



Unannounced Follow Up Care Inspection Report 7 March 2019



Greenville Manor Care Centre

Type of Service: Nursing Home (NH)

Address: 192 Newtownbreda Road, Belfast, BT8 6QB

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Inspectors: Julie Palmer and Kieran McCormick

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 nursing home registered to provide nursing care for up to 60 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager: See below
Person in charge at the time of inspection: Joy Cristobal	Date manager registered: Joy Cristobal – acting no application required
Categories of care: Nursing Home (NH) A – Past or present alcohol dependence. MP – Mental disorder excluding learning disability or dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years. DE – Dementia.	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.

4.0 Inspection summary

An unannounced inspection took place on 7 March 2019 from 09.25 hours to 14.30 hours.

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.

The inspection sought to assess progress with issues identified for improvement at the previous care inspection, provision of information to RQIA from an anonymous source and discussion with the Mental Health Adult Safeguarding Team from the Belfast Health and Social Care Trust.

It is not the remit of RQIA to investigate adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing arrangements
- care records
- management and governance arrangements
- environment.

Patients said:

- “It’s not too bad here.”
- “They’re great here.”

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	2

Areas for improvement 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.

4.2 Action/enforcement taken following the most recent inspection dated 28 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 28 November 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

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 inspectors met with 20 patients and ten staff. Questionnaires were also left in the home to obtain feedback from patients and patients’ relatives. Ten patients’ questionnaires and ten patients’ relatives’ questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with ‘Have we missed you 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.

A poster informing visitors to the home that an inspection was being conducted was displayed in the entrance hallway.

The following records were examined during the inspection:

- nursing and care staff duty rotas from 25 February to 10 March 2019
- incident/accident records from November 2018
- staff training records
- a sample of monthly governance audits
- a sample of monthly quality monitoring reports undertaken in accordance with The Nursing Homes Regulations (Northern Ireland) 2005
- six patient care records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 28 November 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 28 November 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that all staff adhere to infection prevention and control procedures and that these procedures are stringently monitored by the manager.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and observation of infection prevention and control practices evidenced this area for improvement had been met.	

Area for improvement 2 Ref: Regulation 27 (2) (d) Stated: First time	The registered person shall ensure that the standard of cleanliness and hygiene in the home improves and that cleaning schedules are robust and monitored by the manager.	Met
	Action taken as confirmed during the inspection: Observation of the environment and review of monthly audits evidenced that this area for improvement had been met.	
Area for improvement 3 Ref: Regulation 27 (4) Stated: First time	The registered person shall ensure that fire safety regulations are adhered to at all times and doors are not wedged open.	Met
	Action taken as confirmed during the inspection: Observation of the environment evidenced that this area for improvement had been met.	
Area for improvement 4 Ref: Regulation 13 (1) Stated: First time	The registered person shall ensure that staff complete training in the following areas; the core values of care and human rights.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of training dates confirmed all staff have either had or will have had this training by the end of March 2019.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 22 Stated: First time	The registered person shall ensure that registered nurses adhere to best practice in falls management including the accurate completion of neurological observations in post falls management.	Met
	Action taken as confirmed during the inspection: Review of patient care records evidenced registered nurse adherence to best practice in post falls management.	

6.3 Inspection findings

6.3.1 Staffing

We reviewed the registered nursing and care staff duty rotas from 25 February to 10 March 2019. Staffing levels were maintained as planned and the care delivered by the number and skill mix of staff of duty was observed to safely and effectively meet the needs of patients.

Discussion with the manager evidenced that processes were in place to ensure staffing levels and staff deployment met the needs of patients and that this was regularly reviewed.

Staff spoken with were satisfied there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave but this happened infrequently and shifts were 'covered'. The manager confirmed agency staff were used if required in order to ensure the assessed needs of patients were met.

Staff spoken with indicated they enjoyed working in the home. Comments made included:

- "We support each other."
- "This is like my home."

We also sought staff opinion on staffing levels via the online survey; no responses were returned.

Patients spoken with indicated they were well looked after by the staff and felt safe and happy living in Greerville Manor. Patients who were unable to communicate their opinions appeared to be content and well looked after. We observed caring and compassionate interactions between staff and patients throughout the inspection.

We also sought patient and patients' relatives' opinions on staffing via questionnaires. Six patients' questionnaires and three patients' relatives' questionnaires were returned; all indicated they were very satisfied that care delivered in Greerville Manor was safe, effective, compassionate and well led. One patient commented that "everything is perfect". One relative commented "staff are courteous and carry out duties in a highly effective manner" and also that staff "are respectful and very caring." Comments received via questionnaires following the inspection were shared with the manager.

An occupational therapist (OT) had recently been employed on a full time basis in the Millbrook unit of the home. We spoke to the OT who positively and enthusiastically discussed his plans to work with patients, both individually and in group settings, to maintain and improve skills for their general well-being and in order to promote quality of life. Three personal activity leaders (PALs) were also employed within the home; they work individually and alongside other staff to promote access to meaningful activities for patients.

