The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Greenvale House Nursing Home

Provider: Greenvale House

Date of Inspection: 11 September 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:	Mr Norman Foster Mrs Margaret Foster Mrs Barbara Foster
Registered Manager:	Mrs Winnie Eriyo
Service Profile: Greenvale House is a registered nursing home which provides care for up to 36 patients living with dementia and general nursing care needs. There are a range of communal areas throughout the home and patients have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 11 September 2026 from 09.30 am to 5.20 pm 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 combined care and pharmacy inspection on 2 September 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to staffing, the patient dining experience and the provision of activities. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

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. Refer to Section 3.2 for more details.

As a result of this inspection six areas for improvement were assessed as having been addressed by the provider; one area for improvement in relation to medicines management has been carried forward for review at the next inspection and two new areas for improvement have been identified. Details 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 patients, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine 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

Patients commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

Patients said, "I'm being well looked after. I have no concerns" and "The staff are great. Nothing is a bother to them. It's a lovely home and I have a comfortable bedroom".

Patient's relatives spoken with said, "We've made a good choice as staff genuinely care about the residents and communication is good. Mum's always well presented and well cared for. I've had no concerns in the two years that she has lived here" and "I couldn't say a bad thing about the care, the staff or the home. Everything's one hundred per cent".

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after patients to meet their needs. Staff told us that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Following the inspection, we received no patient/patient representative questionnaires or any responses from the staff online survey within the timescale specified.

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 patients. There was evidence of robust systems in place to manage staffing levels.

Staff spoken with said there was good teamwork and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence.

Patients told us that they felt well cared for; that there was enough staff on duty if they needed them; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff told us they were aware of individual patient's wishes, likes and dislikes. Staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

It was observed that staff respected patients' privacy and dignity by offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice on how and where they spent their day or how they wanted to engage socially with others.

The dining experience was an opportunity for patients to socialise. We observed the serving of the lunchtime meal in the dining room. The menu was displayed on the notice board outlining what was available at each meal time and the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff demonstrated their knowledge of patients' individual needs, likes and dislikes regarding food and drinks. They were able to describe the various International Dysphagia Diet Standardisation Initiative (IDDSI) levels of modified foods and demonstrated how to modify the consistency of drinks for patients with swallowing difficulties. Adequate numbers of staff were observed assisting patients with their meal appropriately.

Patients spoken with said they enjoyed lunch and that the food was excellent.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The monthly programme of activities was displayed on the notice board advising patients of forthcoming events.

Patients' needs were met through a range of individual and group activities such as bingo, puzzles, ball games, spin the wheel, drumming, sing-alongs and also arts and crafts. On the morning of inspection patients were observed to enjoy making scrap books with staff.

Staff spoken with said patients had recently enjoyed a picnic with a visit from the ice-cream van.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly. Records were maintained of when patients were assisted to reposition in accordance with their care plan.

3.3.4 Quality and Management of Patients' Environment

The home was welcoming, clean, tidy, well maintained and nicely decorated. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

On review of the home's environment, items for personal use such as shampoo and deodorant, that had the potential to be shared communally, were observed in identified bathrooms. An area for improvement was identified.

Treatment rooms and cleaning stores were observed to be appropriately locked and equipment used by patients such as walking aids and hoists were noted to be effectively cleaned.

However, in an identified area, a product which should have been stored securely had been left unattended. This was discussed with a staff member who addressed the issue immediately. An area for improvement was identified.

Corridors and fire exits were clear from clutter and obstruction.

Personal protective equipment (PPE), for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Winnie Eriyo has been the Manager in this home since 27 November 2023. The manager was not on duty on the day of inspection.

Review of competency and capability assessments evidenced they were completed for registered nurses left in charge of the home when the manager was not on duty.

Records reviewed confirmed that staff appraisals had commenced. Arrangements were in place to ensure that all staff members have an appraisal completed this year.

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

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Patients and patients' relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff meetings were held on a regular basis. Minutes were available.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

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	2*	1

* the total number of areas for improvement includes one regulation which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Jim Alvarez, Nurse in Charge, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** 2 September 2025	The registered person shall ensure that liquid medicines are administered as prescribed. Ref: 2.0 **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.**
Area for improvement 2 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 11 September 2026	The registered person shall ensure that all chemicals are securely stored in keeping with Control of Substances Hazardous to Health legislation in order to ensure that patients are protected from hazards to their health. Ref: 3.3.4 **Response by registered person detailing the actions taken:** All cleaning chemicals and hazardous substances have been checked to ensure that they are stored securely in the designated locked storage areas, inaccessible to residents and unauthorised persons. Domestic and care staff have been reminded of their responsibility to ensure that chemicals are returned to their designated secure storage areas immediately after use and that they are never left unattended in communal areas or residents' bedrooms. COSHH risk assessments have been reviewed to ensure appropriate arrangements are in place for the safe storage, handling and use of hazardous substances. Staff nurses and relevant staff have been instructed to monitor compliance during routine environmental and safety checks. Any identified non-compliance will be addressed immediately and reported to management. Any training needs identified will be provided. The Nurse Manager will also conduct random environmental checks in addition to the regular monthly audits.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 46 **Stated:** First time	The registered person shall ensure that items that have the potential to be shared communally, are appropriately stored; this relates to inappropriate storage within identified communal bathrooms, in order to adhere to best IPC practice and to minimise the risk of infection.

To be completed by: 11 September 2026	Ref: 3.3.4
	Response by registered person detailing the actions taken: Immediate action was taken after the inspection to address the inappropriate storage of items within identified communal bathrooms to ensure compliance with infection prevention and control (IPC) standards. All communal bathrooms have been inspected, and items that were inappropriately stored or had the potential to be shared between residents were removed. It was reinforced to the staff that toiletries belonging to the residents, must be clearly identified and stored appropriately in designated individual storage areas in residents' bedrooms to prevent cross-contamination. They have also been advised that communal bathrooms must be kept free from such items as well as any other unnecessary items. All staff have been instructed to undertake routine checks of communal bathrooms to ensure that appropriate storage arrangements are maintained. Staff advised to address any issues promptly and escalate to the Nurse manager as appropriate.

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

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