



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 7 February 2019



Greenvale

Type of Service: Residential Care Home
Address: 21 Rossmore Drive, Belfast BT7 3LA
Tel No: 028 9049 1310
Inspector: Kylie Connor

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 11 places that provides care and accommodation for residents with a learning disability.

3.0 Service details

Organisation/Registered Provider: Inspire Disability Services Responsible Individual: Louise Anne Smith	Registered Manager: Lorraine Carr
Person in charge at the time of inspection: Lorraine Carr	Date manager registered: 21 December 2016
Categories of care: Residential Care (RC) LD – Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: Total number 11 comprising: 11 – RC – LD 11 – RC – (LD (E))

4.0 Inspection summary

An unannounced inspection took place on 7 February 2019 from 10.20 to 15.45.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. The inspection also focussed on actions taken as a result of advice given during the last care inspection and assurances received.

Evidence of good practice was found in relation to communication between residents, staff and other interested parties and activity provision.

The registered manager is to provide the inspector with an outcome to issues raised by one resident in a returned questionnaire in regard to the environment and the menu. The home is commended that there were no areas requiring improvement identified during the inspection.

Residents said that they had good relations with staff and with each other, that they enjoyed the food and activities, especially outings.

A resident's relative said that staff were kind, caring and approachable; that there were good relations between residents and between residents and staff.

Staff said that there was a good standard of care provided in the home, that the activity programme and the food were good.

Visiting professionals said that residents appeared well cared for and happy; staff were knowledgeable about residents and that communication with staff was effective.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Lorraine Carr, registered manager and Lyndsay Murray, deputy manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 May 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, the deputy manager, one team leader, one care assistant, one chef, one domestic staff, two visiting professionals and one resident's relative.

A lay assessor was present between 10.30 and 13.30 to speak with residents in order to obtain their views in regard to their experiences of living in the home and observe the lunch-time meal. Residents' comments and the lay assessors' observations are included within this report.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Two 'Have we missed you?' cards were left on display near the front door, inviting feedback from residents' visitors or relatives. Four residents and two relatives returned questionnaires within the agreed timescale. Eleven electronic questionnaires were returned by staff within the agreed timescale.

The following records were examined during the inspection:

- staff competency and capability assessments
- two staff files
- weight records for two residents
- the home's Statement of Purpose and Resident's Guide
- complaints record
- a range of audits including staff registration and cleaning
- annual Quality Review report 2017/18
- reports of visits by the registered provider

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 inspection dated 10 May 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 10 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (3) Stated: First time	The registered person shall carry out a competency and a capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the registered manager, staff and a review of a sample of competency and capability assessments.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20 Stated: First time	The registered person shall ensure that the statement of purpose and residents guide are updated to reflect the range of restrictive practices that may be used in the home and management thereof to meet the needs of residents.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following review of the home's Statement of Purpose and Resident's Guide.	

Area for improvement 2 Ref: Standard 9.3 Stated: First time	The registered person shall ensure that residents' weight is monitored and evaluated on a regular basis.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following a review of weight records for two residents and discussion with staff.	
Area for improvement 3 Ref: Standard 20.10 Stated: First time	The registered person shall review and improve the range of audits in place, including working practices in regard to IPC and the management of residents' weights and monthly checks of the NISCC register.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following review of audit of staff registration with the Northern Ireland Social Care Council (NISCC) dated 1 February 2019, a cleaning audit dated 21 January 2019 and audit of fridge and food temperatures dated 27 January 2019. Further evidence of audit including audit of care records was confirmed following a review of a sample of reports of visits by the registered provider.	

6.3 Inspection findings

6.3.1 Follow-up on advice given by inspector and assurances provided by the registered manager following the previous care inspection

Recruitment

The registered manager had reported that an email was received from the organisation's personnel department confirming that all staff pre-employment checks had been completed. The inspector had advised that it was good practice to retain a copy of this email in the staff file; the registered manager had given assurances that this would be carried out. Inspection of two staff personnel files evidenced that the advice had been implemented.

Storage of Personal Protective Equipment (PPE)

Inspection of the environment confirmed that personal protective equipment, including disposable gloves and aprons, was available throughout the home and was stored in line with best practice.

The environment

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Discussion with the registered manager and staff confirmed that any occasional mal-odour was effectively managed. The carpet in the corridor was observed to be stained in a number of places. The registered manager reported that the carpet had been professionally cleaned in June 2018; the registered manager had recently liaised with ARC Housing Association to discuss a replacement and/or request another professional clean.

Discussion with the registered manager and inspection of the environment confirmed that the kitchen and dining room floors had been replaced; these were observed to be clean. The dining room had recently been repainted and pictures were in the process of being hung. These improvements had made a significant difference to the standard of these areas.

