



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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**OWENVALE COURT
RESIDENTIAL HOME
TEL: (028) 90 412030**

UNANNOUNCED INSPECTION REPORT

19 FEBRUARY 2009

GENERAL INFORMATION

Name/Type of Home:	Owenvale Court Residential Home
Address:	607 Springfield Road Belfast
Telephone number:	(028) 90 412030
Registered Person-in-Control:	St John of God Association
Registered Manager:	Mr Patrick Doak
Person in Charge of the Home at the Time of Inspection:	Ms Ann McGreevy Deputy Manager
Categories of Care:	Old and Infirm (I)
Number of Registered Places:	47
Scale of Charges (per week):	£406.00
Details of Last Inspection:	Announced Inspection 28 May 2008
Type of Inspection:	Unannounced Inspection 7.50 pm - 10.20 pm
Number Resident in Home on Day of Inspection:	43 and 3 residents in hospital
Name of Lead Inspector:	Mrs Maire Marley

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 and these may be announced or unannounced and may be undertaken at any time of the day or night.

This is a report of an Unannounced Inspection to assess the quality of care and services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 AIMS OF THE INSPECTION

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of care in the home, and to determine and assess the Home's implementation of 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.

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

4.0 METHODS/PROCESS

The methods/process used in this inspection included the following:

- Examination of records
- Observation of practice
- Assessment of the environment
- Discussion with Person-in-Charge at the time of the inspection
- Discussion with residents and staff
- Evaluation and feedback

5.0 INSPECTION FOCUS

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

Standards inspected:

Standard 2 Contact with family and friends.

Standard 12 Meal and Mealtimes.

6.0 PROFILE OF HOME

Owenvale Court is a purpose built home located on the Upper Springfield Road in Belfast. It provides 47 beds for persons in Category I (Old and Infirm).

The facility is a two story building with private car parking facilities. The home is decorated and furnished to a high standard. Each flat-let has an ensuite and mini kitchen facilities. The communal areas include assisted bathrooms, sitting rooms, dining room, kitchenettes, and hairdressing salon and therapy/activities rooms.

7.0 FOLLOW-UP ON PREVIOUS ISSUES

7.1 Issues Arising During Previous Inspection

7.1.1 Summary of Requirements and Outcomes

The Inspector reviewed the returned Quality Improvement Plan (QIP) with regard to the three requirements made during the Announced Care Inspection in May 2008 and during this inspection discussed progress made with the Manager.

Ensure systems to assess and monitor the menus and food provided are in accordance with the "Nutritional Guidelines and Menu Checklist for Residential and Nursing Homes for the Elderly."

Management reported the menus were revised in accordance with the above guidance along with advise from the dietician.

Activities records should be further developed in accordance with regulations.
This is work in progress.

Confirm management has developed a contingency plan to address staff cover in an emergency.

Management outlined the systems are in place to address emergency staff cover and confirmed the arrangements were adequate.

7.1.2 Summary of Recommendations and Outcomes

The Inspector reviewed the returned Quality Improvement Plan (QIP) with regard to the three recommendations made during the Announced Care Inspection in May 2008 and during this inspection discussed progress made with the Manager.

Confirm care documentation and staff records are reviewed in accordance with the Residential Homes Minimum Standards.

Management confirmed work is in progress to ensure care documentation and staff records are maintained in accordance with the minimum standards.

Ensure admission checklists are completed.

This was ongoing work in progress and evidence was provided that checklists are completed.

Ensure records of food consumed is maintained at all times and the menu is displayed at appropriate times.

Records are maintained and there was evidence that menus were displayed in the dining room.

Current practices and processes should be audited against recently implemented Residential Homes Minimum Standards.

Details of the arrangements to audit practices and processes were submitted in returned QIP.

7.2 Issues Arising Since Previous Inspection.

7.2.1 There has been one complaint investigation ongoing since the last inspection and the relevant Trust is involved in the process.

