

# Announced Premises Inspection Report 24 January 2017



## Greenvale House

**Type of Service: Nursing Home**  
**Address: 82-84 Mill Hill, Castlewellan, BT31 9NB**  
**Tel No: 02843778280**  
**Inspector: Kieran Monaghan**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Greenvale House took place on 24 January 2017 from 10:30hrs to 12:40hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the nursing home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered provider. Reference should be made to section 4.3.

### Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

## 1.1 Inspection outcome

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 1            | 2               |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs. Barbara Frances Foster, Responsible Person 3/Registered Manager and Mr Norman Foster, Responsible Person 2, 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.

## 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection on 26 February 2015.

## 2.0 Service Details

|   |   |
|---|---|
| <b>Registered Provider / Responsible Persons:</b><br>Greenvale House/Mrs Margaret Foster, Responsible Person 1, Mr Norman Foster, Responsible Person 2 and Mrs Barbara Frances Foster, Responsible Person 3 | <b>Registered manager:</b><br>Mrs. Barbara Frances Foster |
| <b>Person in charge of the home at the time of inspection:</b><br>Mrs. Barbara Frances Foster, Registered Manager   | <b>Date manager registered:</b><br>01 April 2005          |
| <b>Categories of care:</b><br>RC-I, NH-DE, NH-I, NH-PH, NH-PH(E), RC-DE, RC-LD(E)   | <b>Number of registered places:</b><br>43                 |

## 3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The report for the previous premises inspection on 26 February 2015
- The statutory notifications over the past 12 months
- The concerns log (No concerns logged).

During this premises inspection discussions took place with the following people:

- Mrs Barbara Frances Foster, Responsible Person 3/Registered Manager
- Mr Norman Foster, Responsible Person 2.

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The legionella bacteria risk assessment report
- The fire risk assessment report.

## 4.0 The Inspection

### 4.1 Review of requirements and recommendations from the most recent inspection on 14 December 2016

The most recent inspection of this nursing home was an unannounced medicines management inspection IN026277 on 14 December 2016. The completed QIP for this inspection is not due to be returned to RQIA until 06 February 2017. This QIP will be validated by the pharmacy inspector at their next inspection.

### 4.2 Review of requirements and recommendations from the last premises inspection on 26 February 2015

| Last premises inspection statutory requirements   |  | Validation of compliance |
|---|--|--------------------------|
| <b>Requirement 1</b><br><br><b>Ref:</b> Regulations<br>27(4)(b)<br>27(4)(c)<br>27(4)(d)(i)<br><br><b>Stated:</b> First time | Remedial works should be carried out to reduce the gaps at the bottom of the fire doors where these are excessive.   | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b> This issue had been addressed.   |                          |
| <b>Requirement 2</b><br><br><b>Ref:</b> Regulations<br>27(4)(b)<br>27(4)(c)<br>27(4)(d)(i)<br><br><b>Stated:</b> First time | RQIA should be kept up to date with progress in relation to the programme of work for the installation of free swing self-closing devices linked to the fire detection and alarm system for the bedroom doors in accordance with the guidance issued by the Northern Ireland Fire and Rescue Service.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>The wiring in relation to the installation of the remaining free swing self-closing devices for the bedroom doors had been completed. Six bedroom doors had still to be fitted with the free swing self-closing devices. Mr Foster confirmed that these remaining free swing self-closing devices would be fitted as soon as possible. Subsequent to this premises inspection Mr Foster confirmed to RQIA that the order had been placed for the remaining six devices. Further information provided by Mr Foster also confirmed that the remaining six devices were delivered to the home on 27 January 2017 and that they would be fitted within two weeks. |                          |

### 4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment.

This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

#### Comments and areas for improvement

1. It is good to report that a new lift had recently been installed in the home. This lift was serviced on 05 October 2016. In addition an independent thorough examination of this lift was carried out on 17 August 2016. The reports for the service and the thorough examination indicated that there were no issues with the lift.
2. The fire detection and alarm systems were inspected and serviced on 13 December 2016. The reports for this work confirmed that these installations were working satisfactorily. The batteries were replaced as part of the inspection and service works. The report for the system in the residential section of the premises included a comment in relation to compliance with the manufacturer's recommendations. Mr Foster agreed to follow up this comment with the service engineers. Subsequent to this premises inspection, Mr Foster confirmed to RQIA that arrangements had been made to meet with the service engineers on 27 January 2017 to review this issue. Following the meeting with the fire alarm service engineers on 27 January 2017, Mr Foster confirmed to RQIA that the engineers were looking into making the residential panel addressable and they would be coming back to him the following week. Further information provided by Mr Foster confirmed that work in relation to the installation of a new addressable fire alarm panel in the residential section of the home was ongoing. In addition to this issue new drawings should be provided at each of the control panels to clearly identify the locations and the zones as applicable. Subsequent to this premises inspection, Mr Foster confirmed to RQIA that arrangements had been made to provide a new larger drawing for the nursing side of the home. Further information provided by Mr Foster confirmed that the new fire plan had been put in place at the nurse's station. Reference should be made to recommendation 1 in the attached Quality Improvement Plan.

