



# Unannounced Care Inspection Report 22 November 2019



## Greenvale House Residential Home

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

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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 which provides care for up to 12 residents with a range of care needs as detailed in Section 3.0.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Greenvale House  <b>Responsible Individuals:</b> Norman Foster Barbara Frances Foster Margaret Foster	<b>Registered Manager and date registered:</b> Donna Elizabeth Fitzpatrick 20 February 2018
<b>Person in charge at the time of inspection:</b> Barbara 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>Total number of residents in the residential care home on the day of this inspection:</b> 12

### 4.0 Inspection summary

An unannounced inspection took place on 22 November 2019 from 09.45 to 13.45 hours.

This inspection was undertaken by the care inspector. The pharmacist inspector was present in the home from 09.55 to 11.00 to validate the medication related areas for improvement identified at the last inspection on 11 June 2019.

The inspection assessed progress with the areas for improvement identified in the home since the last care inspection. The inspection also examined care records and the dining experience for residents.

Evidence of good practice was found in relation to care records and to the systems in place to ensure these are kept up to date and accurate.

No new areas requiring improvement were identified. Two areas for improvement were carried forward for review at the next care inspection and two areas for improvement were stated for a second time. One was in relation to the arrangements for notifying RQIA of accidents, incidents and other events as set out in current RQIA guidance. The other area for improvement related to the management of nutritional supplements.

Residents described living in the home as being a good experience. Residents were seen to be relaxed and comfortable in their surroundings and in their interactions with other residents and with staff.

Comments received from residents, people who visit them and professionals during and after the inspection are included in the main body of this report.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*1	*3

\*The total number of areas for improvement includes two which have been stated for a second time and two which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Barbara Foster, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 11 June 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 11 June 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the last inspection, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned to RQIA within the agreed timeframe.

A lay assessor was present during this inspection and their comments are included within this report. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections.

During the inspection a sample of records was examined which included:

- staff duty rota from 14 to 27 November 2019
- accident/incident records from June to November 2019
- three residents' records of care
- daily menu
- RQIA registration certificate
- daily temperature records for the treatment room and medicines refrigerator
- care plans for the management of distressed reactions and pain
- records for the administration of nutritional supplements
- the auditing systems for nutritional supplements

Two areas for improvement identified at the last care inspection were not reviewed as part of this inspection as the timescale for completion had not yet expired. These areas for improvement will be examined at the next care inspection. The remaining areas for improvement were reviewed and the assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 11 June 2019

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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> First 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.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of records of accidents and incidents identified that not all were notified to RQIA.  This area for improvement is therefore stated for a second time.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the medicines refrigerator and treatment room temperatures are accurately monitored and recorded each day. Corrective action should be taken if temperatures outside the accepted range are observed.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The temperature of the treatment room and medicines refrigerator was monitored and recorded each day. The temperatures recorded were within the recommended range.</p>		
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 25.6</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a key is included on the staff duty rota to explain the colour codes used for staffing in the home.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspection of the staff duty rota confirmed that a key was now used to explain the colour codes used for staffing in the home.</p>		
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the menu for each day is displayed in a larger format.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspection of the premises confirmed that a menu was displayed in large print.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 20.12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the annual satisfaction survey:</p> <ul style="list-style-type: none"> <li>• is completed separately to the nursing home.</li> <li>• includes responses from the home's residents.</li> <li>• identifies any areas for improvement along with an action plan and timescales for any improvements.</li> </ul>	<p><b>Carried forward to the next care inspection</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> The timeframe for this area for improvement was given as 1 June 2020 and has not yet expired.</p> <p>This area for improvement will therefore be examined during a future inspection.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 20.12 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that all future annual quality reports are prepared separately for the residential home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The timeframe for this area for improvement was given as 1 June 2020 and has not yet expired.</p> <p>This area for improvement will therefore be examined during a future inspection.</p>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Area for improvement 5</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time</p>	<p>The registered person shall review and revise the management of distressed reactions. Care plans should be in place. The reason and outcome of each administration should be recorded. Regular use should be referred to the prescriber for review.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A small number of residents were prescribed medicines to be administered 'when required' for the management of distressed reactions.</p> <p>A care plan was not in place for one resident, however, the responsible person advised via email on 25 November 2019 that the care plan had been written following the inspection. The reason for and outcome of each administration were recorded.</p> <p>Staff were aware that any increase in frequency of usage should be referred to the prescriber for review.</p>	<p><b>Met</b></p>

<b>Area for improvement 6</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall review and revise the management of pain to ensure that care plans are in place.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Care plans for the management of pain were in place for those residents who required pain relief to be administered regularly.  The responsible person advised via email on 25 November 2019 that care plans had also been written for the use of 'when required' analgesics.	
<b>Area for improvement 7</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	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.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Nutritional supplements were stored in resident order to facilitate audit. Running balances had not been maintained and there was no evidence that nutritional supplements were included in the audit process.  This area for improvement has not been met and is therefore stated for a second time.	

