

GENERAL INFORMATION

Name/Type of Home: Owenvale Court

Address: 607 Springfield Road
Belfast

Telephone Number: 028 90 412030

**Registered Person/
Organisation-in-Control:** St John of God Association

Registered Manager: Mr Patrick Doak

Categories of Care: Old and Infirm

Scale of Charges: £300 - £315 per week

Number of Registered Places: 46

**Number of residents on day of
inspection:** 45

Type of Inspection: Unannounced Inspection

Dates and times of Inspections: 20 July 2006 (12.30 pm - 4.45 pm)

Date and time of last inspection: 9 November 2005 (10.00am – 12.15pm)
10 November 2005 (10.00am – 5.00pm)

Unit Inspector: Mrs Maire Marley

Estates Officer	<input type="checkbox"/>	No	Not required on this occasion
Principal Pharmacist	<input type="checkbox"/>	No	Not required on this occasion
Finance Officer	<input type="checkbox"/>	No	Not required on this occasion
Lay Assessor	<input type="checkbox"/>	No	Not required on this occasion

INTRODUCTION

The Regulation and Improvement Authority is empowered under The Health and Personal Social Services (Quality, Improvement and Regulations (Northern Ireland) Order 2003 to inspect Nursing Homes and Residential Care Homes. A minimum of 2 inspections per year are required and these may be announced or unannounced and may be undertaken at any time of the day or night.

The aim of the inspection is to measure the services being provided against current standards, which together reflect the quality of life of the people living in the home.

EACH SECTION OF THE INSPECTION FORMAT IS MEASURED AGAINST A SPECIFIC STANDARD. THESE STANDARDS ARE AS FOLLOWS -

1. **Quality of Care** - All care for residents is tailored to meet the residents' individual needs and wishes.
2. **Quality of Life** - Residents regard the home as a good place to live, where their preferred way of life is accommodated in accordance with the core values of rights, independence, choice, privacy, dignity and fulfilment.
3. **Quality of Management** - Managers have the resources to fulfil their managerial responsibilities particularly in relation to the quality of life of the residents within the home.
4. **Quality of the Environment** - The person registered shall, having regard to the size of the home and the number, age, sex and condition of the residents, provide an adequate physical environment which is clean, comfortable, homely, safe and which maintains independence in so far as is possible.
5. **Handling and Administration of Medicines** - Residents can be assured that the person registered has made adequate arrangements for the recording, safekeeping, handling and disposal of medicines, in accordance with the legislative requirements and guidelines issued by the registering authority.
6. **Finances** – Residents pay accommodation fees as required by the home's Scale of Charges and have the opportunity to look after their own personal monies. Any arrangements for the administration of personal finances are to the satisfaction of the residents, relatives or advocates and a complete record of transactions is maintained.

This report details the extent to which these standards have been met. Requirements/recommendations are made as a result of any deficits and to promote best practice. These are followed up during subsequent inspections.

FRAMEWORK FOR INSPECTION

A. Standards

Standard Sources referenced include:

- Homes are for Living In - HMSO
- Creating a Home from Home - A Guide to Standards Residential Forum
- Guidance on Standards for Residential Homes for Elderly People
- Guidance on Standards for Residential Homes for People with a Physical Disability
- Guidance on Standards for the Residential Care Needs of People with Learning Disabilities/Mental Handicap
- Guide to Good Practice
- Nursing Midwifery Council Standards
- EHSSB Medicine Guidelines
- HTM 84

B. Methods/Process

The Unannounced Inspection to Owendale Residential Home took place on the 20th July 2006.

During the inspection process, the following documentation was reviewed:

- Accidents/Untoward Incidents
- Complaints
- Care records
- Care Plans

A walk around the home included a review of the following:

- The communal areas used by residents and a sample of residents bedrooms
- The environment, including the kitchen and laundry areas
- Direct and discreet observation of care practices

The inspector had discussions with the following:

- Discussion with Mr Doak, Manager and Mrs Campbell, Deputy Manager
- Discussion with Residents
- Discussion with three Staff on duty

PEN PROFILE

Owenvale Court is a purpose built home located on the Upper Springfield Road in Belfast. It provides 46 beds for the care of the frail and elderly.

