



Unannounced Care Inspection Report 19 February 2020



Greenvale

Type of Service: Residential Care Home
Address: 21 Rossmore Drive, Belfast BT7 3LA
Tel No: 028 9049 1310
Inspector: Caroline Rix

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 registered residential care home which provides care for up to 11 residents.

3.0 Service details

Organisation/Registered Provider: Inspire Disability Services Responsible Individual: Louise Anne Smith	Registered Manager and date registered: Lynsey Murray 14 November 2019
Person in charge at the time of inspection: Lynsey Murray	Number of registered places: Total number 11 comprising: 11 – RC – LD 11 – RC – (LD (E))
Categories of care: Residential Care (RC) LD – Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 9

4.0 Inspection summary

An unannounced inspection took place on 19 February 2020 from 09.45 hours to 15.00 hours.

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.

Evidence of good practice was found in relation to staffing, training, risk management, record keeping, the culture and ethos, dignity and privacy, listening to residents, communication, governance arrangements and teamwork.

An area requiring improvement was identified in relation to the homes policies and procedures on safeguarding and restraint.

Residents described living in the home as being a good experience. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents, people who visit them and staff 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, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Lynsey Murray, 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.

4.2 Action/enforcement taken following the most recent inspection dated 7 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 7 July 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, including registration information and any other written or verbal information received, for example serious adverse incidents.

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 were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. Nine questionnaires were returned to RQIA and indicated that they were happy that the care was safe, staff were kind, care was good and the place was well organised. A poster was provided for staff detailing how they could complete an electronic questionnaire with their views; eight were received by RQIA which indicated that the majority were 'satisfied' or 'very satisfied' that the care provided was safe, effective and compassionate and the home was well led.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

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

- staff duty rotas from 17 February 2020 to 1 March 2020
- one staff recruitment and induction record
- two residents' records of care
- complaint records
- compliment records
- governance audits/records
- reports of visits by the registered provider/monthly quality monitoring reports from November 2019 to January 2020
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met and not met. One area for improvement has been restated for a second time.

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 7 July 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
Area for improvement 1 Ref: Regulation 27(2)(d) Stated: First time	The registered person shall make good the poor condition of the carpet in the corridor and identified residents' bedrooms.	Not met
	Action taken as confirmed during the inspection: The inspector confirmed that the carpet in the corridor and identified bedrooms has not been replaced. The manager stated the carpet has been chosen but the housing association have not completed this work at the time of inspection.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 5.2 Stated: First time	The registered person shall revise and update the identified smoking risk assessment in accordance with current safety guidelines with subsequent appropriate action.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the smoking risk assessment had been reviewed and updated in accordance with current safety guidelines. Records confirmed that appropriate action had been taken following this review.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The manager confirmed the planned staffing levels for the home and that these were subject to regular review to ensure the assessed needs of residents were met. Discussions with the manager, staff and a sample of the home's duty rota indicated that the manager endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the residents. The inspector also sought staff opinion on staffing via the online survey, the majority were satisfied with the staffing levels.

The inspector observed staff responding to residents' needs, in a timely manner and call bells were answered promptly. Residents and their visitors spoken with during the inspection were satisfied with staffing levels in the home. The opinion of residents and visitors on staffing levels were sought via questionnaires; all responses indicated that there was enough staff to help them.

The home's staff recruitment process was discussed with the manager who was knowledgeable in relation to safe recruitment practices. The manager confirmed that a number of new staff have been appointed in the last year to fill vacant posts. A review of the recruitment record for one staff member confirmed all pre-employment information had been obtained and reviewed in keeping with regulations. Staff spoken with stated they had completed a period of induction and review of records confirmed this process.

There was a system in place to monitor the registration status of care staff with NISCC and this clearly identified the registration status of all staff.

Staff confirmed that they received mandatory training which has provided them with the skills and knowledge to effectively care for residents within the home. The manager confirmed that staff compliance with mandatory training was monitored and that the staff were prompted when training was due.

The inspector identified that senior staff had completed training to level 3 on the Mental Capacity Act (MCA) (Northern Ireland) 2016, Deprivation of Liberty Safeguards (DOLS). The manager confirmed that training of all staff to level 2 in this subject had also been provided.

A review of the home’s environment was undertaken which included bedrooms, bathrooms, lounges, dining room and storage areas. These areas were found to be warm, comfortable, clean and tidy. Bedrooms were personalised to suit the tastes and preferences of individual residents. It was disappointing to find the areas where carpets required replacement during the previous inspection 7 July 2019 have not yet been completed. This has been restated as an area for improvement.

The inspector saw that fire safety measures were in place to ensure residents, staff and visitors to the home were safe. Fire exits and corridors were observed to be clear of clutter and obstruction.

Staff were observed adhering to infection prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while staff attended to residents’ needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and infection prevention and control.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector observed the daily routine and the care given to residents in the home and was satisfied that residents received the right care at the right time.

Staff confirmed they received a handover when they came on duty which provided them with an update on the residents’ care needs and any changes to these. Staff spoken with were knowledgeable about the residents’ care needs and confirmed that these were regularly reviewed to determine the effectiveness of care delivered, especially if residents’ needs had changed.

Discussions with staff, residents and relatives, along with the inspector's observations demonstrated that staff had a good understanding of the individual assessed needs of residents. Staff could describe the importance of respecting residents' personal preferences and choices and in supporting them to make choices.

