

Inspection Report

8 August 2022



Greenvale House Residential Home

Type of service: Residential

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

Telephone number: 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 Responsible Individual: Mr Norman Foster	Registered Manager: Barbara Frances Foster -not registered
Person in charge at the time of inspection: Mrs Marie 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 8 August 2022 from 10.30am to 4.15pm 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.

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

Areas requiring improvement were identified. Please refer to the Quality Improvement Plan (QIP) for details.

RQIA were assured that the delivery of care and service provided in Greenvale House Residential Home 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 Residential Home.

The findings of this report will provide the Registered Persons 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

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

Residents commented positively regarding the home. One resident said "There is plenty to eat, we are well looked after, I have no complaints". Another resident told us, "We get choice. The food is very good; the staff members are attentive and kind".

Residents who were unable to clearly verbally communicate were well presented and appeared to be relaxed in their interactions with staff.

Some staff voiced concerns with the staffing levels in the home. This is discussed further in section 5.2.1. Staff told us they felt supported by the Manager and the training provided.

A relative commented “The staff members are great, they are very attentive. Communication with the home is brilliant”.

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

Following the inspection, no comments were provided by staff via the on-line staff survey, or from residents or relatives via the questionnaires provided.

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 2 December 2021		
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 19.2 Stated: First time	The registered person shall ensure that all gaps in employment and reasons for leaving, are explored and reasons recorded.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 23 Stated: First time	The registered person shall ensure that separate records are kept for Greenvale House Residential Home and Greenvale House Nursing Home.	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 reference is made to Deprivation Of Liberty Safeguards in the residents care plan, and the day to day impact of this in practice.	Not Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. This is discussed in section 5.2.2. This area for improvement has not been met and has been stated for the second time.	

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.

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

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

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 said there was good team work and that they felt well supported in their role. Some staff highlighted concerns about staffing levels in the home. The manager was asked to review this. RQIA have since received written assurances from the manager that the staffing levels in the home are safe.

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 members 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 members 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 members 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.

Examination of records and discussion with staff 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 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. 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.

Residents who are subject to a Deprivation of Liberty Safeguard should have this referenced in the care plan. Examination of care plans highlighted that they did not have this specific need identified. This area for improvement is stated for a second time.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Two care plans examined did not have the signatures of residents or relatives. This was discussed with the manager and an area for improvement was identified.

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.

Residents' individual likes and preferences were reflected throughout the records. One care plan examined did not include how staff should respond to and manage behaviours that challenge. It also did not identify potential trigger factors for the behaviours, and how these behaviours can present. This was discussed with the manager and an area for improvement was identified.

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.

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.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff members 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 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 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, what clothes they wanted to wear food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents. The range of activities included arts and crafts, bingo, musical activities and puzzles.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting 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 of the Home.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Examination of this process identified that the quantity of audits could be increased to cover a larger range of care and services provided in the home. This was discussed with the manager and an area for improvement was identified.

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.

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.

There was a system in place to manage complaints.

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. 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	4*

* 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 Marie Foster, Deputy 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) (Version 1:1)	
Area for improvement 1 Ref: Standard 6.2 Stated: Second time To be completed by: Immediately and ongoing	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
	Response by registered person detailing the actions taken: Reference is made to DOL Safeguards in the residents care plans and the day to day impact of this in practice
Area for improvement 2 Ref: Standard 6.3 Stated: First time To be completed by: 01 November 2022	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. Ref:5.2.2
	Response by registered person detailing the actions taken: Care plans have been signed either by the relative or resident where appropriate.
Area for improvement 3 Ref: Standard 6.2 Stated: First time To be completed by: 01 November 2022	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. Ref:5.2.2
	Response by registered person detailing the actions taken: A comprehensive care plan has been drawn up in relation to behaviours that challenge where applicable

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. Ref: 5.2.5
To be completed by: 1 November 2022	Response by registered person detailing the actions taken: Audits have been added to to include environmental audits

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
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care