

Unannounced Inspection Report 22 November 2019



Greenvale House Nursing Home

Type of Service: Nursing Home
Address: 82-84 Mill Hill, Castlewellan, BT31 9NB
Tel No: 028 4377 8280
Inspector: Helen Daly

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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes, 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home which is registered to provide care for up to 32 patients with a range of care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Greenvale House Responsible Individual(s): Mrs Margaret Foster Mr Norman Foster Mrs Barbara Frances Foster	Registered Manager: Mrs Donna Elizabeth Fitzpatrick
Person in charge at the time of inspection: Mrs Barbara Foster, Responsible Person	Date manager registered: 20 February 2018
Categories of care: Nursing Homes (NH) I – old age not falling within any other category DE – dementia LD(E) – learning disability – over 65 years PH – physical disability other than sensory impairment PH(E) - physical disability other than sensory impairment – over 65 years	Number of registered places: 32 This number includes one named person in category NH-LD(E). The home is also approved to provide care on a day basis for one person.

4.0 Inspection summary

An unannounced inspection took place on 22 November 2019 from 11.00 to 15.15.

The inspection assessed progress with any areas for improvement identified during and 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.

There were examples of good practice found throughout the inspection in relation to the timely availability of newly prescribed medicines and antibiotics, communication between patients and staff and the encouragement/assistance provided by staff to ensure that patients received a nutritious meal. Further evidence of good practice was found in relation to staffing, maintaining good working relationships and the home's environment.

Two areas for improvement were identified in relation to ensuring that care plans are developed in a timely manner and ensuring that medicines do not remain in use after their expiry date. In addition, areas for improvement in relation to the maintaining accurate records for the administration of thickening agents and the standard of maintenance of supplementary care records were stated for a second time.

The majority of patients spoken with described living in the home in positive terms. Comments received from one patient were discussed with the responsible person for follow up.

Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, people who visit them and professionals and staff during 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 patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*3	*1

*The total number of areas for improvement includes two which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Barbara Foster, Responsible Person, 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 11 June 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 June 2019. 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. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, 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 patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

No questionnaires were returned to RQIA within the specified time frame (two weeks).

A lay assessor was present during this inspection. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments received by the lay assessor are included within this report.

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

- personal medication records and medication administration records
- risk assessments, care plans and hospital discharge letters for recently admitted patients
- records pertaining to the management of thickening agents
- risk assessments, care plans and daily progress notes
- fluid intake charts
- repositioning charts

Areas for improvement identified at the last care 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 the most recent care inspection

Areas for improvement from the most recent care inspection dated 11 June 2019		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that the treatment room temperature is accurately monitored and recorded each day. Corrective action should be taken if temperatures outside the accepted range are observed.	Met
	Action taken as confirmed during the inspection: The treatment room temperature was accurately monitored and recorded each day. Temperatures within the accepted range were observed. Registered nurses were aware that corrective action should be taken if temperatures outside the accepted range are observed.	

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records for the administration of thickening agents are accurately maintained.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Care staff had been advised to record the use of thickening agents in the daily records for food and snacks. However, the recommended consistency level was not detailed and frequent omissions in these records were observed.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p>Not met</p>
<p>Action required to ensure compliance with the DHSSPS Care Standards for Nursing Homes, April 2015</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person shall review and revise the management of nutritional supplements to ensure that there is evidence that they are being administered as prescribed.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Records for the administration of nutritional supplements were maintained on the medication administration records. Running stock balances were maintained. Those reviewed were accurate indicating that nutritional supplements were being administered as prescribed.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that supplementary record keeping in respect of food and fluid intake and repositioning are recorded accurately and consistently where required.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Two fluid intake charts were reviewed; they had not been accurately maintained.</p> <p>We reviewed one repositioning chart and found that it also had not been accurately maintained. The responsible person advised that other repositioning charts would be maintained in a similar manner.</p>	<p>Not met</p>

	This area for improvement has not been met and is stated for a second time.	
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6.2 Inspection findings

6.3 Is care safe?

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

Staff advised that they felt that there were usually enough staff to meet the needs of the patients and this was evidenced during the inspection. Patients' needs and requests for assistance were observed to be met in a timely and caring manner.

The home was observed to be clean and warm, all areas inspected were appropriately decorated and clean. There were no malodours. Corridors were free from trip hazards and equipment/cleaning products were stored in areas not accessed by patients.

