

Inspection Report

29 June 2023



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

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

Organisation/Registered Provider: Greenvale House Responsible Persons: Mrs Barbara Frances Foster Mrs Margaret Foster Mr Norman Foster	Registered Manager: Barbara Frances Foster - not registered
Person in charge at the time of inspection: Mrs Marie Foster, Deputy Manager.	Number of registered places: 12
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 12
Brief description of the accommodation/how the service operates: 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 29 June 2023, from 10.00 am to 4.20pm 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 of residents needs and provided care in a compassionate manner.

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.

However; concerns were identified in relation to two faulty sash windows that had not been repaired in a timely manner. This resulted in an injury to one resident and created a potential risk of harm to other residents, visitors or staff in the home.

Given these concerns, the management team were invited to attend a serious concerns meeting with RQIA on 28 July 2023. At this meeting, the management team shared an action plan identifying the immediate actions they had taken and actions they planned to take, to address the identified risks and to prevent any similar incidents occurring. RQIA accepted this action plan and agreed that the areas for improvement were to be managed through the Quality Improvement Plan (QIP) included below.

The findings of this report will provide the management team 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, "I have no complaints, the staff are good and I get plenty to eat." Another resident spoke of how "I feel safe in the home, the staff are very kind and my visitors come when they want."

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 8 August 2022		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 6.2 Stated: Second time	The registered person shall ensure that reference is made to Deprivation of Liberty Safeguards in the residents care plan, and the day to day impact of this in practice.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 6.3 Stated: First time	The registered person shall ensure that the resident, or their relative where appropriate, sign their care plan. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that an individual comprehensive care plan is drawn up as the assessment of the residents needs is drawn up. This is in relation to behaviours that challenge.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 Ref: Standard 20.10 Stated: First time	The registered person shall ensure that a range of audits is completed to monitor the quality of care and other services provided to residents.	Met

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
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5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

Feedback from staff and review of the staff's training records identified that behaviours that challenge training was not provided to staff. Given the categories of care for which the home is registered an area for improvement was identified.

A system was in place to monitor that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

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.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that there was enough staff on duty to meet the needs of the residents.

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.

5.2.2 Care Delivery and Record Keeping

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 met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

Examination of records and discussion with the deputy manager confirmed that the risk of falling and falls were well managed.

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

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

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

One care plan did not have sufficient detail around the management of catheter care. An area for improvement was identified.

Residents' individual likes and preferences were reflected throughout the records.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was generally clean and tidy throughout. However, a store room, required additional tidying. The home provided written confirmation that this had been addressed following the inspection.

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.

Dental cleaning tablets were found in two resident's en-suite bathrooms. These were removed by staff immediately when this was brought to their attention. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Two downstairs windows were noted to be propped open. Examination of the windows and discussion with staff established that the windows were unable to be opened and closed correctly, and required repair. It was then established that an incident had occurred the day before the inspection, where a resident sustained an injury from one of these windows. Following discussion with the deputy manager and review of records, it was concerning that in the immediate aftermath of this incident, prompt or appropriate actions to address this hazard and prevent a recurrence were not taken, or put in place to prevent further risk of harm to the health and safety of residents, staff and visitors to the home. In addition, the Inspector had to direct the home to notify the Health and Safety Executive, and the South Eastern Health and Social Care Trust Adult Safeguarding Team regarding the incident. The home notified RQIA retrospectively of the incident in accordance with Regulation 30.

Due to concerns about the maintenance systems in the home, RQIA's Estates Support Officer attended the home on 10 July 2023. During this visit it was confirmed that a specialist window contractor had attended the home and repair work has been carried out to the two windows located in the ground floor toilets, one of which was the cause of the incident. A survey of all the windows in the home was also carried out by the contractor and the manager advised that ten windows have been identified to have repair work carried out. This was scheduled to take place week commencing 24 July 2023. Effective control measures were in place in the interim to reduce the risk of a reoccurrence of this incident. The home manager confirmed by email on 26 July 2023 that the planned repair work was completed on 25 July.

These issues were discussed at the meeting with RQIA on the 28 July 2023 where the management team provided adequate assurances as to how the home had reviewed its policy on actions to be taken by staff in reporting incidents involving equipment. The management team also discussed how learning from the incident had been shared with staff, and how in the future, relevant stakeholders would be informed within the required timescales. An area for improvement was also identified.

5.2.4 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 ball games, puzzles, arts and crafts and reminiscence. The activity programme was not on display for the residents. An area for improvement was identified.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Barbara Frances Foster is the acting manager of the home.

Residents said that they knew how to report any concerns and said they were confident that the manager would address these. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

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.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home.

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. Review of these reports identified that the views of relatives were not being sought as part of this process. An area for improvement was identified.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005** and the **Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	3	4

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge, as part of the inspection process. The findings from the inspection were also discussed with the management team at the serious concerns meeting on the 28 July 2023. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2)(a)(c) Stated: First time To be completed by: From the date of inspection	<p>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.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff have been advised of the importance of reporting any concerns with windows immediately to Norman or Barbara Foster. Norman also carries out monthly inspection of windows. Staff also have been made aware that any incidents involving equipment are reported immediately to Norman or Barbara.</p>
Area for improvement 2 Ref: Regulation 14 (2)(a)(c) Stated: First time To be completed by: From the date of inspection	<p>The registered person shall ensure that dental cleaning tablets are safely stored in accordance with COSHH requirements.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Dental cleaning tablets have been removed from patient bedrooms</p>
Area for improvement 3 Ref: Regulation 29 (4)(a) Stated: First time To be completed by: From the date of inspection	<p>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.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Views from residents families are now being sought during the Reg 29 visits in relation to standard of care provided in Home.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 23.4 Stated: First time To be completed by: From the date of inspection	The registered person shall ensure that all staff receive training in behaviours that challenge. Ref: 5.2.1
	Response by registered person detailing the actions taken: All staff have carried out training in behaviours that challenge.
Area for improvement 2 Ref: Standard 12.4 Stated: First time To be completed by: From the date of inspection	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: 5.2.2
	Response by registered person detailing the actions taken: New notice board in dining room to display menus which are currently away to be printed in a larger format.
Area for improvement 3 Ref: Standard 6.6 Stated: First time To be completed by: From the date of inspection	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: care plan in relation to catheter care updated following inspection, although district nurse is responsible for overall management of catheter care.
Area for improvement 4 Ref: Standard 13.4 Stated: First time To be completed by: From the date of inspection	The registered person shall ensure that the programme of activities is displayed; this should be in a suitable format for residents and their representatives. Ref: 5.2.4
	Response by registered person detailing the actions taken: Programme of activities being updated and will then be displayed in a more suitable format for residents and families.

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