



Unannounced Care Inspection Report

10 March 2021



Greenvale

Type of Service: Residential Care Home
Address: 21 Rossmore Drive, Belfast, BT37 3LA
Tel No: 028 9049 1310
Inspector: Michael Lavelle

www.rqia.org.uk

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 registered to provide residential care for up to 11 residents.

3.0 Service details

Organisation/Registered Provider: Inspire Disability Services Responsible Individual: Mr Cormac Doyle	Registered Manager and date registered: Miss Deborah-Ann Gower - Acting
Person in charge at the time of inspection: Miss Deborah-Ann 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 home on the day of this inspection: 10

4.0 Inspection summary

An unannounced care inspection took place on 18 January 2021 from 11.30 to 17.10.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan and the following areas were examined during the inspection:

- staffing
- care delivery
- care records
- environment/infection prevention and control (IPC) measures
- leadership and governance.

Residents said they were happy living in the home.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*3	2

*The total number of areas for improvement includes one under the regulations which has been carried forward to the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Deborah-Ann Gower, manager, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

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.

A number of questionnaires and 'Tell Us' cards were left in the home, for residents and/or their relatives to provide additional feedback following the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line; six responses were received. Three questionnaires were returned, two of which indicated they were completed by residents.

The following records were examined during the inspection:

- staff duty rota for the week commencing 8 March 2021
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- staff training records
- care records for two residents
- accident and incident reports
- record of complaints and compliments
- one staff recruitment/induction file
- records of audit
- a selection of monthly monitoring reports
- controlled drugs record book.

Areas for improvement identified at the last care and medicines management inspection were reviewed and 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 previous inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 7 September 2020.

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
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: Second time	The registered person shall make good the poor condition of the carpet in the corridor and identified residents' bedrooms. Ref: 6.1	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: As noted at the last inspection the carpet in the corridor had been replaced. The manager confirmed that new carpet had been ordered for all residents' bedrooms and was due to be replaced, however due to the Covid-19 pandemic, this could not be installed. Given the ongoing challenges regarding the pandemic this area for improvement was carried forward for review at the next inspection.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: Third and final time	The registered manager must ensure that the appropriate action is taken should the temperature of the medicines refrigerator deviate from the acceptable range. Ref: 5.0 & 7.2	Met
	Action taken as confirmed during the inspection: Review of records evidenced this area for improvement was met.	
Area for improvement 2 Ref: Regulation 20(1)(c) Stated: First time	The registered person shall ensure that the relevant staff receive training on how to accurately record the refrigerator temperatures. Ref: 7.2	Met
	Action taken as confirmed during the inspection: Review of records and discussion with the manager evidenced this area for improvement was met.	
Area for improvement 3 Ref: Regulation 17 Stated: First time	The registered person shall submit to RQIA: <ul style="list-style-type: none"> • a copy of the refrigerator temperature record on a weekly basis until further notice and • the monthly monitoring report, demonstrating that the refrigerator temperature checks are being monitored by the registered person for the next three months Ref 7.2	Met
	Action taken as confirmed during the inspection: Review of records and discussion with the manager evidenced this area for improvement was met.	

Area for improvement 4 Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that the controlled drugs record book is fully and accurately completed. Ref 7.3	Met
	Action taken as confirmed during the inspection: Review of controlled drugs record book evidenced this area for improvement was met.	

6.2 Inspection findings

6.2.1 Staffing

Discussion with the manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the residents were met.

Observation of the delivery of care evidenced that residents' needs were met promptly by the staff on duty. Residents and care staff we spoke with expressed no concerns regarding staffing levels in the home.

A review of the duty rota for week commencing 8 March 2021 evidenced that the planned staffing levels were adhered to, with the exception of the day of the inspection. The manager confirmed there was ongoing recruitment for support staff. Any outstanding shifts that required cover had been allocated to agency or relief staff. We asked the manager to ensure the person in charge of the home on each shift is clearly identified on the duty rota. We also requested that they develop a key for abbreviations used and ensure the worked copy is signed by the manager or a designated representative.

Review of one staff recruitment file post inspection confirmed staff were recruited safely to ensure they were suitable to work with vulnerable residents. As recruitment files were not held on site we asked the manager to ensure a file is retained with evidence from human resources confirming all required checks have been completed. Review of records confirmed systems were in place to monitor staffs' registrations with NISCC.

Discussion with staff evidenced good knowledge and understanding of resident's individual needs and preferences.

Staff confirmed they had received an induction when commencing work in the home, and completed mandatory training relevant to their job role. Staff were able to correctly describe their roles and responsibilities regarding Adult Safeguarding and Deprivation of Liberty Safeguards.

Staff were positive about their experience working in the home. Specific comments from staff included:

“I love working here.”