8.0 SUMMARY

This Unannounced Inspection of Owenvale Court Residential Home took place on 19 February 2009 between the hours of 7.50 pm - 10.20 pm. The Inspection provided an opportunity for the Inspector to focus on Standards 2 and 12 of the Residential Care Homes Minimum Standards which related to Residents' Contact with Family, Friends and the Community and Meal and Mealtimes.

The Inspector had the opportunity to greet all residents and spoke to them either individually in their bedrooms or collectively in groups in the sitting areas. Those consulted spoke positively on the quality of life experienced and the quality of care provided. Complimentary comments were also made in regard to the management and staff team.

In relation to Standard 2, the Inspector was satisfied that residents are encouraged and facilitated to maintain links with their family, friends and the community. Several residents enjoy regular visits with friends or family members and during the inspection visitors were observed coming and going.

The Inspector conversed with three relatives during the course of this inspection. Two relatives spoke collectively of an ongoing issue pertaining to their mother which was currently being investigated by the Trust. This family was clear they were generally satisfied with all other aspects of care provided. The other relative spoken to was entirely positive in comments about the quality of care provided.

Management reported a review of the menu was undertaken in conjunction with the dietician and good practice guidance. There was evidence to indicate a rotational four week menu was in place and the menu for the day was displayed in the dining room. Residents consulted confirmed they were satisfied with the meal times and the quality of meals provided.

The two standards reviewed were largely met and the recommendations arising are set out in the Quality Improvement Plan included in this report.

Staff who talked to the Inspector confirmed they had appropriate training for the task and related they were well supported by the Manager.

The premises were clean and hygienic throughout with attention paid to infection control measures and residents' rooms were comfortable and personalised to individual taste.

The active participation and cooperation of the Manager, staff team, residents and relatives in the inspection is acknowledged and appreciated.

9.0 INSPECTION FINDINGS

9.1 Standard 2 - Contact with family, friends and the local community is facilitated for residents.

Findings:

The Inspector was informed residents are encouraged and facilitated to maintain links with their families, friends and the local community. Staff and residents provided examples of outings residents enjoy with their friends and/or family members.

Residents confirmed there are no restrictions on visiting times within the home and family and friends are welcome to visit and can meet with the residents in the privacy of their bedroom, or in any of the communal areas. This was evident during the Inspection when a steady stream of visitors was observed.

Residents are consulted about visits from members of the community, and those spoken with related the visits and activities provided by the community.

Two residents spoken with collectively had been in the home for several years and described the things that made Owenvale special:

- "Staff have time for you and tell you what's' going on"
- "You are treated really well and everyone knows your routine"
- "Nothing is too much trouble."

Other residents spoken with individually confirmed they were satisfied with the food provided and there were no issues raised.

The majority of residents were able to inform the Inspector of the arrangements in place to make telephone calls.

It was recommended details of individual residents' interests and contact with family and community is recorded clearly in care documentation.

There was evidence to suggest this standard was partially achieved.

Evidenced by:

Conversations with residents

Visitor's book

Care plans

Entries made in resident's care notes

Minutes of resident's annual review of their care placement

Information and discussions with staff

Discussion with relatives

9.2 Standard 12 - Residents receive a nutritious and varied diet in appropriate surroundings at times convenient to them.

Findings

A rotational four week menu revised 9 September 2008 was in place and the menu for the day was displayed in the dining room. Management reported a review of the menus was undertaken in conjunction with the dietician and the "Nutritional Guidelines and Menu Checklist for Residential and Nursing Homes for the Elderly" and was due to be reviewed within the forthcoming week. An individual record of the food consumed by residents is also maintained.

Residents confirmed the meals are provided at conventional times and all confirmed a range of hot and cold drinks and snacks was obtainable on request. It was observed that fresh drinking water was available in resident's bedrooms and communal areas.

