

# Inspection Report

20 July 2021



## Greenvale

**Type of service: Residential Care Home**  
**Address: 21 Rossmore Drive, Belfast, BT7 3LA**  
**Telephone number: 029 8049 1310**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organization/Registered Provider:</b> Inspire Disability Services  <b>Responsible Individual</b> Mr Cormac Coyle	<b>Registered Manager:</b> Mrs. Lynsey Murray  <b>Date registered:</b> 14 November 2019
<b>Person in charge at the time of inspection:</b> Mrs Lyndsey Murray	<b>Number of registered places:</b> 11
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 11
<b>Brief description of the accommodation/how the service operates:</b> 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 20 July 2021 from 09.45 am to 17.30 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.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Three areas requiring improvement were identified in respect of, fire safety, Infection prevention and control and residents access to their bedrooms.

Residents said that living in the home was a good experience but did raise concerns about accessing their bedrooms. This issue is discussed further in section 5.2.4.

RQIA were assured that the delivery of care and service provided in Greenvale was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the manager 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 and 'Tell Us' cards 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 Lynsey Murray, Manager.

### 4.0 What people told us about the service

Ten residents were spoken with. Residents spoke of how they enjoy living in the home. They spoke about the attentiveness of staff and how they were able to receive visitors into the home. They spoke highly of the standard of food. One resident spoke of how the staff "were her family". Five residents commented on how life in the home had changed for them recently in terms of accessing their bedrooms. Resident's spoke of their frustration with this situation. This was discussed with the manager and identified as an area for improvement.

Four staff were spoken with. Staff spoke of the quality of the training, how the manager is approachable and the good sense of teamwork. Staff also raised the same concern that residents spoke of, as detailed above.

Ten resident questionnaires were received. These indicated all residents felt the staff were kind, the residents felt safe, the care was good and the place was well organised. Three clients commented they did not want their doors locked. All responses were discussed with the manager.

Seven staff responses were received via online survey. These indicated a high level of satisfaction with the standard of care and management in the home. All responses were discussed with the manager.

## 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 10 March 2021		
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 27 (2) (d) <b>Stated:</b> Second time	The registered person shall make good the poor condition of the carpet in the corridor and identified residents' bedrooms.	<b>Carried forward</b>
	<b>Action taken as confirmed during the inspection:</b> Due to the ongoing COVID 19 pandemic, this area for improvement has been carried forward for review at the next inspection.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 13 (1) (a) (b) <b>Stated:</b> First time	The registered person shall ensure that all such observations/actions taken post fall are appropriately recorded in the residents care record.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence to confirm that this area for improvement was met.	
<b>Area for Improvement 3</b> <b>Ref:</b> Regulation 14 (2) (a) (c) <b>Stated:</b> First time	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.	<b>Met</b>
	This area for improvement is made with specific reference to the issues highlighted in 6.2.4.  <b>Action taken as confirmed during the inspection:</b> There was evidence to confirm that this area for improvement was met.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	<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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence to confirm that this area for improvement was met.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.11  <b>Stated:</b> First time	<p>The registered person shall ensure monthly monitoring reports are completed on a monthly basis.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence to confirm that this area for improvement was met.</p>	

## 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. One member of staff said the training provided was "second to none".

Staff said there was good team work and that they felt well supported in their role. They 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.

Observation, discussions and review of records confirmed that there was enough staff in the home to respond to the needs of the residents and to provide residents with a choice on how they wished to spend their day. Residents said the, "staff were attentive" and they were "good to them". One resident spoke of their keyworker being the "best they ever had".

### 5.2.2 Care Delivery and Record Keeping

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

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. 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. Residents were seen enjoying their meal and the dining experience.

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' 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. 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.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

### 5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy. 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. Residents were proud of their bedrooms.

The Garden area is available for residents to enjoy. The manager spoke of how work was planned to improve this area. A previous area for improvement regarding the replacement of



flooring in corridors and bedrooms was discussed with the manager who confirmed that due to the ongoing pandemic they had had difficulty in obtaining replacement floor covering. This area for improvement still requires to be met but was carried forward for review at the next inspection.

