The Regulation and Quality Improvement Authority

Inspection Report

26 August 2021

Greerville Manor Care Centre

Type of service: Nursing
Address: 192 Newtownbreda Road, Belfast, BT6 6QB
Telephone number: 028 9064 4244

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: Four Seasons Health Care **Responsible Individual:** Mrs Natasha Southall	**Registered Manager:** Ms Jocelyn Cruz Cristobal **Date registered:** 20 November 2020
Person in charge at the time of inspection: Ms Jocelyn Cruz Cristobal Registered Manager	**Number of registered places:** 60 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.
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.	**Number of patients accommodated in the nursing home on the day of this inspection:** 59
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 60 patients. The home is divided in three units; the Dixon Unit provides care for patients with dementia, the Belvoir Unit provides care for patients with alcohol related brain injury and the Millbrook Unit provides care for patients with a mental health disorder. Within each unit patients have access to communal lounges, dining rooms and enclosed gardens.	

2.0 Inspection summary

An unannounced inspection took place on 26 August 2021 from 9.05 am to 5.00 pm. The inspection was undertaken by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since 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.

Patients spoke positively about living in the home and said they felt well looked after. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection no areas for improvement were identified. RQIA were assured that the delivery of care and service provided in Greerville Manor Care Centre was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

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 area for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, 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 and 'Tell Us' cards were provided to give patients 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 and how staff went about their work was observed.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Jocelyn Cristobal, Registered Manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with 22 patients, both individually and in small groups, and nine staff.

Patients spoke positively about life in the home, they said “I get good service in here” and “the place is lovely”. Patients also commented positively about the cleanliness of the home and the food.

Staff said that they enjoyed working in the home and were well supported by the manager.

No relatives were present during the inspection. Following the inspection a relative contacted RQIA to say that they had no concerns about the care provided but they felt some staff did not clearly explain to patients what they were doing, for example, when coming in to clean the bedroom. They also felt that the radio station played for patients in the Dixon Unit should be appropriate for their age group. This was brought to the attention of the manager for information and action as required.

Following the inspection four questionnaires were completed by patients and returned to RQIA. All four indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led. The patients said “I like staff” and that they were “happy in Greerville”.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 1 February 2021</th></tr>
<tr><th colspan="2">Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for Improvement 1

Ref: Standard 4.5

Stated: First time</td><td>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.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Care plans reviewed included clear evidence of consultation with the patient and/or their relative/representative.</td></tr>
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5.2 Inspection findings

5.2.1 Staffing Arrangements

There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients. Staff confirmed they were provided with an induction programme on commencement of their employment. Agency staff were also provided with an induction. There was a system in place to monitor the registration status of nurses with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. Staff said that they were provided with a range of mandatory training to enable them to carry out their roles effectively. Staff said that they were satisfied that their training needs were met. Review of training records evidenced that mandatory training was provided in an online format but also face to face when required, for example, in fire safety awareness and moving and handling training. A training matrix and record of staffs' compliance was maintained and staff were reminded when training was due.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty. The manager said that the number of staff on duty was reviewed on at least a monthly basis to ensure that the needs of the patients were met. Bank or agency staff were used to cover for sick leave and annual leave as required.

Staff said that they were satisfied with staffing levels in the home and confirmed that efforts were made to cover unavoidable issues such as short notice sick leave. All the staff we spoke with said that teamwork was very good and that they felt well supported in their role. Staff were seen to be responsive to the needs of patients and to provide them with choices and options throughout the day. It was observed that there were enough staff on duty to meet the needs of the patients in a timely manner.

Staff said that "everyone knows their role and works together" and "we have a good team".

Patients said that staff were helpful and friendly; they did not have any concerns about the numbers of staff on duty.

Staff were seen to treat patients and each other in a friendly and respectful manner.

5.2.2 Care Delivery and Record Keeping

Patients' 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 patients' needs and included any advice or recommendations made by other healthcare professionals. Patients' care records were held confidentially within each unit. Staff said that they received a handover at the start of each shift to ensure that they were aware of any changes in the needs of the patients.

Review of patients' records and discussion with staff confirmed that the correct procedures were followed if restrictive practices and equipment, for example, alarm mats or bed rails, were required. It was established that safe systems were in place to manage this aspect of care.

Those patients who required assistance to change their position had this clearly recorded in their care records. Care records accurately reflected the patients' needs and repositioning records reviewed were maintained contemporaneously.

Where a patient was at risk of falling, measures to reduce this risk were put in place, for example, aids such as alarm mats, bed rails and crash mats were in use if required. Examination of records and discussion with staff confirmed that in the event of a fall the home's post fall protocol was implemented and the relevant care records were evaluated and updated in the event of a fall.

Staff displayed their knowledge of individual patients' needs and preferences. Staff were understanding and sensitive to patients' needs. It was observed that staff respected patients' privacy; they knocked on bedroom and bathroom doors before entering and discreetly offered patients assistance with their personal care needs.

Wound care records reviewed were up to date and reflective of the recommendations in the patient's care plan.

Care records were well maintained and regularly reviewed to ensure they continued to meet the patients' needs. There was clear evidence of consultation with patients and their relatives regarding their care needs. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. Patients' individual likes and preferences were reflected throughout the records, for example, preferred bedtime routine and preferred clothing to wear.

Informative daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from or recommendations made by any healthcare professionals was recorded.

