

# Inspection Report

## 20 September 2021



## Greenvale House Nursing Home

Type of service: Nursing Home  
Address: 82-84 Mill Hill,  
Castlewellan, BT31 9NB  
Telephone number: 028 4377 8280

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Greenvale House</p> <p><b>Registered Persons</b> Mr Norman Foster Mrs Margaret Foster</p>	<p><b>Registered Manager:</b> Mrs Barbara Frances Foster</p> <p><b>Date registered:</b> Acting</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Barbara Frances Foster</p>	<p><b>Number of registered places:</b> 36</p> <p>1 named person in category NH-LD(E). The home is also approved to provide care on a day basis to 1 person.</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD(E) – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 34</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 36 patients. Patients have access to a communal dining room, lounges and outdoor space.</p> <p>There is a Residential Care Home attached to the Nursing Home and the manager for this home manages both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 20 September 2021, from 10.30 am to 6.30 pm by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was warm and inviting and patients and staff were chatting about daily life in the home and how they would spend their time.

New areas requiring improvement were identified including infection prevention and control, safe storage of medication, safe storage of cleaning chemicals, completion of neurological observations, completion of care records, management of weight loss and maintenance of the premises.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Greenvale House Nursing Home was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' 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 patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, 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 patients 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 Manager at the conclusion of the inspection

#### **4.0 What people told us about the service**

Seven patients were spoken with during the inspection. They told us they were happy and that care in the home was good. Patients said staff were good to them and they enjoyed the meals provided.

A relative told us they were very satisfied with the care and staff in the home. The relative said “there is always plenty of staff about when I am here” and “the food is great”.

Staff said they felt well supported by the manager and staff worked well as a team. Staff also told us they were provided with training on-line and had been provided with an induction for their role.

One relative questionnaire was received and the relative confirmed that they were very satisfied that care in Greenvale House Nursing Home was safe, effective, compassionate and well-led. A comment included was “..n excellent nursing home.”

A record of compliments received about the home was kept and shared with the staff team.

## 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 12 & 18 August 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall review the management of emollient preparations to ensure that records of administration are accurately maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the medication administration records showed that there was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 14(11) <b>Stated:</b> First time	The registered person shall include in this care planning process the spiritual care for patients, including the contact details of the aligned clergy person.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The registered person shall review and revise the management of distressed reactions. The reason for and outcome of administration should be recorded on all occasions. Regular use should be referred to the prescriber for review.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review and revise the management of controlled drugs to ensure that controlled drugs in Schedule 4 Part (1) are denatured prior to disposal.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was met.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 20 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that records of the training/supervision which is provided for care assistants on delegated tasks are maintained.</p>	<p><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement was not met. The record of the training/supervision which is provided for care assistants on delegated tasks had not been update as training had not been completed.</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 patients.

There were systems in place to ensure staff were trained and supported to do their job. Training dates were planned for mandatory training for staff. Staff confirmed they had completed a period of induction to prepare them for their roles.

Staff in the home were appropriately registered with a professional body and systems were in place to check that their registration was up to date.

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. Staff told us that there was enough staff to meet the needs of patients. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

Patients were assisted to spend time in the company of others in communal rooms or supported to remain in their own rooms as they preferred.

Staff told us that the patients' 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.

Patients said there were always staff around when they needed them and they were well looked after. Staff raised no concerns regarding staffing levels in the home.

## 5.2.2 Care Delivery and Record Keeping

On arrival at the home patients were finishing breakfast and going about their daily routines. Staff were available to support patients who were socialising in communal areas of the home and others who were spending time in their bedrooms.

Staff were observed to engage with patients on an individual and group basis throughout the day and were prompt in recognising patients' needs and any early signs of distress or illness, including for those patients who had difficulty in making their wishes or feelings known. Staff showed skill in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. 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 patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example bed rails and buzzer mats were in place for those patients assessed as requiring them for their safety.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, patients were referred to the GP or for physiotherapy as required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients 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 patients to socialise; music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients received a meal they wanted and that they enjoyed their meal.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet.

There was a choice of meals offered, the food was attractively presented, smelled appetising, and portions were generous. There was a variety of drinks available. The lunch meal was a pleasant and unhurried experience for the patients.

Patients' 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 patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were reviewed and it was noted that care records were not up to date for all patients care needs. This included consent for use of photographs, contact with the multidisciplinary team, weight loss, personal evacuation plans and repositioning charts. An area for improvement was identified.

Patients' individual likes and preferences were reflected throughout the care plans and contained specific information on what or who was important to patients. Daily records were kept of how each patient spent their day and the care and support provided by staff.