It is a two-story building with private car parking facilities. It is decorated and furnished to a high standard. Each flatlet has an ensuite and mini kitchen facilities. The main scheme includes assisted bathrooms, common room, dining room, kitchenettes, hairdressing salon and therapy/activities rooms.

Community Services provided by this Home:

•	Day Care	No
•	Domiciliary Care	No
•	Other – Respite Care	Yes

PREVIOUS INSPECTION

A. Summary of Requirements and Outcomes

Management confirmed in writing that the three requirements made at the Annual Announced Inspection on 9 and 10 December 2005 pertaining to Quality of Care had been addressed. Requirements regarding the environment had been partially addressed and work was in progress to complete the remainder of work.

B. Summary of Recommendations and Outcomes

Management had confirmed in writing that the three recommendations made at the Annual Announced Inspection on 9 and 10 December 2005 had been addressed.

SUMMARY

This summary provides an overview of life in the home at the time of this unannounced evening inspection.

On the afternoon of inspection the atmosphere within the home was welcoming and relaxed and residents were appropriately dressed for the warm weather with evidence of cool drinks provided.

The Inspector greeted all residents in the home and consulted with several. Those residents consulted expressed satisfaction with the care provided, were complimentary in their comments regarding staff and related that the food was wholesome and nutritious.

Staff members approach to residents was friendly and respectful and assistance when required was given in a discreet manner.

There are areas in identified care records which require further development and these are addressed in the main body of the report.

The review of staff duty rosters indicated that in the main Owenvale maintained the minimum staffing levels. The manager confirmed duty rosters examined reflected the actual staff hours worked.

It was acknowledged work is ongoing to ensure compliance with regulatory requirements and the inspector was informed that management are developing the Statement of Purpose and Resident's Guide.

The coverings on the floor and chairs in the dining room had recently been replaced, however requirements are made in regard to the cleaning arrangements within the home.

The Inspector wishes to thank everyone for their warm welcome and open discussion throughout the inspection.

1.0 MANAGEMENT

STANDARD STATEMENT

Management have the resources to fulfil the managerial responsibilities particularly in relation to the quality of life of residents within the home.

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GENERAL:

Staff are not required to carry out excessive household duties to the detriment of residents care

STAFFING:

There are adequate numbers of competent staff with appropriate qualifications on duty.

TRAINING AND DEVELOPMENT:

The person in charge has received adequate induction and is aware of his/her responsibilities.

All staff receive the required regulatory training.

RECORDS:

Documentation required by the Residential Home Regulations (NI) 2005 is available and maintained in accordance with Regulation and Quality Improvement Authority standards.

Comments:

The staff duty rosters inspected indicated that the home was meeting the required minimum staffing standards. Changes that occurred due to unplanned leave were reflected in duty rosters examined. In accordance with legislation a record of whether the duty roster was actually worked should be maintained.

Staff related that staff absences were covered by agency staff and where possible, the agency send staff familiar with the home. The Inspector spoke to an agency staff member who was knowledgeable in regard to residents' needs and described the staff team as helpful and responsive to any queries. A central record of staff training should be maintained and available for inspection.

The review of accident records were satisfactory, however the last two accidents were recorded on loose pages. The Inspector was advised that the home were awaiting a new accident book and management are requested to confirm they are in receipt of this book.

Management had revised the complaints procedures in keeping with legalisation requirements. A copy of the complaints procedure was displayed in the home. Complaints records reviewed indicated there were no complaints since the last inspection.

The Inspector was informed that management are developing the Statement of Purpose and it was agreed this would be available for viewing at the next inspection.

EVIDENCED BY ALL OR SOME OF THE FOLLOWING:

Arrangements for pre-admission assessment

Spot check review of nursing/care records using the care records audit tool

Review of risk assessments

Review of any restraint in use

Conversation/feedback with residents/relatives/advocates/staff/care managers

Information provided about dietary and fluid intake

Availability of equipment eg pressure relieving aids, walking aids, wheelchairs, hoist, bath-lift, sit-on scales, incontinence aids

Observation of personal care standards and practice.

2.0 CARE

STANDARD STATEMENT

All care inclusive of palliative care where relevant provided for residents is tailored to meet the residents' individual needs and wishes.