Staff said that annual care reviews, which are carried out by the Trust keyworker, have been delayed due to the COVID-19 pandemic. However, there was evidence of consultation with the multi-disciplinary team (MDT) in the care records reviewed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The dining experience was seen to be an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. Patients were provided with the range of support they required from simple encouragement through to full assistance from staff. Staff were seen to communicate effectively with each other to ensure that the needs of all the patients were met in a timely manner.

There was a choice of meals on offer and the food was attractively presented and smelled appetising. Staff offered patients a choice of drinks during the meal and displayed their knowledge of how to thicken fluids if required. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of diet.

Patients' weights were checked at least monthly to monitor weight loss or gain. Care records contained recommendations from the Dietician and the Speech and Language Therapist (SALT). Up to date records were kept of what patients had to eat and drink daily.

All the patients we spoke to said that they enjoyed their meals; one said that "I enjoy the food; you wouldn't get better in a hotel". Patients also said that they felt well looked after in the home and that staff listened to them and tried to sort out any issues they might have. Patients were observed to be well looked after; it was apparent that attention had been paid to all aspects of their personal care needs.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean, tidy and fresh smelling throughout. The reception area had been recently redecorated and looked light, bright and welcoming. Fire exits and corridors were free from any obstructions. Patients' bedrooms were attractively decorated and, where possible, personalised with items that were important to them such as family photographs and ornaments. Where necessary consideration had been given to factors, such as behaviours that challenge, when decorating bedrooms in order to ensure that the décor was appropriate for the needs of the patient. Patients said the home was kept clean and tidy.

The manager said that a redecoration schedule was in place and the Dixon Unit was due to be redecorated next. An up to date fire risk assessment was available for review; the manager confirmed that all required actions had been completed. Staff participated in regular fire drills and a record of attendance was maintained. The manager said that the maintenance person carried out routine maintenance checks as required.

The communal lounges and dining rooms were clean, tidy and tastefully decorated. Lounges were well equipped with large TV's and comfortable seating. In the Belvoir Unit patients also have access to an activity lounge which was well equipped with a pool table, TV and DVD player.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for patients, staff and care partners.

Staff were observed to carry out hand hygiene at appropriate times. It was observed that PPE such as gloves and aprons were used in accordance with the regional guidance but a very small minority of staff had to be reminded of the current guidelines regarding the correct use of masks even when not in direct contact with a patient. This was brought to the attention of the manager for information and action as required.

It was confirmed that staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. Review of records confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided.

5.2.4 Quality of Life for Patients

Observation of the daily routine and discussion with patients confirmed that they were able to choose how they spent their day. It was observed that staff offered patients' choices regarding, for example, where they wanted to sit during the day and if they wanted to join in with activities.

A record of patients and relatives' meetings was maintained; these meetings gave patients and relatives an opportunity to voice their views on the home and let staff know if they had any requests or concerns.

Discussion with staff confirmed that the activities in each unit differed according to the abilities, needs and interests of the patients. Activities were provided in small groups or on a one to one basis as required.

In the Dixon Unit it was observed that the patient activity lead (PAL) was engaging patients in one of the lounges in a sing-a-long. The PAL encouraged the patients to join in and asked what songs they wanted to listen to. The patients looked as if they were enjoying themselves and the other staff present also joined in. Other activities on offer in the unit included chair exercises, poem reading, reminiscence, and relaxation therapies.

In the Belvoir Unit patients enjoyed quizzes, pool competitions and watching music DVD's. Patients and staff were seen to enjoy a friendly rapport and staff were responsive to any requests for assistance. Patients were able to go in and out to the enclosed garden area as they wished.

Staff told us that patients in the Millbrook Unit really enjoyed therapeutic activities such as going out for walks, gardening, cooking and making smoothies. Some patients liked to paint, do jigsaw puzzles and join in with quizzes.

Patients said that they had enough to do and enjoyed the activities on offer. One patient complimented the choice of music available in the home and another said they liked to listen to the radio, do crossword puzzles and read the paper.

Some patients in the home choose to smoke; they have access to a suitable outside smoking area and it was confirmed that relevant risk assessments and care plans were in place.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and Care Partner arrangements were in place and managed according to the current Department of Health (DoH) guidance. Staff said that "we make sure communication with families is good and they have all been really supportive and understanding".

The atmosphere throughout the home was warm and welcoming. Staff were seen to treat the patients with kindness and respect. Patients who were in their rooms had TV's or radios on as they preferred.

A record of cards, emails and verbal compliments received from relatives was kept, these included thanks for the care provided to the patients in the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Jocelyn Cristobal has been the Registered Manager in this home since 20 November 2020. There was a clear organisational structure in place. Staff demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about patient care or staffs' practices.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

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. The Regional Manager and the Registered Manager were identified as the appointed safeguarding champions for the home. It was established that systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity to for the team to learn and improve.

Staff commented positively about the manager and said they felt 'absolutely' well supported by her.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Patients looked well cared for and commented positively about their experience of living in the home. Patients who were less well able to communicate were seen to be content and settled.

Staff were seem to treat the patients with respect and kindness and to offer them choices regarding their care needs and how to spend their day.

The home was clean, tidy and well maintained.

Following the inspection the manager confirmed that relevant staff had received a one to one supervision on the current guidelines regarding the use of masks.

Staff had also been reminded of the importance of providing patients with clear explanations prior to carrying out any tasks in their bedrooms and of ensuring that radios were tuned to the patient's choice of station.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe, effective and compassionate care and is well led by the management team.

7.0 Quality Improvement Plan/Areas for Improvement

	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 Jocelyn Cristobal, Registered Manager, as part of the inspection process.

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