

Inspection Report

2 December 2021



Greenvale House Residential Home

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

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 Registered Person/s OR Responsible Individual Mr. Norman Foster	Registered Manager: Mrs Barbara Frances Foster (Acting)
Person in charge at the time of inspection: Mrs Barbara Frances Foster	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: 11
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 2 December 2021 from 10.20am to 4:30pm 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.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manger/management team.

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

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.

The home was clean and there was a homely atmosphere. Staff were attentive to the residents and carried out their work in a compassionate manner.

RQIA were assured that the delivery of care and service provided in Greenvale House was safe, effective and 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.

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

Three new areas for improvement were identified. Please refer to the Quality Improvement Plan (QIP) for details.

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 and 'Tell Us' cards 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

Five residents, one relative and four staff were spoken with.

Residents commented positively regarding the home. One resident said "I am happy with the care and the food is good". Another resident told us "the staff are good to me, I love it here". A third resident spoke of how "the staff are very attentive."

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. One comment was received from staff via the online survey which was positive.

A relative commented “the home is absolutely great, the care is brilliant and the rooms are spotless”.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

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

The last inspection to Greenvale House was undertaken on 11 August 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Examination of recruitment records highlighted that gaps in employment and the reason for leaving a previous post were not discussed with one employee. This was discussed with the Manager and identified as an area for improvement. RQIA has received assurance following the inspection that this gap in employment has been addressed and recorded.

The residential home has Greenvale House Nursing Home alongside it. Review of rotas with the Manager highlighted that one member of night care staff would assist with duties in the nursing home at points during the night. This practice was discussed with the Manager and was advised by RQIA to stop with immediate effect. RQIA also received written assurance from the Manager that staff no longer would be shared across both homes.

There were systems in place to ensure staff were trained and supported to do their job. There was evidence of staff supervision and appraisals happening on a regular basis. Records of training and appraisals were held together for both the nursing and residential homes. Separate records should be maintained; in line with the home’s registration. An area for improvement was identified.

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.

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 assist residents with their choices 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 were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

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 observed was an opportunity of residents to socialise and the atmosphere was calm, relaxed and unhurried. 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.

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 to ensure they continued to meet the residents' needs. 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.

Residents who are subject to a Deprivation of Liberty Safeguard, should have reference to this in their care plan. Review of care plans evidenced that they did not include this specific care need. This was discussed with the Manager and identified as an area for improvement.

5.2.3 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.

There was a broken toilet seat in the bathroom on the first floor. This was discussed with the Manager who arranged to have it replaced.

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.

One resident spoke of how her room was always "kept tidy and fresh".

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.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

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 personal protective equipment (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.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance.

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, 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 crafts, quizzes and music. The home was decorated for Christmas.

A relative spoke of how "there was always plenty to do for the residents".

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

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.

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.

Residents spoken with said that they knew how to report any concerns and said they were confident that the Manager would deal with any issue.

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.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care Manager and to RQIA.

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

The home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

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' Minimum Standards (August 2011) (Version 1.1)**.

	Regulations	Standards
Total number of Areas for Improvement	0	3

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

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 19.2 Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that all gaps in employment and reasons for leaving, are explored and reasons recorded. Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: All gaps in employment are explored and reasons for leaving jobs explored and recorded.</p>
Area for improvement 2 Ref: Standard 23 Stated: First time To be completed by: 1 February 2022	<p>The registered person shall ensure that separate records are kept for Greenvale House Residential Home and Greenvale House Nursing Home. Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: Separate records are kept for Greenvale Residential and Nursing Home</p>
Area for improvement 3 Ref: Standard 6.2 Stated: First time To be completed by: Immediately and ongoing	<p>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. Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Deprivation of Liberty safeguards are present in the residential care plans for those who require same.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care