## 6.2 Inspection findings

### Care records

The care files for each resident were stored securely to ensure confidentiality.

A review of the care records confirmed that these were maintained in line with the legislation and standards. The records were written in a professional manner using language which was respectful to the individual. The files contained pre-admission information which allowed staff to become familiar with the specific needs of each individual and to make preparations to meet these needs in the home.

Staff in the home completed care needs assessments, risk assessments and care plans for each resident. The risk assessments covered such areas as moving and handling, choking, nutrition, falls and skin condition, where necessary. The care plans provided staff with guidance as to how the identified needs should be met and how any risks present could be minimised. The care documentation was completed in detail and with a focus on individualised, person-



centred care. All documents were kept up to date, regularly reviewed and appropriately signed and dated.

Multi-professional involvement in the residents' health and social care needs was documented where necessary and this was kept up to date to accurately reflect any changes. The care records noted visits from General Practitioners (GPs), community nursing, dieticians, speech and language therapists and other associated professionals.

Residents were weighed regularly and any significant weight loss was appropriately referred to the residents' GPs; care staff reported that there was good communication between care and catering staff to ensure that any residents at risk of losing weight were provided with an enriched diet.

There were regular reviews of the care provided in the home which were attended by all relevant parties. Staff in the home completed a care review preparation report; this was completed in a high level of detail and demonstrated that staff were familiar with the care needs of individual residents.

There was a system in place to audit care files regularly to ensure that all documentation was complete, up to date and accurate. This helped to ensure that any changing needs were comprehensively recorded and acted upon.

It was evident that there were systems in place to ensure that written and verbal information was accurately and comprehensively recorded. This supported the delivery of safe and effective care whilst also supporting person-centred, compassionate care to the individual residents. It was also evident that the manager ensured that care records were maintained to a good standard and that care in the home was well led.

### **The dining experience**

We saw that the dining room offered enough space for all residents to dine in comfort and that it was clean and bright. There was a menu on display setting out the choices of hot dishes on the lunch and dinner menus. Staff ensured that residents were shown each meal choice so that residents could indicate their individual choice. Portions were generous and extra portions were offered to residents by staff. There was a choice of hot and cold drinks available. We saw that there were friendly and supportive interactions between staff and residents.

Staff reported that the kitchen could be accessed by care staff so that residents who want drinks or snacks in the evenings or during the night can have these.

We spoke with residents who indicated that they were happy with the care provided in Greenvale House. Residents made the following comments:

- "I'm very happy here...I love being here as I wasn't safe when I lived at home where I had a bad fall."
- "I'm happy with everything here, very content."
- "The staff here couldn't do enough to help you!...I like the privacy of having my own room here so I can have space for my visitors or where I can go for a nap if I'm feeling tired."

A resident's relative was complimentary about the staff and told us that she was very happy with the care provided by the home. We spoke with a visiting professional who said, "The care here

is very good. I'm in here regularly and I always find there is a good atmosphere...the staff always welcome our input and they know the residents extremely well. They are able to tell us every detail of the residents' needs and their care. I have no concerns whatsoever about the care here."

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the frequency of review of care records to ensure that these are accurate and up to date.

### Areas for improvement

No new areas for improvement were identified during the inspection. Two areas for improvement were stated for a second time and two areas for improvement were carried for review at the next care inspection (See Section 6.1).

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Barbara Foster, Responsible Individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> Second time  <b>To be completed by:</b> 20 November 2019	<p>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.</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b>            Accidents, incidents and other events are audited on a monthly basis and monitored throughout the month and RQIA notified where appropriate.</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.12  <b>Stated:</b> First time  <b>To be completed by:</b> 1 June 2020	<p>The registered person shall ensure that the annual satisfaction survey:</p> <ul style="list-style-type: none"> <li>• is completed separately to the nursing home.</li> <li>• includes responses from the home's residents.</li> <li>• identifies any areas for improvement along with an action plan and timescales for any improvements.</li> </ul> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this Standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.12  <b>Stated:</b> First time  <b>To be completed by:</b> 1 June 2020	<p>The registered person shall ensure that all future annual quality reports are prepared separately for the residential home.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this Standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> Second time  <b>To be completed by:</b> 23 December 2019	<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>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b>            A new system has been put in place to countdown nutritional supplements on a daily basis, regular audits are also carried out of</p>

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



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