Review of two patient's care included an up to date assessment of needs, life history, risk assessments and care plans. The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents.

Feedback from residents and a relative included the following comments:

- "I like it here fine, have many friends living here as well, many I have known for years, which is great. I couldn't be better looked after."
- "Great place, the staff are very good to us and help with anything we need."
- "The care is very good, my relative can often change her mind about what she wants to do, but the staff manage this well."
- "The bathroom flooring is cold and there is no mirror."

The inspector visited the bathroom and discussed the feedback from residents with the manager who agreed to review the temperature of the bathroom, and arrange for a mirror to be installed.

Staff were observed engaging with residents and visitors in an open and friendly manner throughout the day. Those unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff comments included:

- "We have a great team who really care for our residents. That is why it is so good working here, this helps us build up relationships with them."
- "I love to build up relationships with residents who are all so interesting and easy to love."
- "Team work here is very good. I find the job rewarding. We get lots of training to be able to do our job."
- "It can be very busy sometimes."

The inspector observed the serving of lunch in the dining room. The residents' menu choices had been sought in advance and recorded by staff. The cook described how the communication between residents, staff and the kitchen was effective, especially with regard to any residents who have particular food preferences. Residents were offered clothing protectors and staffs were wearing aprons. The atmosphere was calm, unhurried and relaxed. Residents were offered a selection of drinks throughout the meal time. Staffs demonstrated their knowledge of residents' dietary needs likes and dislikes. The food smelled appetising and was well presented. Staff promoted independence where appropriate with lots of friendly conversations heard during the mealtime.

Residents spoken with expressed their satisfaction with the quality and variety of food provided in the home. Some residents commented;

- “The food is always good.”
- “I love everything we are offered, the food is perfect.”
- “I enjoyed my lunch, especially the trifle, it was so good.”
- “They know exactly what food I like to eat.”

Staff spoken with had a clear understanding of their roles and responsibilities. Discussions with residents evidenced that they were aware of the roles of the staff in the home and whom they should speak to if they had a concern. Residents stated that the manager and staff are very caring and approachable and always willing to take time to speak with them.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, referral to other healthcare professionals and the meal time experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector spoke with three residents about their experience of living in Greenvale.

Residents were complimentary about life in the home; they commented:

- “I am comfortable, I love my own room. I can enjoy some peace and quiet.”
- “It is very good here, couldn’t get any better.”
- “You couldn’t find any faults here. I go out with family often and it is nice to come home to here again.”

Observation of care delivery evidenced that staff treated residents with dignity and respect. The inspector observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve residents’ privacy. Staff stated that “we get to know the residents very well.”

Residents spoken with said that if they had a concern they knew whom to talk to and they felt listened to by staff in the home. The inspector reviewed records of a concern raised by a number of residents regarding another resident last year. The records and discussion with the manager indicated that this matter was appropriately managed. Staff could describe their

responsibility in relation to reporting poor practice and had awareness of the home’s policy and procedure with regard to whistleblowing.

A number of compliments via thank you cards had been received by the home which were displayed on their noticeboard.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

There has been a change in management arrangements since the last inspection. The application for Lynsey Murray to be registered manager with RQIA has been approved effective from 14 November 2019. A review of the duty rota evidenced that the manager’s hours and the capacity in which these were worked were clearly recorded.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care for which the home was registered.

During this inspection staff praised the managerial arrangements and its support.

A review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of care and other services provided in the home; this helped to ensure action was taken to address any deficits identified and to drive quality improvement. Audits were completed to review areas such as accidents/incidents, falls, complaints, medication records and care plans.

Discussions with the manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The inspector reviewed the homes policies and procedures on adult safeguarding and restraint. These policies and procedures had been updated to incorporate the MCA (Northern Ireland) 2016, DOLS which came into effect on 2 December 2019 in Northern Ireland.

A review of adult safeguarding information and discussions with the manager provided evidence that previous referrals made in relation to adult safeguarding had been managed in accordance with the homes policy and procedures. Adult safeguarding matters/referrals are reviewed as part of the monthly quality monitoring process. Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns.

There was also a system in place to ensure complaints were managed appropriately. The manager indicated that there had been no new complaints since the last inspection.

Monthly quality monitoring reports were reviewed for November 2019 to January 2020. These reports had been completed by a designated person as arranged by the responsible person and were appropriately detailed in line with legislation. It was identified that an action plan was generated to address any areas for improvement. The records indicated engagement with staff, residents, and where appropriate, their representatives and other professionals. The inspector discussed the importance of maintaining a record of residents within the home where DOLS have been applied and monitored during monthly monitoring visits.

Discussions with staff evidenced that they felt there were good working relationships within the home and they felt supported in their role.

Comments included:

- “It’s good working here; the team work well together.”
- “The teamwork and support is very good. We can raise ideas or issues and these do get listened to by the manager who has an open door for any of us.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Lynsey Murray, 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 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.

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: 6.1</p> <p>Response by registered person detailing the actions taken: Carpet was lifted and replaced on 12.03.20 with non-slip lino flooring as chosen by the service users. Bedroom floors being replaced week beginning 16.03.20.</p>
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Please ensure this document is completed in full and returned via Web Portal



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