

# Inspection Report

10 July 2024



## Greenvale

Type of service: Residential Care Home  
Address: 21 Rossmore Drive, Belfast, BT7 3LA  
Telephone number: 028 9049 1310

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Inspire Wellbeing	<b>Registered Manager:</b> Ms Deborah-Ann Gower – not registered
<b>Responsible Individual:</b> Ms Kerry Anthony	
<b>Person in charge at the time of inspection:</b> Ms Deborah-Ann Gower	<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 Care Home which provides health and social care for up to 11 residents. Accommodation is provided in single rooms and all residents have access to communal and dining areas.	

## 2.0 Inspection summary

An unannounced inspection took place on 10 July 2024 from 9.50am to 4.20pm. The inspection was conducted 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.

The home was found to be warm, welcoming and clean. Bedrooms were personalised with items which were important to the residents.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. The residents were involved in activities of their choice throughout the day.

Staff interactions with residents were observed to be compassionate and supportive. Staff were found to be attentive to the needs of the residents.

Seven new areas of improvement were identified during this inspection. One area for improvement was stated for a second time and three areas were carried forward for review to the next inspection.

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

### **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 quality improvement plan, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

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 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.

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

Residents spoke positively about staff and their experience of living in the home. Residents talked about the staff being "kind to them" and this was a "great place in here, if you want anything all you have to do, is ask." Residents described the staff as being approachable and helpful. The residents praised the food provision in the home saying that it was "nice." Compassionate interactions were observed between staff and the residents.

Staff reported that there was a good staff team in Greenvale and generally they all worked well together. Staff commented that there was enough staff on duty to meet the needs of the residents. Staff were found to be knowledgeable of residents' needs and preferences and they were able to provide support and reassurance to residents, when required. Positive comments were made by staff in regards to the management team in terms of the level of support provided to them and that they were approachable and proactive.

## 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 17 April 2024		
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> 13 (1) (a) and (b) <b>Stated:</b> First time	The registered person shall ensure that post falls protocol is implemented appropriately to include the recording of observations, risk assessments and care plans.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 20 (1) (b) <b>Stated:</b> First time	The registered person shall put a system in place to ensure a checklist evidencing pre-employment checks are completed, and is made available for inspection.	<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 3</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that medicines are stored securely to prevent unauthorised access.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that medication administration records are accurately maintained.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 8  <b>Stated:</b> First time	The registered person shall ensure that supplementary care records are fully completed to reflect all of the care given.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was not met.  This will be stated for the second time.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.2  <b>Stated:</b> First time	The registered person shall ensure that staff adhere to the correct use of gloves and aprons, in accordance with best practice in food hygiene, when assisting residents with their meals.	<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 3</b>  <b>Ref:</b> Standard 29.1  <b>Stated:</b> First time	The registered person shall ensure the actions outlined in the Fire Risk assessment are taken within the agreed timeframes and signed off when completed.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was partially met.  A new area for improvement was identified in this regard.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 29.6  <b>Stated:</b> First time	The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year and evidence of same maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 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.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge on each shift and the manager's hours were recorded. Staff said there was enough staff on duty to meet the needs of the residents.

Review of the staff duty rota identified that there was no cook currently employed in the home. This had the potential to affect the direct care provision to the residents as care staff were observed undertaking this role. This was discussed with the manager and identified as an area for improvement.

There were systems in place to ensure staff were trained and supported to do their job. Arrangements were in place to ensure that staff appraisals and supervision were completed.

Competency and capability assessments are required to be completed for the person in charge of the home in the absence of the manager. These records were reviewed and identified that these were not completed for all staff in charge of the care home. This was identified as an area for improvement.

Appropriate checks had been made to ensure that care workers were appropriately registered with the Northern Ireland Social Care Council (NISCC). Advice was given to the manager to have this checked on a monthly basis to ensure that staff registration remains current.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management and they worked well as a team. Staff said that there was a good staff morale and that they felt the care provided for in the home was very good.

One resident said: "I am very happy here, the staff are very kind and good to me."

### 5.2.2 Care Delivery and Record Keeping

Staff interactions with residents was observed to be friendly, supportive and polite. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering and discretion when assisting in personal care. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. Staff showed understanding and sensitivity to residents' needs.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The food was attractively presented and portions were generous and included a choice of meal. There was a variety of drinks available. During the dining experience, staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a

meal that they enjoyed. It was noted that there was no daily menu displayed. This was identified as an area for improvement.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain with appropriate action taken when weight loss was identified. Residents who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment.

Care records were person centred and reflected the needs of the residents.

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' 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. The outcome of visits from any healthcare professional was recorded.

A review of supplementary care records identified that they did not always reflect the care provided. This was discussed with the manager and this area for improvement will be stated for the second time.

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

The home was found to be warm, clean and maintained to a good standard. Resident bedrooms were personalised and contained items which were important to them. However, an odour was identified in one room. This was discussed with the manager and identified as an area for improvement.

Cleaning chemicals were stored safely and securely.

It was observed that residents were able to move around the home around freely and, in addition to their bedrooms had access to communal lounges and dining areas. Residents could choose where to sit and how to spend their time.

Evidence was displayed throughout the home of activities completed with the residents.

Corridors and fire exits were clear from clutter and obstruction.

Review of the most recent fire safety risk assessment identified that this was completed on 5 September 2022. Discussion with the manager confirmed that they were currently undertaking remedial works which were identified at this last risk assessment. They further advised that a review of this risk assessment would be completed; when this work is completed. This matter was escalated to the estates inspector for follow up. This was identified as an area for improvement.

