

Unannounced Care Inspection Report 01 February 2021



Greervile Manor Care Centre

Type of Service: Nursing Home
Address: 192 Newtownbreda Road,
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Tel no: 028 90 64 4244
Inspector: Julie Palmer

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 60 persons.

3.0 Service details

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual(s): Maureen Claire Royston</p>	<p>Registered Manager and date registered: Joy Cristobal</p> <p>20 November 2020</p>
<p>Person in charge at the time of inspection: Joy Cristobal</p>	<p>Number of registered places: 60</p> <p>A maximum of 28 patients in category NH-DE accommodated in the Dixon Unit, a maximum of 15 patients in category NH-A accommodated in the Belvoir Unit and a maximum of 17 patients in categories NH-MP/MP (E) accommodated in the Millbrook Unit.</p>
<p>Categories of care: Nursing Home (NH) DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years. A – Past or present alcohol dependence.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 58</p>

4.0 Inspection summary

An unannounced inspection took place on 1 February 2021 from 09.15 to 17.15 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the environment and infection prevention and control (IPC) measures
- care delivery
- care records
- governance and management arrangements.

Patients said:

- “I like it here.”
- “The staff are great.”
- “I like living here, it’s my home.”

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

One area for improvement was identified and details of the Quality Improvement Plan (QIP) were discussed with Joy Cristobal, manager, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 22 patients and 11 staff. Questionnaires were left in the home to obtain feedback from patients and patients’ relatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with ‘Tell us’ cards which were then placed in a prominent position to allow patients and their relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No completed questionnaires or responses to the on-line survey were received within the indicated timeframe.

The following records were examined during the inspection:

- duty rotas from 25 January to the 7 February 2021
- staff training records
- staff supervision schedule
- two staff recruitment files
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- COVID-19 information file
- a selection of governance audits
- monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- four patients' care records including food and fluid intake charts
- improvement plan
- RQIA registration certificate.

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

The most recent inspection of the home was an unannounced care inspection undertaken on 10 March 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: Third time	The registered person shall ensure there is a planned programme of continuous improvement and identified areas are improved or redecorated/repared within an agreed timescale.	Met
	Action taken as confirmed during the inspection: We reviewed the improvement plan which was in	

	place and could see that this was kept up to date as planned works were completed. If a planned timescale was delayed for any reason this was also recorded. Discussion with the manager evidenced that some planned redecoration has been delayed as a result of COVID-19 but will be undertaken following appropriate risk assessment.	
Area for improvement 2 Ref: Standard 46 Stated: First time	The registered person shall ensure that there is a managed environment that minimises the risk of infection for staff, residents and visitors. This relates specifically to the covering of pull cords with a wipe able material.	Met
	Action taken as confirmed during the inspection: All light pull cords and alarm bell pull cords observed during a review of the environment were covered with a wipeable material.	

6.2 Inspection findings

6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty. Staff were seen to respond promptly to call bells. Patients and staff spoken with told us that they were satisfied with staffing levels in the home.

There was a system in place to monitor that staff were registered with the NMC or NISCC as required.

Review of two staff recruitment records evidenced that the necessary checks were completed prior to staff commencing work in the home.

There was a system in place to monitor staff compliance with mandatory training and remind them when training was due.

Staff spoken with commented positively about working in the home, they told us that teamwork and morale was good, the manager was approachable and they felt well supported in their role. Staff told us that they had been kept well informed about COVID-19 and felt well equipped to manage their roles and responsibilities; comments included:

- "We have an absolutely brilliant team here."
- "Joy (the manager) has been brilliant all year."
- "I am happy working here."
- "We keep things as normal as possible for the patients. We have plenty of PPE and

supplies.”

- “Joy really supports staff, she has been great.”
- “It has been stressful but we are all professionals and get on with things.”
- “Teamwork has been good, we all work well together.”
- “It has been a really challenging year but management have been second to none.”
- “We always work to keep the residents safe.”

The manager told us that in order to protect patients and keep footfall into the home to a minimum during the COVID-19 pandemic staff had been “very helpful and happy to cover for each other” so that minimal use of agency staff had been required.

6.2.2 Personal protective equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. PPE was readily available; a PPE station had been set up at the entrance enabling anyone entering to carry out hand hygiene and put on the recommended PPE. All visitors had a temperature check and completed a health declaration on arrival at the home. The manager confirmed that all staff and patients had a twice daily temperature check recorded and we could see that a record of this was maintained.

PPE stations were found to be readily available and well stocked throughout the home. Staff told us that the home had plenty of PPE available and stocks were regularly replenished. Designated PPE donning and doffing areas were clearly signposted.

We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance.

The manager told us that staffs’ use of PPE and hand hygiene was monitored through observations and audits. Staff confirmed that they had received training in the use of PPE.

6.2.3 The environment and IPC measures

We reviewed the home’s environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, treatment rooms, sluices and storage areas. All three units in the home were found to be clean, tidy, warm and fresh smelling throughout. Fire exits and corridors were clutter free and unobstructed.

Domestic staff told us that there was a system in place to ensure that frequently touched points were cleaned regularly and deep cleaning was completed as required in addition to the regular cleaning schedule. The manager completed regular audits and daily walk arounds in order to maintain an oversight of IPC measures in the home.

In the Dixon unit, we could see that some bathrooms had been refurbished and redecoration had also been completed; the unit looked bright and welcoming. Light pull and alarm pull cords were observed to have wipeable covers.

