



Unannounced Care Inspection Report 11 August 2020



Greenvale House Residential Home

Type of Service: Residential Care Home
Address: 82-84 Mill Hill, Castlewellan BT31 9NB
Tel no: 028 4377 8280
Inspector: Alice McTavish

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to 12 residents.

3.0 Service details

Organisation/Registered Provider: Greenvale House Responsible Individuals: Norman Foster Barbara Frances Foster Margaret Foster	Registered Manager and date registered: Barbara Frances Foster Acting Manager
Person in charge at the time of inspection: Barbara Foster	Number of registered places: 12
Categories of care: Residential Care (RC): I - old age not falling within any other category DE – dementia	Total number of residents in the residential care home on the day of this inspection: 12

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk. In response to this, RQIA decided to undertake an inspection to this home. The inspection was undertaken by the care inspector between 11.30 and 17.45 hours. The pharmacist inspector also conducted a medicines management inspection on 12 August 2020 to review one area for improvement referenced within section 6.1 of this report.

The inspection sought to assess progress with issues raised in the previous QIP and to establish if the home is providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- Staffing
- infection prevention and control (IPC) measures
- care delivery
- care records
- environment
- governance and management arrangements.

Residents said that they were well looked after and liked living in Greenvale House.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Barbara Foster, manager, as part of the inspection process and can be found in the main body of the report.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned QIP.

During the inspection the inspector met with four residents, one resident's relative, one member of care staff and one member of domestic staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The inspector provided the manager with 'Tell Us' cards which were to be given to visitors who were not present on the day of inspection in order to provide them with the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- Duty rotas
- staff training
- staff supervision and appraisal
- staff competency and capability assessments
- a selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- complaints and compliments
- incidents and accidents reports
- minutes of staff meetings
- activity planner
- three residents' care files
- annual satisfaction survey
- annual quality report
- Adult Safeguarding position report for 2019-2020
- Fire Risk Assessment.

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

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 22 November 2019. No further actions were required to be taken following the most recent inspection.

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 30 Stated: Second time	The registered person shall ensure that robust arrangements are put in place for RQIA to be notified of all accidents, incidents and other events as set out in current RQIA guidance.	Met
	Action taken as confirmed during the inspection: Examination of accident/incident records which were cross referenced with statutory notifications received by RQIA established that robust arrangements were in place to ensure that all events are correctly reported.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20.12 Stated: First time	The registered person shall ensure that the annual satisfaction survey: <ul style="list-style-type: none"> • is completed separately to the nursing home. • includes responses from the home's residents. • identifies any areas for improvement along with an action plan and timescales for any improvements. 	Met

	<p>Action taken as confirmed during the inspection: Examination of the the home's annual satisfaction survey, submitted to RQIA after the inspection, confirmed that this area was satisfactorily addressed.</p>	
<p>Area for improvement 2 Ref: Standard 20.12 Stated: First time</p>	<p>The registered person shall ensure that all future annual quality reports are prepared separately for the residential home.</p> <p>Action taken as confirmed during the inspection: Examination of the annual quality report, submitted after the inspection, and discussion with the manager confirmed that this area was satisfactorily addressed.</p>	Met
<p>Area for improvement 3 Ref: Standard 30 Stated: Second time</p>	<p>The registered person shall review and revise the management of nutritional supplements to ensure that there is evidence that they are being administered as prescribed.</p> <p>Action taken as confirmed during the inspection: The management of nutritional supplements for residents was reviewed separately by the pharmacist inspector. There was evidence that these were being administered as prescribed. Records of prescribing and administration were in place.</p> <p>In addition, daily stock balances were maintained. The audits completed at the inspection indicated that these balances were accurately maintained and that the nutritional supplements were administered as prescribed.</p>	Met

6.2 Inspection findings

6.2.1 Staffing

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would

be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

The staff reported that they all work together for the benefit of the residents. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management.

We found that staff competency and capability assessments were completed for staff who were left in charge of the home in the manager's absence. We saw that staff meetings were held and there was a system in place to share the minutes of meetings with any staff who were not present.

We saw that mandatory training was provided for staff and there was a system in place to ensure this was kept up to date. The manager advised that additional training was also provided for staff, if required.