During the inspection we also spoke to a member of the Care Review and Support Team (CReST) who had completed care reviews with a number of patients in the home. The CReST staff member commented that review outcomes were generally positive and that she found patients and their relatives to be very satisfied with the care provided.

6.3.2 Care Records

We reviewed six patient care records in relation to management of restrictive practice and post falls assessment and care. Care records were generally comprehensive, contemporaneous and reflective of the assessed needs of the patients.

Review of the care records for one patient who had required post falls management evidenced appropriate care had been carried out; neurological observations were completed over the 24 hour post fall period, relevant care plans and risk assessments had been updated. Discussion with registered nurses evidenced best practice guidance in this area had been implemented into practice.

Review of care records, where potential restrictive practices were used, evidenced that practices employed were proportionate and of the least restrictive manner in order to promote patient safety and meet individual care needs. There was evidence the human rights of the individual patients had been considered during assessment and care planning. There was evidence of consultation with the patient and/or their relative and health care professionals from the multi-disciplinary team if appropriate. Risk assessments and care plans were highly detailed, descriptive and person-centred; they reflected all restrictions in place, the rationale for these and the management required. There was evidence of regular evaluation and review of risk assessments and care plans; record keeping was contemporaneous and reflected patients' responses to the care provided.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs) and the community mental health team. There was evidence that care plans had been reviewed in accordance with recommendations from these healthcare professionals and that patients received regular support from the wider multi-disciplinary team, for example the care manager, where this was required.

However, review of the care record for one patient admitted to the home three weeks prior to the inspection evidenced that a full and detailed plan of care was not yet fully completed. Some assessments and care plans were in place but these were not sufficient to provide staff with all the necessary information required to ensure the patient's needs could effectively be met and the response to care evaluated. This was identified as an area for improvement. Daily record keeping was contemporaneously recorded and reflective of the care provided to this particular patient and staff spoken with demonstrated their knowledge of the patient's care needs.

Staff were commended for the general high standard maintained and detail included in their assessment, care planning, evaluation and recording evidenced from the inspectors' review of the care records.

6.3.3 Management and Governance Arrangements

Management arrangements were unchanged since the previous care inspection.

Discussion with the manager and review of a sample of monthly audits evidenced these were completed to monitor and report on the quality of nursing and other services provided in the home.

Discussion with the manager and review of a sample of quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 evidenced that these were completed on a monthly basis.

Review of incident/accidents since November 2018 evidenced that, on one occasion, RQIA had not been appropriately notified of an identified incident in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. This was brought to the attention of the manager and Lorraine Kirkpatrick, regional manager, who was present during part of the inspection, to ensure they were aware of which incidents RQIA should be informed of.

Discussion with the manager and regional manager and review of staff training records evidenced that mandatory human rights training was arranged for all staff to attend on various dates throughout February and March 2019.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager and regional manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

6.3.4 Environment

A review of the home's environment was undertaken, this included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluices, storage areas and treatment rooms. The home was found to be warm, fresh smelling and clean throughout. Bedrooms were generally found to be personalised and in good decorative order. Bathrooms were found to be clean and in good condition. Fire exits and corridors were observed to be clear of obstruction.

Some areas in the home had recently been redecorated and this had greatly improved the general environment for patients and staff. However, other identified areas, which were discussed with the manager and regional manager as requiring attention in order to further enhance the environment, had not yet had a date for redecoration/repair planned and this was identified as an area for improvement. The regional manager commented that she was aware of the improvements required and would provide RQIA with a date for works to be completed.

Observation of care provided and discussion with staff evidenced that infection prevention and control (IPC) measures were adhered to and had been embedded into practice. We observed staff carrying out hand hygiene between patient contacts and to adhere to uniform policy. The home was observed to be clean and hygienic throughout although some areas did appear "tired" and in need of redecoration as stated previously.

Areas of good practice

Areas of good practice were identified in relation to maintaining planned staffing levels to ensure needs of patients were met, record keeping, management of restrictive practice and falls, governance arrangements and IPC measures.

Areas for improvement

Areas for improvement were identified in relation to completion of a comprehensive and detailed assessment and plan of care within five days of admission and creation of an ongoing plan of improvement and redecoration/repair.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are 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 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 DHSSPS 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	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 8 March 2019	<p>The registered person shall ensure a comprehensive and detailed assessment with relevant care plans is completed for all patients within five days of admission to the home.</p> <p>Ref: 6.3.2</p> <p>Response by registered person detailing the actions taken: The care file of the new patient identified has now had a detailed needs assessment written up with all critical information included, written in a person centred way. Going forward the Registered Manager will be checking all files of newly admitted patients to ensure that all information has been included and completed within five days of admission to the Home .</p>
Area for improvement 2 Ref: Standard 44 Stated: First time To be completed by: 6 May 2019	<p>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.</p> <p>Ref: 6.3.4</p> <p>Response by registered person detailing the actions taken: Millbrook Unit - Café and two lounges have been refurbished and redecorated Belvoir Unit - Rooms and lounges have been redecorated Dixon Unit - Dining room and lounges on going refurbishment and redecoration Painting of all woodwork and doors in the whole Home will commence soon and be completed by end of May 2019.</p>

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



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