“The teamwork is great at the moment. It maybe wasn’t as good in the past but it is good now.”

6.2.2 Care delivery

Residents looked well cared for and it was clear that staff had supported residents to maintain their personal care and appearance to a high standard.

Residents looked comfortable and relaxed throughout the inspection. Residents could choose whether to spend time in one of the lounges or in their bedroom. Residents enjoyed chatting with each other, listening to music, sleeping or watching television.

Residents were positive about their experiences living in the home and no concerns were reported during the inspection. Residents who preferred not to speak with us were smiling and appeared content. Specific comments from residents included:

“I like to stay here. Sometimes I do activities.”

“I like this place very well. The staff are very nice to us. We were making Christmas cards and Valentines cards. We made a patch work quilt.”

“I like everything.”

“I am happy here.”

“It’s not too bad.”

“I like it here. It is better than the other place. The food is nice and I like listening to my records in the afternoon.”

“It’s good here. The staff are good to you. I love watching TV and listening to music.”

We provided questionnaires in an attempt to gain the views of relatives, residents and staff that were not available during the inspection. Three were received within the timeframe for inclusion in this report; two of which indicated they were completed by residents. All respondents were very satisfied or satisfied with the care provided across all four domains. We also received six online responses; five from staff and one from a visitor/relative. All respondents were either satisfied or very satisfied with the care delivered in the home. Responses received included the following:

“Greenvale is a very homely well run establishment”.

“Service users happy and all staff care and look after them well”.

Staff were visible and attentive throughout the inspection, and attended to residents’ needs’ in a timely, kind and friendly manner. We saw staff treat residents with dignity and respect, by offering choice and encouraging independence where possible, for example when mobilising or eating.

The dining experience was a well organised and unhurried experience for residents. Residents enjoyed their meal either in the dining room. The food looked and smelled appetising. Residents had a choice of two meals and both these options were available for those who required a modified diet. The food looked fresh, healthy and nutritious and appropriate portions were served. A choice of drinks were offered. Residents told us they enjoyed their meal and the food served in the home.

We discussed the visiting arrangements in place during the current pandemic. The home used the dining room for this, where social distancing could be maintained. Visitors had their temperatures taken and declared they were symptom free. There was ample PPE and hand sanitiser available. Management advised that no care partners were currently identified although this had been offered. A number of residents receive regular visits. One visitor we spoke with said:

“It has been good. We get a visit once a week. I think my relative gets absolutely great care. The staff are wonderful. They are excellent. My relative has thrived since coming here.”

We reviewed activity provision. No activity planner was on display in the home. Discussion with residents and visitors confirmed that they would not know what activities were planned in the home. We did see examples of activities delivered in the home, these included patchwork quilts and St Patrick’s Day decorations. Residents and staff were seen to be enjoying games in one of the lounges. Review of records confirmed activities were delivered to some residents but not all. In addition, contemporaneous records were not consistently kept of all activities that took place. No record was retained if residents enjoyed the activities or not. As discussed previously activity delivery was not consistently included in residents daily progress notes. Staff should ensure that residents are aware when activities are being delivered and contribute to the development of the activity planner; this should be reviewed on a bi-annual basis. This was identified as an area for improvement under the care standards.

Discussion with the cook and review of records evidenced a robust system for managing meals for residents who require a modified diets. We saw there was a small menu board in the dining room which was not completed. We asked that this be reviewed and consideration be given to purchasing a new menu board to meet the needs of the residents.

6.2.3 Care records

We reviewed the care records of two residents and saw that the records were written in a professional manner and used language which was respectful of residents. We saw evidence that detailed, comprehensive care plans were in place to direct the care required. Care plans and associated risk assessments were completed and reviewed on a regular basis. These included assessments and recommendations from other healthcare professionals, for example Speech and Language Therapists (SALT) or opticians. We were pleased to see residents were actively involved in the development of their plans of care.

Twice daily progress notes recorded the care delivered to each resident. These reflected any changes in resident’s condition and the appropriate action taken by the home. We saw that daily progress notes did not accurately reflect what activities residents had enjoyed. We also saw examples where times or dates had not been included in some care records. We reminded the manager of the need for contemporaneous recording. They agreed to action this as required. This will be reviewed at a future care inspection.

We examined the management of a resident who had a fall. Review of records evidenced appropriate actions were taken immediately following the fall. However, the daily progress notes did not evidence that the resident was appropriately monitored. The residents care plan and risk assessment were updated following the fall, however there was no date to confirm how soon this was done after the fall. We discussed the benefits of developing an observational chart to monitor residents who have an unwitnessed fall with the manager. An area for improvement was made.

