

Inspection Report

06 June 2023



Greenvale

Type of Service: Residential Care Home
Address: 21 Rossmore Drive
Tel no: 028 9049 1310

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: Inspire Disability Services	Registered Manager: Mrs Lynsey Murray
Responsible Individual Kerry Anthony	Date registered: 14 November 2019
Person in charge at the time of inspection: Deborah Gower	Number of registered places: 11
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 9 residents
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 11 persons. The unit is over one floor, and there are lounges and dining space for residents to socialise in. Residents have access to a Garden area.	

2.0 Inspection summary

An unannounced inspection took place on 06 June 2023, from 9.40 am to 4:35 pm 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 that the home was well led by the Registered Manager.

It was evident that staff promoted the dignity and well-being of residents, this was observed in staff's interactions and care delivery. It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Areas requiring improvement were identified relating to: fire drills, fire risk assessment actions, pre-employment checks and falls management. Addressing the areas for improvement will further enhance the quality of care and services in Greenvale.

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. Refer to section 4.0 for more details.

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

The findings of the inspection were discussed with the registered manager.

4.0 What people told us about the service

Residents and staff provided positive feedback about their experiences in Greenvale. Residents told us, "oh it's brilliant in here, if you need to talk about anything, the manager is great." Other residents said, "there's plenty to do in here, I love the bingo."

Staff spoken with said, "I love coming into work", "management, staff and residents are brilliant." Staff reported management to be "supportive."

Five questionnaires were received following the inspection and staff confirmed they were satisfied that the care was compassionate and well led in Greenvale Care Home.

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?

Areas for improvement from the last inspection on 15 September 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time	The Registered Person shall ensure that there is a system in place to monitor and address environmental factors which impact on the robustness of the infection prevention and control measures and practices.	Met
	Action taken as confirmed during the inspection: There was evidence this area for improvement was met.	
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 13.9 Stated: First time	The Registered Person shall ensure that a record is kept of all activities, the person leading the activity and the names of the residents who participate	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. The manager told us, staff were recruited directly through Inspire Well-Being's Human Resource Department. The manager had to request evidence of the pre-employment checks completed by the human resource department. Some aspects of the pre-employment checks were not available. The manager is required to have oversight of all pre-employment checks and evidence of this should be available for inspection. An area for improvement was identified.

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.

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 provide residents with a choice on how they wished to spend their day. For example, during the mealtime experience staff worked together to ensure residents received their meal in a timely manner whilst offering choice and support. 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.

A resident told us "I love it in here, everyone is so kind".

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.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, motion sensors. It was established that safe systems were in place to manage this aspect of care.

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. A sample of supplementary care records were reviewed; these were not always fully completed to reflect all of the care given. This was discussed with the manager at the end of the inspection and an area for improvement was identified.

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. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Where a resident was at risk of falling, measures to minimise this risk of falls should be put in place. Examination of records showed gaps in post fall follow-up, care plans and risk assessments were not updated. An area for improvement was identified.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially. Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. 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.

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, music was playing and residents were having conversation.

It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents 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.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet. There was evidence that residents' needs in relation to nutrition and the dining experience were being met.

Staff did not wear aprons throughout the mealtime. Staff are required to adhere to the correct use of gloves and aprons, in accordance with best practice in food hygiene when assisting residents with their meals. 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.

A sample of residents' bedrooms and other areas of the home were examined. 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. There was evidence throughout the home of 'homely' touches such as flowers, newspapers, magazines, meaningful quotes, snacks and drinks available.

Residents said "they (staff) clean every day, they Hoover all the rooms."

A fire risk assessment was carried out on 5th September 2022. At this time 12 actions were identified by the risk assessor. An action plan was drawn up by the manager to address these actions, however confirmation of the actions was not available on the day of inspection. A time bound action plan was submitted by the care home confirming proposed dates for completion following the inspection. An area for improvement was identified.