In the Millbrook unit we observed that two cupboard doors in the reablement kitchen showed signs of wear and tear; this was brought to the attention of the manager for information and action as required. Other minor environmental issues brought to the attention of the manager were dealt with during, or immediately following, the inspection.

As previously mentioned in section 6.1 an improvement plan with associated timescales was in place; the improvement plan had been appropriately updated.

6.2.4 Care delivery

Patients in the home looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. We observed that patients who were in their rooms had call bells within reach; staff were seen to be attentive to patients and to answer call bells promptly.

The manager told us that the current COVID-19 guidelines for visiting were being followed in the home. In person visiting was available, in designated areas, by appointment. A visiting champion was nominated daily to assist patients and their relatives with the visiting process. Staff also assisted patients with window visits, virtual visits and making telephone calls.

Staff discussed the importance of effective communication and told us that every effort had been made during the COVID-19 pandemic to ensure that families were kept informed and up to date.

We discussed the care partner initiative with the manager who told us that a care partner policy had been introduced following the regional guidance in this area. All relatives had been made aware of the initiative; a small number had expressed an interest, risk assessments and care plans had been developed and care partners were included in the weekly routine COVID-19 testing programme.

Each unit in the home has a personal activity leader (PAL) who assists patients to engage in meaningful activities, either in a small group or one to one session, as they prefer. Activity planners were on display; activities provided differed by unit and were tailored to meet the different categories of patients. For example, in the Dixon unit, activities provided included hand massage, reading, arts and crafts and reminiscence. Patients told us that they were satisfied with the activities on offer.

We observed that staff spoke to patients kindly and with respect; they also engaged with patients in a warm and friendly manner. Music was playing or televisions were on as patients preferred, there was a pleasant and relaxed atmosphere throughout the home.

Patients spoken with told us that they felt well cared for and generally enjoyed the food on offer; comments included:

- “It is nice and relaxed here.”
- “Staff do listen and are very helpful.”
- “Breakfast was lovely.”
- “Staff are very friendly, no problems there.”
- “The food is lovely.”
- “I watch TV, listen to the radio, go to the quizzes, there is lots to do.”
- “The staff are great, they look after us really well.”
- “The food could be better at times but it is nice and warm.”
- “Lunch was lovely.”
- “There is plenty to do and keep busy with.”

Comments made by patients were brought to the attention of the manager for information and action as required.

6.2.5 Care records

We reviewed four patients' care records which evidenced that individualised care plans had been developed to reflect the assessed needs and direct the care required. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care. Food and fluid records reviewed were up to date.

Patients' weights were recorded on at least a monthly basis. There was evidence of referral to, and recommendations from, other healthcare professionals such as the dietician, speech and language therapist (SALT) and tissue viability nurse (TVN) where necessary.

Staff told us that the multidisciplinary team (MDT) had been extremely supportive during the COVID-19 pandemic. The MDT was prioritising urgent referrals for patients who were recovering from COVID-19 to ensure issues, such as poor appetite, swallowing difficulties or decreased mobility, were promptly assessed.

Wound care recording was up to date and reflective of the recommendations in the individual patient's care plan.

Records reviewed relating to the care provided in the event of a fall evidenced that staff consistently completed and recorded neurological observations when required. We could also see that the relevant risk assessments and care plans were updated in the event of a fall.

Not all of the care plan records reviewed demonstrated clear evidence of consultation with the patient or their relative/representative in the care planning process; an area for improvement was made.

6.2.6 Governance and management arrangements

Discussion with the manager and review of a sample of governance audits evidenced that management maintained effective oversight of the care and services provided in the home and had systems in place to identify deficits and the actions required to carry out improvements. We observed that monthly monitoring reports contained a review of previous areas for improvement, consultation with patients, relatives and staff and clear action plans with specific timescales.

Review of records evidenced that there were systems in place to manage complaints and to ensure that RQIA were appropriately notified of accidents/incidents that occurred in the home. A monthly falls analysis was completed to determine if there were any trends or patterns.

The manager told us that she felt well supported in her role both by staff in the home and senior managers.

A staff supervision and appraisal schedule was in place; staff spoken with had confirmed they received regular supervision and a yearly appraisal.

A record of compliments received was maintained; comments included:

- “A huge heartfelt thank you for all your hard work and dedication.”
- “Can I just say how much I appreciate all you and your staff do in Greenville for the residents.”

Each unit had a COVID-19 information file and the manager told us that this was kept up to date so that staff were aware of the current guidelines.

Areas of good practice

Areas of good practice were identified regarding staffing, teamwork, use and availability of PPE, the cleanliness of the environment and IPC measures. Additional areas of good practice were identified regarding the care provided, the culture and ethos, communication, consultation with the MDT and management and governance arrangements.

Areas for improvement

One area for improvement was identified regarding recording evidence of consultation with the patient and their relative/representative in the care planning process.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

Patients looked well cared for, content and settled. Staff were seen to be helpful, friendly and attentive to patients’ needs. The home was clean and tidy; the atmosphere was relaxed and welcoming.

Following the inspection the manager confirmed the two cupboard doors in the reablement kitchen had been replaced and other minor environmental issues identified had been promptly resolved.

7.0 Quality improvement plan

One area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Joy Cristobal, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 4.5</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2021</p>	<p>The registered person shall ensure that care plans and rewritten care plans include clear evidence of consultation with the patient and/or their relative/representative.</p> <p>Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken: All care files including rewritten care plans have been reviewed, consulted and discussed with clients, NOK and Care Managers, evidenced through care reviews and visits, records available.</p>

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



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