Furthermore, it was noted that the fire alarm and fire equipment were not being checked in accordance with the policy in the home. This was identified as an area for improvement.

Throughout the home there was evidence of accessible personal protective equipment (PPE) and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct PPE and to adhere to the correct food hygiene and infection control guidelines.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

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

The atmosphere in the home was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in, they could return to bed after breakfast or stay up late to watch TV. This was observed during the inspection.

It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff were observed sitting with residents and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to listen to music or watch television or engage in their own preferred activities. The genre of music and television channels played were in keeping with residents' age group and tastes.

Discussion with the residents confirmed that a range of activities were available. The residents commented: "There is always lots to do; we go out shopping." It was observed that residents were involved in arts and crafts and puzzles during the inspection.

#### **5.2.5 Management and Governance Arrangements**

There has been a change in the management of the home since the last inspection. Ms Deborah Gower is the manager of the home. Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

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. There was an appointed safeguarding champion for the home identified within the organisation. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

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 the residents' next of kin, their aligned named worker and RQIA.

Review of the record of complaints and discussions with the manager confirmed that expressions of dissatisfaction were taken seriously and would be managed appropriately.

There was a wide range of audits and quality assurance in place. These audits included; hand hygiene, care records, infection prevention and the environment.

A visit is required to be undertaken on a monthly basis, either by the responsible individual or by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. These reports of these visits should be available for review by residents, their representatives, the Trust and RQIA.

However, review of these records identified that the last report available in the home was dated 24 April 2024. This was discussed with the manager and identified as an area for improvement.

## 6.0 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 and/or the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	6*	5*

\* the total number of areas for improvement includes one area which has been stated for a second time and three areas which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Deborah Gower, 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>	
<b>Area for improvement 1</b>  <b>Ref:</b> 13 (1) (a) and (b)  <b>Stated:</b> First time	The registered person shall ensure that post falls protocol is implemented appropriately to include the recording of observations, risk assessments and care plans.  Ref: 5.1
<b>To be completed by:</b> From the date of this inspection and ongoing (6 June 2023)	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of this inspection and ongoing (17 April 2024)</p>	<p>The registered person shall ensure that medicines are stored securely to prevent unauthorised access.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of this inspection and ongoing (17 April 2024)</p>	<p>The registered person shall ensure that medication administration records are accurately maintained.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 20 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of this inspection and ongoing (10 July 2024)</p>	<p>The registered person shall ensure that competency and capability assessments are completed for all staff in charge of the home in the absence of the manager.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> All current staff at the appropriate stage of their induction will have completed a competency assessment, usually by the sixth month of employment. The Registered Manager is responsible to ensure a person assessed as competent is always scheduled on duty in their absence.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 27 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of this inspection and ongoing (10 July 2024)</p>	<p>The registered person shall implement the current fire risk assessment action plan recommendations in compliance with the assessor's listed timeframe and complete a review of the fire risk assessment.</p> <p>A copy of this should be forwarded to the aligned estates inspector for review.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> There is currently refurbishment works underway, Ark the housing organisation will not complete a fire risk assessment until completion of same. The works are estimated to be</p>

	completed by end of September 2024. On receipt of the updated fire risk assessment the Registered Manager will provide the RQIA with a copy of same.
<b>Area for improvement 6</b> <b>Ref:</b> Regulation 29 (3) (4) (5) <b>Stated:</b> First time <b>To be completed by:</b> From the date of this inspection and ongoing (10 July 2024)	The registered person shall ensure that the required visits are undertaken at least once a month and a written report completed. This report should be readily available to RQIA for inspection.  <b>Ref:</b> 5.2.5  <b>Response by registered person detailing the actions taken:</b> The registered person has ensured all due reports are available at the service for inspection, and has reviewed the schedule for future planned quality monitoring.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 8 <b>Stated:</b> Second time <b>To be completed by:</b> From the date of this inspection and ongoing (10 July 2024)	The registered person shall ensure that supplementary care records are fully completed to reflect all of the care given.  <b>Ref:</b> 5.1 and 5.2.2  <b>Response by registered person detailing the actions taken:</b> All staff have been spoken with regarding this, this was done in a number of forums, both one to one such as supervisions, and team meetings. Further the registered manager and their local management team will carry out enhanced checks on daily note records to ensure same.
<b>Area for improvement 2</b> <b>Ref:</b> Standard 25.1 <b>Stated:</b> First time <b>To be completed by:</b> From the date of this inspection and ongoing (10 July 2024)	The registered person shall ensure that there is sufficient provision of ancillary staff employed in the home; this relates specifically to the appointment of a cook.  <b>Ref:</b> 5.2.1  <b>Response by registered person detailing the actions taken:</b> The organisation have advertised for these positions on a number of recruitment websites including our own, we further encourage colleagues to refer suitable candidates. The Registered Manager, ensures a person is allocated to cook duties separate to care and support ensuring proper segregation of duties and no reduction in care allocated staff.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of this inspection and ongoing (10 July 2024)</p>	<p>The registered person shall ensure that the daily menu is displayed so that residents know what is available.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> This is displayed daily in the dining room from early morning.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 July 2024</p>	<p>The registered person shall ensure that the identified odour is addressed.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has addressed this matter.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of this inspection and ongoing (10 July 2024)</p>	<p>The registered person shall ensure that the home operates in accordance with its own policies and procedures.</p> <p>This specifically relates to the completion of fire safety checks in the home.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has met with all local management in the home to discuss this oversight, and instructed all team leaders on the frequency for all such checks to be done to ensure completion.</p>

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



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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