## Comments and areas for improvement

3. Fire training was provided by two experienced fire safety officers on 09 April 2016 and again on 22 October 2016. Fire drills were included as part of this training.
4. The emergency lights are inspected and tested on a monthly basis. The first aid fire-fighting equipment was serviced on 31 May 2016. Sample checks carried out during this premises inspection indicated that the service records on number of fire extinguishers were not up to date. Subsequent to this premises inspection, Mr Foster confirmed to RQIA that a meeting had been arranged with the service company for 27 January 2017 to review this issue and to bring the service records up to date. Following the meeting on 27 January 2017, Mr Foster confirmed to RQIA that the service company had gone through all the fire extinguishers, all had been checked and were up-to-date.
5. Sample checks to the fire doors carried out during this premises inspection indicated that the door to the stairs at the laundry was not closing fully into the frame, the door to the stairs on the first floor at bedroom 9 was not closing fully into the frame, the door to bedroom 8 was not latching with the self-closer and the gaps between the meeting edges of some of the double doors in the ground floor nursing unit were not fully smoke sealed. In addition it was noted that smoke seals were not fitted to the doors to the ground floor lounges in the original section of the premises. Subsequent to this premises inspection, Mr Foster confirmed to RQIA that all fire doors discussed during this premises inspection had brushes fitted and have been altered by the builder.
6. Although the second floor of the premises is not used for the purposes of the nursing home it was noted that one of the doors on this floor was open. The doors on the second floor should be kept closed. Reference should be made to requirement 1 in the attached Quality Improvement Plan.
7. Work in relation to an extension to the large lounge on the ground floor in the nursing section of the home was well underway. Plans were also being made to construct a new separate lounge at the front of the home. Mr Foster confirmed that as part of this programme of work a new ramp and steps will be provided at the front of the premises. In addition the path from the final exit door at the end of the nursing home bedroom corridor to the assembly point will be paved. In the meantime until the paving is completed it was agreed that the existing stone path would be temporarily resurfaced with compacted quarry dust to improve accessibility for wheelchairs. Subsequent to this premises inspection Mr. Foster confirmed to RQIA that issue had been addressed.
8. Mr. Foster confirmed that the fixed wiring installation is inspected and tested each year with the most recent inspection and test having been completed in January 2017. The report for this inspection and test was still pending. Subsequent to this premises inspection a copy of a section of the report for this most recent inspection and test was forwarded to RQIA. This confirmed that the overall condition of the installation was satisfactory. The standby electricity generator was serviced on 15 January 2017.
9. The most recent review and update to the fire risk assessment was carried out on 23 June 2016 with no issues being identified for attention. The next annual review of the fire risk assessment should be carried out in line with the guidance issued by RQIA in relation to the competency of fire risk assessors. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.

## Comments and areas for improvement

10. A risk assessment for the prevention or control of legionella bacteria in the water systems was carried out on 05 October 2016 with no issues being identified for attention. Schematic drawings were available for the water systems in the home. The water storage tanks were cleaned and disinfected on 05 October 2015 and again on 31 October 2016. The thermostatic mixing valves were serviced on 05 November 2016. In addition Mr Foster confirmed that the outlets in all rooms were flushed every three days to prevent stagnation. The showers were disinfected in December 2016, monthly water temperature checks are carried out and water samples were sent for testing recently. The results for these water sample tests were still pending at the time of this premises inspection.
11. It was noted that the radiator in bedroom 8 was not fitted with a guard. Mr Foster however confirmed that the guard for this radiator had been removed so that the position of this radiator could be changed to facilitate the installation of a new vanity unit. It was agreed that the guard for this radiator would be reinstated.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>1</b> | <b>Number of recommendations:</b> | <b>2</b> |
|-------------------------------|----------|-----------------------------------|----------|

### 4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
|-------------------------------|----------|-----------------------------------|----------|

### 4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit.

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

No areas for improvement were identified during the inspection.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
|-------------------------------|----------|-----------------------------------|----------|

#### 4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

No areas for improvement were identified during the inspection.

|                               |          |                                   |          |
|-------------------------------|----------|-----------------------------------|----------|
| <b>Number of requirements</b> | <b>0</b> | <b>Number of recommendations:</b> | <b>0</b> |
|-------------------------------|----------|-----------------------------------|----------|

#### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs. Barbara Frances Foster, Responsible Person 3 / Registered Manager and Mr. Norman Foster, Responsible Person 2 as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

#### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

#### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.



### 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

|   |   |
|---|---|
| <p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulations<br/>27(4)(b)<br/>27(4)(c)<br/>27(4)(d)(i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>Ongoing</p> | <p>The doors on the second floor should be kept closed.</p>   |
|   | <p><b>Response by registered provider detailing the actions taken:</b><br/>Doors on the second floor will be kept closed with immediate effect.</p> |

### Recommendations

|  |  |
|--|--|
| <p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 48</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>10 March 2017</p> | <p>Completion of the works in relation to the installation of the new addressable control panel for the fire detection and alarm system in the residential section of the home should be confirmed to RQIA. A drawing for this new panel should also be provided adjacent to the panel.</p>  |
|  | <p><b>Response by registered provider detailing the actions taken:</b><br/>Fire:NI has been to Greenvale and assessed area for new addressable control panel. Equipment has arrived for installation and we are awaiting a date from Fire:NI for start of work. Once this has been completed we will inform RQIA. A new drawing will be placed adjacent to the panel once installed.</p> |
| <p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 48</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>Ongoing</p>       | <p>It is recommended that the next annual review of the fire risk assessment should be carried out in line with the guidance issued by RQIA in relation to the competency of fire risk assessors.</p>  |
|  | <p><b>Response by registered provider detailing the actions taken:</b><br/>At the next annual review of the fire risk assessment we will use guidance issued by RQIA in relation to the competency of the fire risk assessors.</p>   |

*\*Please ensure this document is completed in full and returned to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) from the authorised email address\**



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