Weekly fire alarm testing is conducted in the care home, however a review of fire drills evidenced that a number of staff had not been involved in an annual fire drill. The home

manager confirmed dates for this to be completed by all staff following the inspection and an area for improvement was identified.

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

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. Could go out to church, local shops or other activities in the community.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example, planning activities and menu choices. There was a range of activities provided for residents by staff. These include; social, community, cultural, religious, spiritual and creative events, such as bingo, listening to music, arts and crafts.

Staff were observed facilitating bingo for the residents, this was carried out in the dining area and residents were happy and content, interacting with staff and one another. The activity board in situ was colourful and located in a communal area. Residents who did not want to participate in group activities told us they have the opportunity to watch television or knit. Residents attend Church and praised the staff for their support in helping them to maintain this.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Lynsey Murray has been the Manager in this home since 14 November 2019.

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

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. A discussion took place with the manager to ensure audits are robust in identifying deficits to promote a better lived experience for residents. This will be reviewed at the next inspection.

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 confirmed a representative from Inspire Well-Being is appointed.

Residents said they knew how to report concerns and were confident that the manager would listen and respond.

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 about residents, care practices or the environment.

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. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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. The reports were 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 Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	2	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Lynsey Murray (Registered 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 Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: 13 (1) (a) and (b) Stated: First time To be completed by: From the date of inspection and ongoing	<p>The registered person shall ensure that post falls protocol is implemented appropriately to include the recording of observations, risk assessments and care plans.</p> <p>Response by registered person detailing the actions taken: The Registered Manager has reviewed the internal process to support a person post fall. The team have been reminded of their responsibilities. This includes the completion of incident reports and post fall observations. In addition care plans and risk assessments are reviewed with referrals made to OT's and physios as required. The Registered Manager will place additional scrutiny on the completion of these records for future falls. The matter will be reviewed at Quality Monitoring until deemed met at a future inspection.</p>
Area for improvement 2 Ref: Regulation 20 (1) (b) Stated: First time To be completed by: From the date of inspection and ongoing	<p>The registered person shall put a system in place to ensure a checklist evidencing pre-employment checks are completed, and is made available for inspection.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The organisation has implemented a revised recruitment audit tool. This is completed as a shared responsibility between Inspires HR team and the Registered Manager prior to a start date being established with any new staff. The Registered Manager can use this tool to assure themselves of the satisfactory completion of preemployment checks. The Registered Manager will ensure the revised document is available in staffing records at the service for inspection for all those commencing after its implementation.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 8	<p>The registered person shall ensure that supplementary care records are fully completed to reflect all of the care given.</p> <p>Ref: 5.2.2</p>

<p>Stated: First time</p> <p>To be completed by: From the date of inspection and ongoing</p>	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has reviewed the requirement for completion of adequate care records with the team through a review of the principles of good record keeping. Spot checks will be completed by Team Leaders for the purpose of monitoring compliance. The organisation is in the process of implementing a new electronic records management system for care records. This will include features for the review of records.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that staff adhere to the correct use of gloves and aprons, in accordance with best practice in food hygiene, when assisting residents with their meals.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has reviewed the requirement for appropriate PPE to be worn at meal times with the team through team meeting and handover discussion. Spot checks will be completed by Team Leaders for the purpose of monitoring compliance.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure the actions outlined in the Fire Risk assessment are taken within the agreed timeframes and signed off when completed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager will ensure the completion of all actions identified in the Fire Risk Assessment. The Registered Manager has liaised with the housing provider to review and confirm dates for completion. The housing provider has confirmed contractors have been appointed to complete the work required.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 29.6</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year and evidence of same maintained.</p> <p>Ref: 5.2.3</p>

Immediately and ongoing	Response by registered person detailing the actions taken: Fire drills including all staff have now been completed with evidence available at the service for inspection. Recurring drills have been scheduled to ensure ongoing compliance.
-------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

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