6.2.4 Environment/infection prevention and control (IPC) measures

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and Personal Protective Equipment (PPE) were readily available. Signage had been placed at the entrance to the home which provided advice and information about Covid-19.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

Staff wore face masks appropriately and were appropriate with their use of hand sanitising gel and hand washing. Some staff spoken with were inconsistent regarding the correct way to remove PPE. We asked the manager to ensure all staff have this knowledge and recommended an observational tool in the use of PPE is implemented to complement the hand hygiene audit. This will be reviewed at a future care inspection.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and laundry. The home was found to be generally clean and warm. Fire exits and corridors were observed to be clear of clutter and obstruction. We did identify some deficits in environmental cleaning, inappropriate storage, a wall in the dining room that required painting and two pieces of equipment that required replacing. This was discussed with the manager for action as required.

We saw glass in the front door and a window in an identified residents bedroom were cracked and covered with builders adhesive tape. The manager had identified these in a recent environmental audit in the home and was actively liaising with the owner of the building to have these replaced. We asked the manager to notify their aligned care inspector on completion of these works.

During review of the environment the door to the laundry room was observed to be unlocked with access to substances hazardous to health. We also saw some cleaning chemicals stored in a toilet area which residents had access to. This was discussed with the manager and an area for improvement under the regulations was made.

6.2.5 Leadership and governance

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. The certificate of registration issued by RQIA was appropriately displayed in the home. There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retained oversight of the home and was supported by the team leaders. Staff commented positively about the manager and described her as supportive, approachable and available for guidance and support.

We looked at the records of accidents and incidents which occurred in the home; we found that these were managed appropriately. The manager confirmed that staff training was actively managed. Review of mandatory training compliance rates evidenced appropriate records were maintained. Discussion with staff and review of records confirmed that supervision and appraisal was well maintained and actively managed.

There was a system of audits which covered a range of areas such as accidents and incidents, falls, environment and IPC. The audits were completed monthly and this helped to ensure that the manager had effective oversight of care delivery to residents.

We examined the reports of the visits by the registered provider from September 2020 until the date of inspection. No reports were available for October 2020, November 2020 or February 2021. The manager confirmed these had been completed but the report was not shared on completion. Of those reports that were available for review, all operational areas of the management of the home were covered. Where any issues were identified, an action plan was developed which included timescales and the person responsible for completing the action. The registered provider must ensure monthly monitoring reports are completed and shared with the manager in a timely manner. An area for improvement was made.

Areas of good practice

Residents looked well cared for and gave positive feedback about their experiences living in the home and their treatment from staff. Staff were visible and attentive; they were cheerful and kind interactions were observed throughout the inspection. Management were described as approachable and supportive.

Areas for improvement

Four areas for improvement were identified. These related to post fall management, control of substances hazardous to health, activity and monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	2	2

6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were friendly and empathetic when responding to residents individual needs. The home was tidy and fresh smelling throughout.

Observations of care delivery, discussion with staff and a review of records provided assurances that the care in Greenvale was safe, effective, compassionate and well led.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Deborah-Ann Gower, manager, 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 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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 27(2)(d)</p> <p>Stated: Second time</p> <p>To be completed by: 8 November 2019</p>	<p>The registered person shall make good the poor condition of the carpet in the corridor and identified residents' bedrooms.</p> <p>Ref: 5.0</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all such observations/actions taken post fall are appropriately recorded in the residents care record.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Post fall record and observational monitoring tool procured and now in place. Forms to be completed after all falls going forward. Copy of post fall forms forwarded as part of QIP.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the residents have access are free from hazards to their safety, and unnecessary risks to the health and safety of residents are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the issues highlighted in 6.2.4.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: All hazards removed from all service user areas and locked in laundry room on day of inspection 10.3.21. Locked cupboard requested from Ark Housing to be fitted in the laundry room to store hazards substances 11.3.21 as the service users like to have access to laundry room to check on their laundry. Laundry room kept locked until works completed. Ark completed this work - fitted lock on a cupboard in the laundry room on the 13th March 2021.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 10 April 2021</p>	<p>The registered person shall ensure the programme of activities is displayed in a suitable format in the home. This should be developed with the residents and reviewed at least twice yearly to ensure it meets residents changing needs.</p> <p>Arrangements for the provision of activities should be in place. A contemporaneous record of activities delivered must be retained. Activities must be integral part of the care process with daily progress notes reflecting activity provision.</p> <p>Ref: 6.2.2</p>
	<p>Response by registered person detailing the actions taken: Activity board/planner now in place in hallway accessible to all service users. Activities discussed and planned out weekly. Activity record forms in place to be completed by staff daily and records to include comments of how the activity went e.g. did the service user enjoy and engage in the activity.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure monthly monitoring reports are completed on a monthly basis.</p> <p>Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken: Monthly monitoring reports are now all in place. Going forward will ensure all monthly monitoring reports are shared in a timely manner with Services.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

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

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