There was no current fire risk assessment in place. This was discussed with the manager who confirmed that this had been delayed due to the pandemic. RQIA were informed on 2 August 2021 that a fire risk assessment had been completed on 27 July 2021. RQIA are satisfied that this matter has been addressed and will review this at subsequent inspections.

An issue relating to fire safety was observed. There was a mattress in the electrical switch room. This was discussed with the manager. It was positive to note the manager cleared the switch room before the end of the inspection. However, given the potential fire safety risks associated with inappropriate storage an area for improvement was identified.

Some environmental issues relating to infection control were observed. For example, toilet frames were rusty and therefore could not be effectively cleaned and in an identified shower room, the floor covering was stained and the wall tiling at floor level was in need of repair. Full details were discussed during feedback and an area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection. Temperature checks were carried out on all visitors and the home participated in the regional testing arrangements for residents, staff and care partners. Any outbreak of infection was reported to the Public Health Authority (PHA) and RQIA as required.

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 use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

#### **5.2.4 Quality of Life for Residents**

Residents spoke of how they were encouraged to participate in regular resident meetings which provided an opportunity for them to comment on aspects of the running of the home. The most recent meeting was 26 June 2021.

Five residents commented on how life in the home had changed for them now they had to keep their bedrooms locked, and had been provided with keys. Resident's spoke of their frustration with the situation. This was discussed with the manager and identified as an area for improvement.

Residents spoke of how they could make choices around getting up and going to bed times, food and drink options, and where and how they wished to spend their time. To help with choices about how to spend their time there was a range of activities provided by staff, such as floor games, art and crafts and quizzes. It was good to see plenty of examples of resident's craft and artwork on display around the home.

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 and Lynsey Murray has been the Manager in this home since 2019.

Residents and staff spoken with said that they knew how to report any concerns and said they were confident that the Manager would take necessary action.

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.

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

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home, such as infection control, hand hygiene and care records.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. 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 Manager ensured that complaints were managed correctly and that good records were maintained. Residents said that they knew who to approach if they had a complaint. There was also a register of compliments.

The home was visited each month by the responsible individual to consult with residents, their relatives and staff; and to examine the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, and followed up to ensure that the actions were correctly addressed. These reports were available for review by residents, their representatives, the Trust and RQIA.

## 6.0 Conclusion

Residents in the home were afforded choice on how to spend their day and staff supported residents with their choices. Systems were in place to ensure the safe running of the home and management were always available for guidance. Care delivery in the home was both caring and compassionate and care records were well maintained. The environment was clean and well presented.

As a result of this inspection, three areas requiring improvement were identified in respect of, fire safety, Infection prevention and control and residents access to their bedrooms. Details can be found in the Quality Improvement Plan included.



Based on the inspection findings and discussions held RQIA are satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager/management team

## 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.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	*4	0

\*The total number of areas for improvement includes one that has been carried forward for review at the next inspection

Areas for improvement and details of the Quality Improvement Plan were discussed with Lynsey Murray, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for Improvement 1</b></p> <p><b>Ref: 13 (1) (a)</b></p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 December 2021</p>	<p>The registered person shall ensure that the decision around resident's access to their own bedroom is reviewed in accordance with the DOH's guidance on Deprivation of Liberty Safeguards.</p> <p>Evidence of the discussions held and decisions made should be retained for inspection.</p> <p>Ref:4.0</p> <p><b>Response by registered person detailing the actions taken:</b> Care Management review completed 22.08.21, agreed bedrooms no longer need to be locked, due to risk management systems in place. This was discussed and agreed with all residents.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 27 (2) (d)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall make good the poor condition of the carpet in the corridor and identified residents' bedrooms.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b> Flooring being replaced, residents have chosen their preferred flooring option and contractor booked to complete in coming months.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall introduce a system of monitoring to ensure that the premises are maintained to reduce the risk of the spread of fire.</p> <p>This is in relation to inappropriate storage.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Management spot checks of building completed regularly. Quarters site inspections completed in partnership with Housing Association. Weekly checks of all storage areas completed to ensure they are free from clutter and any fire hazards.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>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.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Commenced weekly checks of all mobility aids, and appropriate actions to be taken to ensure their cleanliness and maintenance.</p>

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



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