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CARE RECORDS/PLANS:

All records are retained in a safe and confidential manner.

All records are legible and readable on photocopies if required for litigation.

There is no use of snowpake/tippex.

Records are factual, consistent and accurate.

There is no use of abbreviations or jargon.

Records are accurately dated, timed and signed with the full legible signature of the person completing the record.

There are individual care records for each resident.

Planned care is specific to meet identified need and takes into account the physical, emotional, psychological, social and spiritual needs of the resident.

Planned care incorporates appropriate risk assessments which include

- Skin care
- Manual handling
- Fall risk
- Nutritional care
- Continence care

There is a daily statement (nursing homes), regular statement (residential homes) of the residents state of health and general condition and response to nursing/care interventions.

All accidents and incidents are recorded in care records.

All dates and times of contacts and visits made by medical staff or other professionals are recorded and outcomes noted (this includes a record of refusal to visit).

Evaluations are carried out as detailed in the nursing/care interventions and summarise the residents' overall response to care.

Planned care is revised as a result of re-assessment/evaluations/reviews in accordance with residents' changing needs.

Comments:

All residents have individual care plans which are retained in a safe and confidential manner. Four were selected at random for inspection and the names of residents whose records were reviewed were identified to management.

The following comments pertaining to identified care records is made;

- ❖ One care plan should provide information on a resident's condition and the side effects of anticoagulant medication**
- ❖ The arrangements regarding an identified resident heating food in his room should be accurately reflected in the care plan and risks clearly identified**
- ❖ A care plan dated 17 April 2006 should be updated to include information on the resident's condition and the action to be taken regarding breathing difficulties**
- ❖ Care plans should be signed and dated where possible by residents**
- ❖ One care plan should incorporate action to be taken by staff should issues arise pertaining to catheter care when community nurses are not available**
- ❖ Agreements regarding a resident's night time routines should be appropriately signed and dated and indicate reviews of these arrangements**

CARE PRACTICES

During the Inspection, staff were observed assisting residents with a variety of tasks in a discreet dignified manner. Interactions were noted to be respectful and appropriate. The Inspector was satisfied that residents were cared for in sensitive caring surroundings.

PERSONAL CARE:

Personal toiletries are available for all residents.

Residents retire to bed at a time of their choice.

Residents usual rising and going to bed times are reflected in their care plans.

Residents are encouraged as far as possible to be independent.

Call bell leads are appropriately placed for residents to call for assistance.

Residents who were observed appeared to be comfortable and well cared for.

There are appropriate stocks of all necessary equipment and supplies to meet individual care needs.

PROMOTION OF CONTINENCE/MANGEMENT OF INCONTINENCE:

Continence is actively promoted and incontinence is appropriately managed.

PREVENTION AND MANAGEMENT OF WOUNDS:

There is evidence to suggest that good skin care is promoted.

RESTRAINT:

The use of restraint is appropriately managed and documented in line with the homes written policy.

INFECTION CONTROL:

There are appropriate arrangements in place for the control of infection.

Comments:

During the tour of the building there was evidence of ample supplies and equipment to meet residents' assessed needs.

EVIDENCED BY ALL OR SOME OF THE FOLLOWING:

Observe the positioning of call bell leads.

Call bells are answered promptly.

Observe the location of residents and their appearance.

Discussion with staff.

Review of care records as required.

Review of equipment and stores.

Review of policies and procedures as required.

3.0 NUTRITION

STANDARD STATEMENT

All residents' mealtimes are enjoyable, leisurely, dignified occasions. The dietary intake is nutritious, choice is available and all meals are served at an appropriate time.

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DIETARY INTAKE:

Arrangements are in place to ensure adequate fluid intake for all residents during the night.

Residents are offered a hot drink as desired.

Residents are provided with drinks and snacks throughout the evening/night as desired.

Evening meal/supper times are flexible to suit individual choice.

There is an adequate quantity and variety of foods available.

Staff supervise/assist residents appropriately.

Comments:

The Inspector cursory viewed the serving of the lunch. Tables were set with table mats, napkins and appropriate cutlery.

