review was completed on 2 February 2018; no recommendations were made.

Discussion with staff confirmed that staff completed fire safety training twice annually. Fire drills were completed as part of fire safety training; the most recent fire drill took place in June 2017. However an area for improvement was stated for the second time; not all staff had participated in an unannounced fire drill outside of fire safety training in the last year to support and enhance fire safety training. Fire safety records identified that fire-fighting equipment, emergency lighting fire alarm and means of escape were checked at least weekly/monthly. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Staff, a resident's representative and residents spoken with during the inspection made the following comments:

- "I feel really safe" (resident)
- "I had to register (with NISCC) before I started" (staff)
- "It is like a home here" (staff)
- "Staff are very friendly" (resident's representative)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, training, supervision and appraisal and the home's environment.

Areas for improvement

One area for improvement was stated for the second time in regard to the completion of fire drills with all staff. One area for improvement was identified to ensure that supervision is undertaken with agency staff.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

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

A review of three 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. 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. 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.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

Discussion with the assistant director 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 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 manager 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 resident meetings were reviewed during the inspection.

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.

Staff spoken with during the inspection made the following comments:

- "The team is great, everyone works well together"
- "It's (handovers) are very thorough all issues are passed on. We read over the daily notes and the communication book"

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 manager 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.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and a representative confirmed that residents' spiritual and cultural needs, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. Further evidence of pain management was contained in accident and incident records.

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 verbal communication with residents on a continual basis.

Discussion with staff, residents and a representative confirmed that consent was sought in relation to care and treatment. Discussion with residents, a representative 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. During the inspection a resident returned home from hospital and staff were observed greeting the resident home in a compassionate manner.

The manager and staff reported that residents were listened to, valued and communicated with in an appropriate manner. Residents and a representative advised 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.

The assistant director stated that residents are consulted with, at least annually, about the quality of care and environment; this consultation was taking place at the time of the inspection. The assistant director reported that the findings from the consultation would be collated into a summary report with an action plan and made available for residents and other interested

parties to read. An action plan was developed and implemented to address any issues identified.

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. Arrangements were in place for residents to maintain links with their friends, families and wider community.

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

- “It’s such a small home, there is a high standard of care. They love arts and crafts during the day” (staff)
- “It’s brilliant (compassionate care). The girls are very good with the ladies” (staff)
- “I collect the post here” (resident)
- “They (staff) are kind caring and patient” (resident)
- “It’s (the food) lovely. I like stew and burgers” (resident)
- “We went out to a film. We enjoyed it and we went to a concert too” (resident)

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 manager and assistant director outlined the management arrangements and governance systems in place within the home. 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.

A range of policies and procedures was 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 Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the

Residents Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Inspection of the complaint 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. However not all records were available for the period April 2016 to March 2017; two identified complaint records were submitted to the inspector following the inspection. The manager reported during a telephone call on 19 February that these had been filed in the complaints records. Arrangements were in place to share information about complaints and compliments with staff.

A review of accidents/incidents/notifiable events confirmed that these were largely effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A small number were identified that had not been reported to RQIA and this was discussed with the manager and assistant director. Following the inspection these were reported to RQIA. 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 regular audits and satisfaction surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

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.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The assistant director manager gave an account of how the registered provider was kept informed regarding the day to day running of the home.

Discussion with the assistant director confirmed that the management and control of operations within the home was 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.

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.

Review of records and discussion with the manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The manager and assistant director confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The assistant director reported that staff could also access line management to raise concerns and that 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.

The assistant director advised that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Staff and a resident spoken with during the inspection made the following comments:

- “She’s (the manager) very approachable, there is never any issue” (staff)
- “She (the manager) is very good. Irene (assistant director) is very good too” (resident)
- “It’s great (a well led service). Anything you go to Lyndsey (the manager) with she sorts it out” (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lynsey Murray, Manager and Irene Millar, Assistant Director, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 29.6</p> <p>Stated: Second time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered person shall ensure that unannounced fire drills are carried out to support and enhance training: records should be retained.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Unannounced fire drill has taken place on 22.02.18 and has been recorded and further unannounced fire drills will take place throughout the year to support and enhance training and ensure all staff have been involved in a fire drill. Information is recorded and documented on the fire drill schedule in the Fire Folder located in Greenvale.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 24.2</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered person shall ensure that agency staff have recorded, individual formal supervision according to the homes procedures no less than once every six months for staff who are performing satisfactorily.</p> <p>Response by registered person detailing the actions taken: The HR department have been contacted in relation to formal supervision of agency staff and are currently working on a plan to ensure agency staff that we have working shifts on a regular basis or blocked booked have formal supervision and the opportunity to discuss performance and ensure they are supported.</p>

Please ensure this document is completed in full and returned via Web Portal



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