Staff reported that the garden and patio had been tidied and had been well used by residents during the summer. Staff and residents reported that they had enjoyed sitting outside with the new umbrella during the summer.

Consultation with residents

Residents were consulted with, at least annually about the quality of care and the environment. Discussion with the registered manager and review of the home's annual quality review report confirmed that residents had completed a satisfaction questionnaire in January 2018 and findings had been included in the annual quality review report for 2017/2018. Improvements made as a result of feedback from questionnaires were to increase one to one outings, and outings in general for residents.

Review of the complaints records and discussion with the registered manager and deputy manager confirmed that all complaints were closed and that no complaints had been received following the previous inspection.

Areas of good practice

Area of good practice identified included consultation with residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.2 Feedback from residents, a relative, staff and visiting professionals during and following the inspection

The lay assessor spoke with five residents and commented that 'all residents appeared very happy and enjoying the living environment of Greenvale'. All were very proud of their own rooms. Residents confirmed that staff provided assistance promptly and they enjoyed a range of activities including shopping, going to functions and concerts and some residents attended local day centres. The lay assessor observed staff singing and dancing with residents and commented that 'the atmosphere was great.' Observations during the inspection evidenced that residents were compassionate towards each other and appeared to have an understanding of each another's needs.

A resident told the lay assessor that the variety of food as 'wonderful' and the quality as 'excellent.' The lay assessor observed the lunch and noted that staff provided encouragement and alternatives as necessary. One resident explained the fire drill procedure to the lay assessor and showed her where the meeting point was in the event of a fire. Residents spoke of their contentment living in the home.

Residents were asked for their level of satisfaction of their overall lifestyle of living in the home. Two residents indicated that they were very satisfied, two residents indicated that they were satisfied and one resident indicated that they were unsatisfied. The resident who gave the latter response declined to discuss what could be improved.

Four questionnaires were returned by residents and their responses were as follows:

Is care safe?

Residents described their level of satisfaction with this aspect of care as very satisfied.

Is care effective?

Residents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Is care compassionate?

Residents described their level of satisfaction with this aspect of care as very satisfied.

Is the service well-led?

Residents described their level of satisfaction with this aspect of care as very satisfied.

Comments included:

- 'Staff here make it safe'
- 'I do like living here.'
- 'Everything is ok.'
- 'Staff is very good to us. We get out more than we ever got out.'

One resident raised issues in regard to the environment and the menu. These were shared with the deputy manager for follow-up action and to update the inspector of the outcome.

A relative spoken with indicated that she was happy with everything in regard to safe, effective and compassionate care and had no concerns or complaints. One relative commented:

- 'From the first day my (relative) went to live at Greenvale I knew she was in a very good place. The staff are very caring and are dedicated to making sure all residents are looked after the way they should be and that they are respected as human beings.'

Two questionnaires were returned by relatives who indicated that they were very satisfied in regard to safe, effective, compassionate and well-led care.

Staff spoken with during the inspection spoke positively about activity provision, the food, teamwork, standard of care, the environment, induction and support from the registered manager and the deputy manager. The home had a projector in the dining room and used it to show movies and access you tube for residents.

Comments from staff included:

- “We go out for a walk and go out to a tea party every Friday, they love that.”
- “During the summer we got out and did a bit of gardening. We got the umbrella out and they enjoyed having their lunch outside.”
- “The menu is good and the food is fresh. They accommodate individual tastes.”
- “Some of the residents like to set the tables. They like to make their own beds and tidy their room.”
- “We encourage the residents to do crafts and jigsaws.”
- “They (the registered manager and deputy manager) are very supportive and all communication is really good.”
- “Any issues are talked about at staff meetings and at supervision.”

Eleven staff completed an electronic questionnaire and their responses were as follows:

Is care safe?

Staff described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Is care effective?

Staff described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Is care compassionate?

Staff described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Is the service well-led?

Nine staff described their level of satisfaction with this aspect of care as very satisfied and satisfied; two staff indicated unsatisfied.

Comments received from staff were as follows:

- ‘I think everyone in Greenvale does their very best for the service users.’
- ‘Enjoyable place to work and residents are happy and comfortable in their home.’

Visiting professionals

One physiotherapist and one physiotherapy assistant were spoken with during the inspection.

Comments received included:

- “It (standard of care) all seems really good, all residents are well dressed, well groomed.”
- “They (staff) are on top of things.”
- “They (staff) actively encourage them (residents) to get up and move around.”
- “Staff were able to ask if heat would benefit the management of pain (for a resident). They are very proactive to manage the condition.”

Areas of good practice

Areas of good practice were found in regard to activity provision and promoting the independence of residents.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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