The main meal was served midday and consisted of lamb chops or gammon, potatoes and vegetables. The dessert offered was pavlova or fruit and ice-cream.

The daily menu was displayed and corresponded with the main menu in the kitchen.

A choice of cold drinks which included fruit juice, milk or water was offered.

Residents confirmed they enjoyed their meal and were satisfied with the food provided in the home.

EVIDENCED BY ALL OR SOME OF THE FOLLOWING:

Review of off-duty rota.

Comparison of duty rota with staff returns/staffing notice.

Review of arrangements for cover in the event of staff absences

Information provided about recruitment, selection and retention of staff

Information provided about the use of agency staff

Review of induction programmes

Review of training strategy

Review of minutes of staff meetings

Review of frequency of staff turnover

Review of arrangements for staff supervision

Review of quality assurance system

Spot check of policies and procedures

Access to and use of policies and procedures by staff

Review of records required by regulation

Review of accidents/incidents

Discussion/feedback from management, staff, residents, relatives/advocates and care managers.

4.0 ENVIRONMENT

STANDARD STATEMENT

The person registered shall, having regard to the size of the home and the number, age, sex and condition of the residents, provide an adequate physical environment which is clean, comfortable, homely, safe and which maintains independence in so far as is possible.

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GENERAL ENVIRONMENT:

The home is adequately heated.

The home has good natural and mechanical ventilation.

The lighting is adequate.

There is an adequate supply of hot and cold water.

HOUSEKEEPING:

The home was clean, tidy and odour free.

The kitchen was tidy and well organised.

HEALTH AND SAFETY:

Fire doors are not wedged open.

Fire exits are clear.

The areas of the home inspected were free from any obvious hazards.

Comments:

The home was well ventilated and presented as comfortable and welcoming.

A random selection of bedrooms were inspected and found to be personalised individually by residents. Duvet covers and curtains were coordinated.

A toilet in one ensuite required attention and staff responded promptly by contacting engineers to have it fixed. Management should outline the action to be taken with regard to odour management in one identified room. Communal bathrooms and washrooms inspected were found to be clean and fresh smelling.

A cursory view of the kitchen indicated it was clean and organised and the recently employed chef reported systems were currently under review. The Inspector requested the dining room floor should be cleaned prior to lunch. Staff immediately attended to request. It was noted clothes for washing were on the floor in the laundry room and advice and information was provided by the inspector. Management are requested to review the laundry arrangements when relief staff are responsible for this area and the cleaning of the dining room following meals.

EVIDENCED BY ALL OR SOME OF THE FOLLOWING:

Observing:

Standard of cleanliness and odour control.

Catering Facilities

Temperature of all areas inspected.

Lighting.

Fire exits.

Discussion with staff

Discussion with residents as appropriate

5.0 QUALITY OF LIFE

STANDARD STATEMENT

Residents regard the home as a good place to live, where their preferred way of life is accommodated in accordance with the core values of rights, independence, choice, privacy, dignity and fulfilment.

CRITERIA

RESIDENTS APPEARANCE:

The residents' appearance is acceptable.

Residents' clothes are changed when stains/spillages occur.

Residents wear their own clothing.

Residents' clothes are in good repair and the clothing is appropriate to the environmental temperature.

Every reasonable precaution is taken to prevent the loss of personal clothing.

Comments:

Residents were well groomed and appropriately dressed for the warm weather and some residents spoke of their contentment with the laundry arrangements.

RESIDENTS ACTIVITIES:

Residents have the opportunity to participate in evening activities if they wish.

Residents who are able to and wish to go out are enabled to do so.

Residents are encouraged to take an interest in current affairs and events.

Comments:

Staff and residents advised the Inspector of the range of activities provided. These included bingo, quizzes, karaoke, dancing, scramble and baking. Local clubs regularly invite residents to events and residents enjoy visiting different restaurants.

Several residents spoke of taking pleasure in the warm weather by either walking in the gardens or sitting in the shade.

Daily and weekly newspapers are available and visitors encouraged to drop in at any time.

RESIDENTS FACILITIES:

Newspapers, magazines are available.

There is access to radio and television and residents' programme preferences are facilitated. The television is used by arrangement with the residents.

