

# Unannounced Care Inspection Report 28 February 2017



## Greenvale

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

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Greenvale took place on 28 February 2017 from 10:00 to 13:00 hours.

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

### **Is care safe?**

There were examples of good practice found throughout this inspection in relation to staff induction, training, infection prevention and control and the home's environment.

One area for improvement was identified in relation to instigating a safeguarding plan of action around the issue of delays in distribution of residents' personal allowances.

### **Is care effective?**

There were examples of good practice found throughout this inspection in relation to the maintenance of care records and issues of assessed need having a recorded statement of care/treatment given.

One area of improvement was identified in relation to ensuring that resident agreements are appropriately signed.

### **Is care compassionate?**

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

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

### **Is the service well led?**

There were examples of good practice found throughout this inspection in relation to governance arrangements and maintenance of good working relationships.

One area for improvement was identified in relation to managing the identified expression of dissatisfaction by residents at the time of this inspection, as per the complaints procedure.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Irene Millar assistant director, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 11 October 2016.

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Inspire Wellbeing Limited Peter McBride	<b>Registered manager:</b> Lorraine Carr
<b>Person in charge of the home at the time of inspection:</b> Alexandra Molloy – senior care assistant then joined later by Irene Millar - assistant director	<b>Date manager registered:</b> 21 December 2016
<b>Categories of care:</b> LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 11

## 3.0 Methods/processes

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

During the inspection the inspector met with six residents, four members of staff of various grades and the assistant director.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records

- Two residents' care files
- Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Infection control register/associated records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- 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

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 11 October 2016

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

#### 4.2 Review of requirements and recommendations from the last care inspection dated 14 July 2016

Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 29.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 September 2016</p>	<p>The registered provider should notify in writing the home's aligned estates inspector of the actions taken with timescales in response to the seven recommendations made from the fire safety risk assessment dated 15 September 2015.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Confirmation was received in respect of actions taken in response to these recommendations.</p>	<p><b>Met</b></p>

#### 4.3 Is care safe?

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

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with a newly appointed staff member confirmed that an induction programme was in place, relevant to their specific roles and responsibilities. This staff member was in supernumerary capacity until the full induction and training is completed. This is good practice.

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

The assistant director 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.

Inspection of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Records of recruitment were retained at the organisation's personnel department.

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

The adult safeguarding policy and procedure 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. A safeguarding champion has been established.

Discussion with staff confirmed that they were aware of the new 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. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Following an anonymous duty call received by RQIA on 23 February 2017 it was identified that seven residents in the home had not received their personal allowance money for a number of weeks, nor was there any explanation given as to why this was the case. These circumstances need to be reported to the adult safeguarding team as a suspected, alleged or actual incident of abuse and be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation. A requirement was made in relation to this case. Assurances were given by the assistant director that this was reported to the concerned residents' aligned care managers at the time of inspection and that matters would be duly investigated.

Discussion with the assistant director identified that the home did not accommodate any individuals whose assessed needs could not be met.

Inspection of a sample of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. An individual restrictive practice assessment was in place for each resident. This is good practice. There were no obvious restrictive care practices observed at the time of this inspection.

Inspection of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. 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. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

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

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained. Residents’ facilities were comfortable, homely and accessible to avail of. There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 27 January 2017. The two recommendations were noted to be appropriately addressed.

Inspection of staff training records confirmed that staff completed fire safety and fire drills training twice annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

**Areas for improvement**

One area for improvement was identified in relation to instigating a safeguarding plan of action around the issue of delays in distribution of residents’ personal allowances.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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**4.4 Is care effective?**

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

An inspection of two residents’ care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments 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.

Discussion with staff confirmed that a person centred approach underpinned practice. This was demonstrated from staff knowledge and understanding of residents’ individual needs.

An individual agreement setting out the terms of residency was in place. An individual agreement was also in place for the management of the resident's, which is good practice. However of the two records reviewed none of these agreements were signed by the resident and / or their representative. A recommendation was made for this to be acted on.

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

The assistant director 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.

Staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

A residents' meeting was planned for later that evening with the assistant director and director of the organisation.

**Areas for improvement**

One area of improvement was identified in relation to ensuring that resident agreements are appropriately signed.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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**4.5 Is care compassionate?**

The inspector met with the six residents in the home at the time of this inspection. In accordance with their capabilities all confirmed that they were happy with their life in the home, their relationship with staff, provision of activities and the provision of meals. Some of the comments made included statements such as;

- "I am very happy here. This is a great home"
- "Love the meals"
- "Everyone is very good to us here"
- "I like my home."

A group of three residents voiced complaint in relation to bad language used by another resident(s). This was raised with the assistant director who agreed to deal with this matter.

Discussions with staff confirmed that they 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 residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, 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. This was further evidenced by the inspection of care records in that issues of assessed need such as pain had a recorded statement of care / treatment given and effect of same.

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.

Discussion with residents 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 and were able to demonstrate how residents' confidentiality was protected.

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

Observations of practices 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 residents' meetings, care reviews and day to day contact with management.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

Discussion with residents and observations of practice confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection seven residents were out at their day care placements. The other six residents in the home were happy to engage in the company of one another, watch television and another resident was engaged in an activity on a one to one basis with a member of staff. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example residents described with joy about a country and western event they had attended and were proud to show off the photographs they had of this event.

### **Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.6 Is the service well led?

The senior care assistant explained that 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.

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, residents' meetings and information on same displayed.

Inspection the complaints records confirmed that there was one issue recorded since the previous inspection. This record of complaint included details of any investigation undertaken, all communication with complainant, the outcome of the complaint and the complainant's level of satisfaction. However the issue of complaint raised by the group of three residents at the time of this inspection in relation to bad language used by another resident(s) was not documented as being dealt with despite residents having confirmed this was raised on previous occasions.

A requirement was made for this to be appropriately dealt with via the complaints procedure.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection 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. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. 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 quality improvement which included regular audits and satisfaction surveys.

An inspection of staff training records confirmed that 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.

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

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The senior care assistant 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. Staff confirmed that they felt they could access line management to raise concerns.

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

### **Areas for improvement**

One area for improvement was identified in relation to managing the identified expression of dissatisfaction by residents at the time of this inspection, as per the complaints procedure.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Irene Millar assistant director, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential 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.

## 5.1 Statutory requirements

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

## 5.2 Recommendations

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

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

<p><b>Requirement 1</b></p> <p>Ref: Regulation 14(4)</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2017</p>	<p>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.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>All residents are now in receipt of any monies owing to them and an Action plan is in place to ensure residents personal allowance is distributed on time. This includes ordering the personal allowance on the pre paid card and monies distributed on a weekly basis. In advance of Public/Bank holidays additional money will be requested to ensure no delay in the residents receiving their money.</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 24(3)</p> <p>Stated: First time</p> <p>To be completed by: 7 March 2017</p>	<p>The registered provider must manage the identified expression of dissatisfaction by residents at the time of this inspection, as per the complaints procedure.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>Complaints procedure followed and documented. Also meeting held with all residents regarding the issue and plan of action put in place to manage this issue.</p>
<h3>Recommendations</h3>	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 4.4</p> <p>Stated: First time</p> <p>To be completed by: 28 April 2017</p>	<p>The registered provider should ensure that resident agreements are appropriately signed.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>Residents agreements have all been signed by the appropriate persons.</p>

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**