During the inspection all residents consulted commented favourably on the food provided;

- "Meals couldn't be better"
- "Plenty of variety"
- "I get more than enough to do me"
- "No complaints"
- "Wouldn't change a thing"
- "It's ok, I don't eat much."

Staff consulted were aware of any concerns regarding residents' eating and drinking habits and described the food as lovely.

There are seven residents diagnosed with diabetes and the Inspector requested that the menus provided for these residents are reviewed by the dietician and individual diabetic care plans devised.

The home are commended on achieving a four star rating from the Environment Health Department in December 2008; on the night of inspection the dining room was clean and tidy however the following areas in the kitchen required attention;

- One sink required to be emptied of unclean water
- Kitchen floor required to be deep cleaned

Food stores and fridges were well stocked and baskets of fresh fruit were observed in the stores.

This standard was not fully achieved and resulted in a requirement and a recommendation being made.

Evidenced by:

Review of menu
Record of food consumed
Care documentation
Consultation with residents
Discussion with staff
Observation of environment
Observation of practice

9.3 OTHER ISSUES ARISING

Other Records Examined During this Inspection Include:

- Daily Register
- Accidents
- Untoward Incidents
- Complaints
- Visitors Book

All of these records were found to be satisfactory.

Care Plans

A review of a previously identified care plan confirmed it had been revised and improvements made as directed.

Four additional care plans were examined and the following recommendations made;

- Care plans should identify resident's spiritual needs and detail how they are met
- Information on residents past hobbies and interests should be included in all care documentation
- Contact with family and friends should be clearly documented
- Diabetic care plans should be in place for all residents with diabetes.

Staffing

The duty roster examined in the home on the night and the duty roster provided for detailed analysis for the month of February indicated that the staffing levels were sufficient to meet the needs of the residents accommodated. Arrangements are in place to cover emergency leave and there is a designated person in charge of each shift.

Staff Training

The Deputy Manager in charge on the night of inspection had recently taken up post and described her induction and confirmed the induction equipped her for the tasks in hand.

Another staff member described the benefits of training provided and was able to explain the positive impact training had on her practice. Both staff were complimentary regarding the support provided by management. Training records were not viewed on this occasion.

Environment

A tour of the building found it was warm and comfortable with attention paid to infection control measures; Bedrooms were clean and organised and all communal areas were satisfactory. As previously stated areas were identified in the kitchen that required attention. On the night of the inspection, arrangements were in place for a team to deep clean the floors.

11.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with the Registered Manager as part of the inspection process.

The issue(s) identified during this inspection are detailed in the Quality Improvement Plan appended to this report.

The timescales for completion commence from the date of inspection.

The Registered Provider 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:

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

**Mrs Maire Marley
Inspector/Quality Reviewer**

Date



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QUALITY IMPROVEMENT PLAN

UNANNOUNCED INSPECTION

OWENVALE COURT RESIDENTIAL HOME

19 FEBRUARY 2009

NOTES:

The issue(s) identified during inspection were discussed with the Registered Manager and timescales given for addressing any requirements and recommendations made as part of the inspection process. Details are appended to this report.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's Minimum Standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by patients and residents.

The Registered Provider/manager is required to detail the action taken in response to the issue(s) raised on the form attached.

The Quality Improvement Plan is to be signed below by the Registered Provider and Registered Manager and returned to:

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

SIGNED: _____

SIGNED: _____

NAME:
(print)

NAME:
(print)

Registered Provider

Registered Manager

No.	REGULATION REF.	REQUIREMENTS	TIMESCALE	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)
1	Regulation 5	Confirm a review of the menus provided for diabetics is undertaken as directed.	Immediate and ongoing. Action to be detailed in QIP.	

No.	MINIMUM STANDARD REF.	RECOMMENDATION	TIMESCALE	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)
1.	Standard 12	Ensure kitchen is appropriately cleaned each evening	Immediate and Ongoing.	
2	Standard 2	Confirm care documentation is revised as directed in Section 9.1 and 9.3 of report.	Ongoing.	