There is access to a private telephone where residents can make and receive a call in private.

Comments:

On the Inspector's arrival she greeted two residents who were sitting in the foyer area. Several other residents were observed relaxing in the sitting room watching television and some residents were in their bedrooms.

The observations and discussions with residents confirmed that they have a choice regarding their routines and some spoke of going to the shops independently.

Residents spoken with confirmed they were satisfied with the care provided, were complimentary in their comments regarding staff and related they enjoyed the food provided.

The Inspector was advised that management are developing a resident's guide in keeping with the Residential Care Home Regulations. It is anticipated this will be available at the next inspection.

RESIDENT EMPOWERMENT:

Residents can exercise choice and control in all aspects of daily living in as far as it is possible.

Relatives, friends, volunteers are used where possible to ensure social networks are continued.

Residents can receive visitors in private.

Resident's bedrooms are personalised.

Residents have the opportunity to worship according to their faith.

Comments:

Residents have access to a telephone and several spoke of contact enjoyed with relatives and indicated there were no restrictions on visitors.

Those residents who wish can attend the daily service held in the home.

EVIDENCED BY ALL OR SOME OF THE FOLLOWING:

Review care records if necessary.

Review laundry services if necessary.

Observe bedrooms for memorabilia etc.

Observe telephone and its location.

Observe activity in home at the time of inspection.

Observe appearance of residents.

The availability and use of papers, magazines, radio and television etc by residents.

Conversation with residents, relatives, advocates and staff.

REQUIREMENTS

REQUIREMENTS		TIMESCALE
1	<p>Confirm identified care plans are revised as detailed in report.</p> <p>Residential Care homes Regulations (Northern Ireland) 2005. Regulation 16(2) (b)</p>	30 September 2006
2	<p>Ensure a record of whether the duty roster was actually worked is maintained and changes recorded on the roster.</p> <p>Residential Care homes Regulations (Northern Ireland) 2005. Regulation 19 (2) Schedule 4, 7.</p>	30 September 2006
3	<p>Ensure a central record of staff training is maintained and available for inspection.</p> <p>Residential Care homes Regulations (Northern Ireland) 2005. Regulation 19 (2) Schedule 4, 6 (g)</p>	With immediate effect.
4	<p>Confirm a Statement of Purpose in accordance with legalisation is in place</p> <p>Residential Care homes Regulations (Northern Ireland) 2005. Regulation 3 (1)</p>	30 September 2006
5	<p>Confirm a resident's guide in accordance with legalisation is in place.</p> <p>Residential Care homes Regulations (Northern Ireland) 2005, Regulation 4 (1)</p>	30 September 2006
6	<p>Review the laundry arrangements and cleaning of the dining room following meals and advise the Regulation and Quality Improvement Authority of the action taken.</p> <p>Residential Care homes Regulations (Northern Ireland) 2005. Regulation 27 (2) (d), Regulation 20 (2)</p>	September 30 th 2006

7	Inform the Regulation and Quality Improvement Authority of the action taken with regard to odour management in one identified room. Residential Care homes Regulations (Northern Ireland) 2005. Regulation 18 (2) (j)	Within one week from receipt of report
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RECOMMENDATIONS

RECOMMENDATIONS		TIMESCALE
1	Confirm that the home is in receipt of a new accident book.	On receipt of report

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 Board would apply standards current at the time of that application.

After each inspection a notice will be displayed in the Home to advise that the report of the inspection is available.

Enquiries relating to this report should be addressed to:

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

Mrs Maire Marley
UNIT INSPECTOR

DATE

UNANNOUNCED INSPECTION

I agree with the following requirements/recommendations (e.g. numbers 1, 3, 5, 7) of the Unannounced Inspection undertaken on 20 July 2006 which will be implemented within the timescale set:

Requirement Numbers: _____

Recommendation Numbers: _____

Please make comments on any recommendations/requirements not listed above:

Please provide any additional comments or observations you may wish to make:

Signed: _____
Registered Manager

Signed: _____
Registered Person in Control
(or Designated Person in Control)

Name: _____
(Print)

Name: _____
(Print)

Date: _____

Date: _____

DATE RECEIVED	SIGNATURE OF INSPECTOR