The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Greenvale House Residential Home**

Provider: **Greenvale House**

Date of Inspection: **5 May 2026**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Greenvale House
Responsible Persons:	Mrs Barbara Frances Foster Mrs Margaret Foster Mr Norman Foster
Registered Manager:	Mrs Barbara Frances Foster
Service Profile: Greenvale House Residential Home is a residential care home registered to provide health and social care for up to 12 residents. The home is divided over four floors. Bedrooms and living space are accommodated over the lower ground, ground and first floors.	

2.0 Inspection summary

An unannounced inspection took place on 5 May 2026, between 10.15am and 4.30pm by a care inspector

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last medicines management inspection on 29 May 2025, and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

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

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoke positively about life in the home. Comments included, "I am very well looked after", and, "The girls are excellent." Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us, "I have no concerns, the girls are exceptional." Another resident said," The girls are great and the food is good."

A relative commented on how, "Communication is amazing, the home is amazing, and I have no concerns"

Another relative spoke of the home being "Brilliant."

Residents told us that staff offered them choices 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.

No completed responses to the resident or relative questionnaire, or to the staff survey were received following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. Recruitment files reviewed evidenced that some gaps in employment were not being investigated, or reasons for leaving a post always recorded. An area for improvement was identified.

The manager's hours were not listed on the duty rota. The manager agreed to address this. This will be reviewed at a subsequent inspection.

Staff competency assessments and supervision were not up to date. Staff meetings were also not being held regularly. Three areas for improvement were identified.

Not all staff had a yearly fire drill, or were up to date with fire training in the home. Two areas for improvement were identified.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

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

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Review of falls and head injury management within the home, and in discussion with the manager, highlighted that post incident observations were not being recorded on a structured tool. The manger was signposted to the Public Health Agency (PHA), post falls guidance document (June 2025), for guidance on good practice. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

The importance of engaging with residents was well understood by the manager and staff. Arrangements were in place to meet residents' social, religious and spiritual needs within the home. Residents' needs were met through a range of individual and group activities such as arts and crafts, musical activities, bingo and games.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained and regularly reviewed. Care plans reviewed did not make reference to the impact of a keypad door, in relation to Deprivation of Liberty Safeguards (DoLS). An area for improvement was identified.

Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Some waste bins in the downstairs toilets required cleaning, the manager agreed to address this.

Hand towel dispensers and paper hand towels were not available in each bedroom within the home. This was discussed with the manager and an area for improvement was identified.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live

in, work in and visit. For example, fire safety checks, resident call system checks, electrical installation checks and water temperature checks.

There was evidence that confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Barbara Frances Foster has been the Registered Manager in this home since 12 February 2024.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

It was clear from the records examined that the manager team had processes in place to monitor the quality of care and other services provided to residents.

Residents spoken with said that they knew how to report any concerns or complaints and said they were confident that the manager would address these.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	8

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Barbara Frances Foster, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 21 (1)(b) **Stated:** First time **To be completed by:** 5 May 2026	The Registered Person shall ensure that pre-employment information has been obtained prior to any persons commencing employment in the home. This is stated in relation to gaps in employment, and reasons for leaving a post, being recorded. Ref: 3.3.1
	Response by registered person detailing the actions taken: The registered person shall ensure that pre emplpyment information in relation to gaps will be investigated and recded prior to commencing employment
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 25.3 **Stated:** First time **To be completed by:** 01 August 2026	The Registered Person shall ensure that all staff delegated to be the person in charge of the home, have an up to date competency assessment completed. Ref: 3.3.1
	Response by registered person detailing the actions taken: All staff delegated to be in charge of the home have an up to date competency assessment on a yearyly basis or more frequently if deemed necessary
Area for improvement 2 **Ref:** Standard 24.2 **Stated:** First time **To be completed by:** 01 August 2026	The Registered Person shall ensure that all staff have regular recorded formal supervision. Ref: 3.3.1
	Response by registered person detailing the actions taken: The registered person shall ensure all staff have supervision twice per year

Area for improvement 3 **Ref:** Standard 25.8 **Stated:** First time **To be completed by:** 01 August 2026	The Registered Person shall ensure that staff meetings are held, at least quarterly in the home. Ref: 3.3.1 **Response by registered person detailing the actions taken:** staff meeting will be helf at least every 3 months
Area for improvement 4 **Ref:** Standard 29.6 **Stated:** First time **To be completed by:** 1 July 2026	The Registered Person shall ensure that all staff have attended a fire drill at least once annually, and records of this are maintained. Ref: 3.3.1 **Response by registered person detailing the actions taken:** The registered person shall ensure all staff have attended a fire drill at least annually and records maintained of same
Area for improvement 5 **Ref:** Standard 29.4 **Stated:** First time **To be completed by:** 1 July 2026	The Registered Person shall ensure that all staff have up to date fire training for the home. Ref: 3.3.1 **Response by registered person detailing the actions taken:** Fire training is up tp date for all staff employed in the home
Area for improvement 6 **Ref**: Standard 21 **Stated:** First time **To be completed by:** 1 June 2026	The Registered Person shall review and update the home's falls policy in accordance with best practice guidelines. Ref: 3.3.2 **Response by registered person detailing the actions taken:** The falls policy was updated following inspection in accordance with best practice
Area for improvement 7 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 1 June 2026	The Registered Person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to the impact of a locked keypad on DOL safeguards. Ref: 3.3.3 **Response by registered person detailing the actions taken:** All residents care plans are up to date in relation to a locked keypad

Area for improvement 8 **Ref:** Standard E38 **Stated:** First time **To be completed by:** 1 July 2026	The Registered Person shall ensure that there are hand towel dispensers available in areas where care is provided. Ref 3.3.4 **Response by registered person detailing the actions taken:** Handtowels are available in rooms 1 and 2 as noted on day of inspection

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

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