6.2.2 Infection prevention and control measures

Signage had been erected at the entrance to the home to reflect the current guidance on Covid-19. Staff told us that anyone entering the home have a temperature and symptom check completed. Domestic and care staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

The manager reported that some staff came directly from home to work in their uniform, whilst others use a changing facility. All staff donned the correct Personal Protection Equipment (PPE) before commencing duties. It was agreed that all staff should change into/out of their uniforms on the premises; the manager agreed to ensure that this would be communicated to all staff and monitored appropriately.

PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 outbreak. We observed that staff used PPE according to the current guidance.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. There was discussion with the manager about the importance of staff ensuring that residents have an opportunity to wash their hands before each mealtime in order to further reduce the potential for infection.

6.2.3 Care delivery

We observed that residents looked well cared for; they were well groomed and nicely dressed. It was evident that staff knew the residents well; staff spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- “These girls are very good to me, they are very civil. They make sure I get everything I need, I only have to ask...I like my room, it’s very comfortable. I have an alarm bell that I can use if I need the girls to come to me, but I haven’t had to use it yet.”
- “I like living here. It’s not home, but it’s the next best thing. The staff are very good to us all.”
- “I had a lovely dinner, I’m absolutely full!”
- “I do miss not having visitors, but I know it’s not safe at the minute – the girls do everything they can to make sure we are kept amused and busy.”

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting had been suspended due to the current pandemic. The care staff assisted residents to make phone calls with their families in order to reassure relatives. Arrangements were now in place on an appointment basis to facilitate relatives visiting their loved ones at the home.

We met with a relative who said: “I am pleased with the arrangements made by the residential home and I am relieved to see (my relative) face to face...it’s better than a video call as (my relative’s) attention span isn’t great and he is able to recognise us family better this way. The staff leave us to enjoy our visit in peace, but they check regularly for safety. They make sure that I have a mask, hand sanitiser and gloves and that the visiting pod is properly cleaned before and after each visit. The staff are very attentive, they are just great!”

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available for residents. We saw that staff were helpful and attentive to residents. Staff were able to describe the dietary needs and preferences of residents, including how some residents liked to have tea and toast in the middle of the night and how this was made available.

6.2.4 Care records

We reviewed the care files of three residents which evidenced that detailed, comprehensive care plans were in place to direct the care required. The records were written in a professional manner and used language which was respectful of residents. Care plans also reflected residents’ human rights; this represented good practice.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

We saw in one care file that a document completed by a medical practitioner was not correctly signed. This was brought to the attention of the manager who later confirmed in writing that the relevant documentation had been completed by the resident’s GP.

We saw that each resident had a person-centred care plan for the prevention of transmission of Covid-19. This also represented good practice and is commended.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required. It was noted, however, that some records were either not dated or not signed. This was brought to the attention of the manager who agreed to reiterate the importance of this to all staff and to monitor this.

6.2.5 Environment

An inspection of the internal environment was undertaken; this included examination of all bedrooms, bathrooms, the lounge, kitchen and dining area and storage areas.

Residents' bedrooms were found to be personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. The home was decorated to a good standard, was well ventilated and comfortable. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

The home's fire risk assessment was submitted separately to RQIA and reviewed by an estates inspector. The risk assessment was up to date and all recommendations had been actioned.

6.2.6 Governance and management arrangements

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retained oversight of the home. All staff commented positively about the manager and described her as supportive, approachable and always available for guidance and support.

There was a system of audits which covered areas such as accidents and incidents, meals and catering, complaints and compliments, skin care, nutrition, IPC, and falls. This helped to ensure that the manager had effective oversight of care delivery to residents. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

We examined the reports of the visits by the registered provider for June 2020 and July 2020 and found these to be comprehensive and robust. Where any issues were identified, an action plan was developed which included timescales and the person responsible for completing the action.

We examined the system in place to manage any complaints received; discussion with the manager provided assurance that complaints would be managed appropriately and that the manager viewed complaints as an opportunity to learn and improve.

We could see that compliments were received by the home. An example of one compliment was: "To all the staff in residential, many thanks for all the care and attention given to mum over the past few years. You have all been so kind and gentle...we appreciate everything you have done."

Areas of good practice

Good practice was found throughout the inspection in relation to the cleanliness and comfort of the environment; the kindness and compassion of staff; governance processes and managerial oversight within the home.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy. Feedback from residents evidenced that they were very satisfied with the standard of care being provided. One questionnaire was returned by a member of staff who indicated that they were very satisfied with all aspects of care and management of Greenvale House. This inspection resulted in no areas for improvement being identified.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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