

# Inspection Report

8 February 2024



## Greenvale House Residential Home

**Type of Service:** Residential Care Home

**Address:** 82-84 Mill Hill,  
Castlewellan, BT31 9NB

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[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Greenvale House  <b>Registered Persons:</b> Mrs Barbara Frances Foster Mrs Margaret Foster Mr Norman Foster	<b>Registered Manager:</b> Mrs Barbara Frances Foster  <b>Date registered:</b> 12 February 2024
<b>Person in charge at the time of inspection:</b> Mrs Barbara Frances Foster	<b>Number of registered places:</b> 12
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 12
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered residential care home which provides health and social care for up to 12 residents. The home is divided over four floors. The lower ground, ground and first floor contain bedrooms and living space. The second floor contains office space	

## 2.0 Inspection summary

An unannounced inspection took place on 8 February 2024, from 9.50am to 3.30pm by a care Inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

One area requiring improvement was stated for a second time. Please refer to the Quality Improvement Plan (QIP) for details.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff

RQIA were assured that the delivery of care and service provided in Greenvale House Residential Home was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Greenvale House Residential Home.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

### **4.0 What people told us about the service**

Residents commented positively regarding the home and said they felt they were well looked after. A resident told us of how, "The staff are excellent, the care is very good. I have no complaints." Another resident spoke of how "My room is kept clean and tidy, I have no complaints with the care provided. The food is very good."

A relative commented, "The care is excellent, the staff are attentive and the home is spotless."

Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the manager and the training provided.

No additional feedback was received from residents, relatives or staff following the inspection.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 29 June 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2)(a)(c)  <b>Stated:</b> First time	The registered person shall ensure that suitable maintenance procedures are put in place for all windows in the home, and repairs are carried out within the required timescales. Any incidents involving equipment are reported to the relevant stakeholders, and learning is shared with staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2)(a)(c)  <b>Stated:</b> First time	The registered person shall ensure that dental cleaning tablets are safely stored in accordance with COSHH requirements.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 29 (4)(a)  <b>Stated:</b> First time	The registered person shall ensure that the person carrying out Regulation 29 visits to the home, seeks the views of residents' representatives to form an opinion of the standard of care being provided in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.4  <b>Stated:</b> First time	The registered person shall ensure that all staff receive training in behaviours that challenge.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time	The registered person shall ensure that the menu board is displayed; this should be in a dementia friendly format and suitable to meet the needs of the residents.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was not met. This is discussed in section 5.2.1.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time	The registered person shall ensure that care plans are kept up to date and reflect residents' current needs. This is stated in relation to the management of catheter care.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 13.4  <b>Stated:</b> First time	The registered person shall ensure that the programme of activities is displayed; this should be in a suitable format for residents and their representatives.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## **5.2 Inspection findings**

### **5.2.1 Staffing Arrangements and Care Delivery.**

There were systems in place to ensure staff were trained and supported to do their job.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

The menu for residents was displayed in the dining room, but this was not in a dementia friendly format, and was not easily read. An area for improvement was stated for a second time.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

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. Lunch was a pleasant and unhurried experience for the residents.

### **5.2.2 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

One identified bedroom did not have a hand towel dispenser. This was brought to the manager's attention for her action.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

It was observed that not all staff were wearing Personal Protective Equipment (PPE) whilst serving lunch for the residents. This was brought to the manager's attention for her action.

### 5.2.3 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents' needs were met through a range of individual and group activities, such as musical activities, arts and crafts and outings.

### 5.2.4 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Barbara Frances Foster has been the Registered Manager in this home since 12 February 2024.

Residents and a relative spoken with said that they knew how to report any concerns and said they were confident that the manager would address these.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The home was visited each month by a representative of the registered provider - to consult with residents, their relatives and staff and to examine all areas of the running of the home. It was discussed with the manager to ensure that any actions from these visits are listed in an action plan within the document.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes' Minimum Standards (December 2022) (Version 1:1)**



	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1

\* the total number of areas for improvement includes one that has been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Barbara Frances Foster, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:1)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> Second time  <b>To be completed by:</b> 1 April 2024	The registered person shall ensure that the menu board is displayed; this should be in a dementia friendly format and suitable to meet the needs of the residents. Ref: 5.1 & 5.2.1
	<b>Response by registered person detailing the actions taken:</b> Menu has been updated and we are currently working our way through photographing all choices and making them available for display.

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





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