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

Observation of the home's environment evidenced that in general the home was clean, tidy and bright. For example, patient's bedrooms were personalised with items which were important to them. There were paintings and pictures on the walls of local scenes which were familiar to patients.

It was noted that identified areas in the home required maintenance and repair or replacement. This included wardrobes which required securing to walls and two damaged specialist reclining armchairs. An area for improvement was identified.

A number of infection prevention and control deficits were observed throughout the day including, unclean soap dispensers, unclean chairs and moving and handling equipment and inappropriate use of personal protective equipment. There was evidence of inappropriate equipment storage.

Not all staff took the opportunities to ensure hand hygiene was completed when required and they did not all adhere to the bare below the elbow policy. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.



Domestic cleaning was being completed throughout the day. Patients and their visitors did not raise any concerns regarding infection prevention and control, nor the cleanliness of the home.

There was evidence that the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). Visiting arrangements were managed in line with Department of Health (DoH) and infection and control (IPC) guidance.

There was a welcoming and well maintained outside space for patients to spend time, if they desired, including a seating area and planted garden.

Observation identified that containers of fluid thickening powders in the dining room and on a trolley were not stored securely. This was brought to the attention of staff for immediate action and an area for improvement was identified.

Access to rooms which required to be locked to prevent patients accessing hazards to their health were generally well secured however two electrical storage cupboards were unlocked. This was brought to the attention of staff for locking and an area for improvement was identified.

#### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or get up early if they preferred. Patients could have visits in their rooms and could spend more time with family as advised in the updated DoH visiting guidelines.

The manager told us that regular patient meetings were not held, however, she would commence meetings to provide an opportunity for patients to comment on aspects of the running of the home. For example; planning activities and the menu choices.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time. Staff were observed asking patients regularly about their choices and preferences

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Throughout the day patients were provided with fresh drinks and snacks to choose from. Staff chatted to patients in a polite and respectful manner.

Patients raised no concerns regarding the care and services provided saying “they are all lovely here”. A relative was complimentary about the home and told us “I am very satisfied with the care and staff”.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Barbara Frances Foster has been the acting manager since 18 November 2019 and has advised she will be forwarding her application for registered manager.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

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 was identified as the appointed safeguarding champion for the home.

Patients and their relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address these. Review of the home's record of complaints confirmed that there had been no complaints since the last inspection.

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 patients, care practices or the environment. Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA. However review of post falls actions for head injuries identified that neurological observations were not recorded consistently to identify any deterioration. An area for improvement was identified.

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

## 6.0 Conclusion

Patients were relaxed and said they felt safe in the home. A variety of activities were provided regularly for patients by staff. The lunch time meal was enjoyed by patients who told us they thought the food was very good.

Staff were seen to work well as a team. Staff were observed to ask patients about their preferences regarding care, food and drinks and how they wished to spend their time.

The manager was available on the floor to support staff and patients as they required and was knowledgeable about individual patient's needs.

Based on the inspection finding six new areas for improvement were identified. Six were in relation to safe and effective care and details can be found in the quality improvement plan included.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4	3*

\*The total number of areas for improvement includes one which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Barbara Frances Foster, 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 Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> The infection prevention and control issues identified on inspection are being managed to minimise the risk and spread of infection.
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (4) (a) <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	The registered person shall make suitable arrangements for fluid thickening powders to be stored in a secure place.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> Thickener and all other supplements are stored in a locked cupboard when not in use.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure all parts of the home to which patients have access to are free from hazards to their health. This is in relation to two electrical storage cupboards which were unlocked.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Both stores have been fitted with a keycode in order for staff to be able to access if required but restricting patient access.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for patients following a fall and that all such observations taken post falls are recorded.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have been made aware of the importance of carrying out clinical/neurological observations following a fall</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 20 (1)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that records of the training/supervision which is provided for care assistants on delegated tasks are maintained.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b> Training/supervision is provided as part of the induction process for new staff.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that patients care records and kept under regular review. This is in relation to consent for use of photographs, contact with the multidisciplinary team, weight loss, personal evacuation plans and repositioning charts.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Due to covid restrictions on visitors it was difficult at times to access families in order to get all relevant paper work completed. This has been brought to staff attention and is ongoing in filling any blanks.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2021</p>	<p>The registered person shall ensure the premises are well maintained and remain suitable for their stated purpose. This is in relation to wardrobes which required securing to walls and two damaged specialist reclining armchairs.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Wardrobes had been unhooked due to cleaning - domestic was advised of the importance of ensuring they are secured once floor washed. Specialist reclining chairs are the responsibility of the trust and they have been reported to trust for service.</p>

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



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