We reviewed a sample of personal medication records and medication administration records and found that they had been appropriately maintained. Regular audits on the administration of medicines were completed. There was evidence that medicines were being administered as prescribed.

Areas for improvement

No areas for improvement were identified during the inspection.

	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.

Robust systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. There were procedures to identify and report any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay and appropriate records maintained. We noted that some medicines including eye preparations, insulin and a liquid medicine remained in use after their expiry date. An area for improvement was identified.

During a review of patients' care records it was observed that an identified patient did not have any care plans completed to direct care for 12 days post admission. This was discussed with the registered nurse and responsible person and identified as an area for improvement.

We reviewed the lunchtime meal in the main dining room. Patients dined in the dining room or their preferred dining area. Tables had been laid appropriately for the meal. The menu offered a choice of meal for lunch and alternatives were also available. Patients who required their meals to

be modified were also given a choice of meal. Food was served directly from the kitchen when patients were ready to eat their meals or be assisted with their meals. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients' dietary requirements. All patients were offered clothing protectors and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. Records of food and fluid intake were maintained.

Areas for improvement

Systems should be reviewed to ensure that medicines do not remain in use after their expiry date.

Patients' care plans should be developed in a timely manner following identification of assessed needs.

	Regulations	Standards
Total number of areas for improvement	2	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.

Of the questionnaires that were issued, none were returned within the timeframe (two weeks) specified for inclusion in this report.

The lay assessor spoke with six patients during the inspection. One patient raised some concerns which were discussed with the responsible person who agreed to review with the patient. The remaining patients were "very satisfied" and complimentary regarding the care and staff. Comments included:

- "I really love it here".
- "I like my own space in my bedroom to entertain my family and visitors."

The lay assessor spoke with four relatives. One relative raised a concern which was brought to the attention of the staff and responsible person for resolution. The remaining relatives were "very satisfied" with the care provided in the home. Comments from relatives included:

- "Staff are excellent, my sister is well cared for."
- "He has settled very well here".

Feedback received from the lay assessor was also discussed with the care inspector to inform future inspections.

Patients who could not verbalise their feelings in respect of their care were observed to be comfortable. Staff engaged patients in appropriate and caring conversations. However, one interaction observed during lunch was discussed with the registered nurse and responsible person for review.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 had been no medication incidents since the last medicines management inspection. The responsible person advised that there were robust auditing processes and that staff knew how to identify and report incidents and that any incidents would be investigated to identify and implement any learning.

We discussed the Mental Capacity Act (Northern Ireland) 2016 and the Deprivation of Liberty Safeguards. The responsible person advised that she was attending training in December 2019. Guidance on accessing Level 2 training was provided.

We met with two registered nurses who said that they enjoyed working in the home and felt well supported.

We spoke with a speech and language therapist who advised that patients were referred to the service in a timely manner and that staff were knowledgeable regarding patients' recommendations.

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 Mrs Barbara Foster, Responsible Person, 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 nursing 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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes, 2015.

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 the Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: Second time To be completed by: 21 December 2019	The registered person shall ensure that records for the administration of thickening agents are accurately maintained. Ref: 6.1 Response by registered person detailing the actions taken: Staff spoken to and reiterated the importance of recording administration of thickening agents and maintaining an accurate record.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: 21 December 2019	The registered person shall ensure that medicines do not remain in use after their expiry date. Ref: 6.4 Response by registered person detailing the actions taken: All nurses spoken to and advised of importance of ensuring all medicines in trolley are within date especially insulin, liquid digoxin and eye drops.
Area for improvement 3 Ref: Regulation 16 (1) (2)(a)(b) Stated: First time To be completed by: 21 December 2019	The registered person shall ensure that patients' care plans are developed in a timely manner following identification of assessed needs. Ref: 6.4 Response by registered person detailing the actions taken: The registered person shall ensure that patient's care plans are developed in a timely manner through regular audits on new patient files.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4 Criteria (9) Stated: Second time To be completed by: 21 December 2019	The registered person shall ensure that supplementary record keeping in respect of food and fluid intake and repositioning are recorded accurately and consistently where required. Ref: 6.1 Response by registered person detailing the actions taken: Staff have been again advised of the importance of accurate and up to date input and output charts and repositioning charts.

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



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