

Unannounced Care Inspection Report 10 March 2020



Greenville Manor Care Centre

Type of Service: Nursing Home

Address: 192 Newtownbreda Road, Belfast, BT8 6QB

Tel No: 028 9064 4244

Inspector: Joanne Faulkner

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

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Joy Cristobal – acting no application required
Person in charge at the time of inspection: Joy Cristobal	Number of registered places: 60
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: 55 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 10 March 2020 from 10.00 hours to 15.30 hours.

The term 'patient' is used to describe those living in Greerville Manor Care Centre which provides nursing care.

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 assessed progress with all areas for improvement identified in the home since the last care inspection and determined if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- care records
- dining experience
- complaints
- adult safeguarding
- incidents
- governance arrangements

Evidence of good practice was found in relation to the delivery of care to patients. Staff demonstrated that they had a good understanding of the individual needs of the patients. The delivery of care took into account needs, personal choice and level of dependence of the individual patients.

One area requiring improvement was identified during this inspection; in addition an area for improvement detailed on the previous QIP was assessed as partially met and will be stated for a third time.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during the inspection, are included in the main body of this report.

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.

We would like to thank the patients, relatives and staff for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2*

*The total number of areas for improvement includes one which has been stated for a third time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Joy Cristobal, Acting 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 29 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 29 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are retained

Questionnaires 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 electronic questionnaire.

The following records were reviewed during the inspection:

- duty rota information for all staff from 2 March to 15 March 2020
- incident and accident records
- two patient care records
- a sample of governance audits/records
- complaints records
- compliments received
- adult safeguarding records
- the monthly monitoring reports for January and February 2020
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met or not met. One area for improvement is stated for a third time.

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 previous inspection

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 the identified IPC deficits are resolved and that effective cleaning is carried out to minimise the risk and spread of infection in the home. The system in place to monitor IPC measures should be robust and an action plan should be developed as required.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>It was confirmed from observations made, discussion with the manager and records viewed that the Infection prevention and control (IPC) matters identified at the last inspection had been addressed.</p> <p>There is a system in place to audit IPC as part of the monthly quality monitoring process. In addition a monthly IPC audit is completed in each of the individual units of the home.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 44</p> <p>Stated: Second time</p>	<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>	Partially met
	<p>Action taken as confirmed during the inspection:</p> <p>Observations of the environment and review of the action plan evidenced that this area for improvement had been partially met. Repairs and re-decoration are in progress and ongoing.</p> <p>This area for improvement is therefore stated for a third time.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients are provided with the choice of clothing protectors and/or napkins at mealtimes.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>It was identified from observations made that patients are provided with the choice of clothing protectors and/or napkins at mealtimes.</p>	

6.2 Inspection findings

6.2.1 Staffing arrangements

We reviewed staffing arrangements within the home; there has been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the manager's hours and the capacity in which these were worked were clearly recorded.

The manager is supported by a team of unit managers, registered nurses and healthcare assistants. In addition, there is a team of support staff which includes an administrator, housekeeping, laundry, maintenance and kitchen staff and activity co-ordinators. There was evidence of a clear organisational structure within the home.

On the date of inspection the certificate of registration was on display and reflective of the service provided. No concerns regarding the management of the home were raised during the inspection.

Discussions with the manager and staff, and a sample of the home's rota information viewed indicated that the manager endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients.

The manager stated that staffing levels were subject to ongoing review to ensure the assessed needs of the patients were appropriately met. The duty rota information viewed, reflected the staffing levels as discussed with the manager. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of the staff on duty. Staff consulted with, confirmed that they were satisfied that staffing levels and skill mix were sufficient to meet patients' needs.

Discussions with a number of patients and relatives during the inspection identified that they had no concerns regarding the care and support provided; they spoke positively in relation to the care provided.

The staff rota information viewed indicated that the care is provided by a core staff team; the manager stated that this supports them in ensuring continuity of care to patients. Staff described how continuity of staff can have a positive impact on the patients' experience in relation to their human rights such as privacy, dignity and respect.

Staff who spoke with the inspector had a clear understanding of their roles and responsibilities. Discussions with patients and relatives indicated that they were aware of the roles of the staff in the home and whom they should speak to if they had a concern. Relatives stated that the manager and staff are very approachable and always willing to help.

Discussions with staff, patients and relatives, and observations made indicated that staff had a good understanding of the needs of individual patients. Staff could describe the importance of respecting patients' personal preferences and choices and in supporting them to make choices.

Throughout the inspection patients' needs and requests for assistance were observed to have been met in a timely, respectful and caring manner. Interactions between staff and patients were observed to be compassionate and appropriate. Staff were observed taking time to chat to patients and provided care in a manner that promoted privacy, dignity and respect.

6.2.2 Environment

The home is divided into three separate units. We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas in each of the units. Fire exits and corridors were observed to be clear of clutter and obstruction.

It was identified that a redecoration/refurbishment programme is ongoing throughout the home. The manager stated that it is planned that the entrance area will be refurbished in the coming months. We observed a number of the shared areas and noted that the majority were well decorated, clean and uncluttered. The sample of patients' bedrooms viewed were found to be clean, warm and well decorated and had been personalised to the individual choices of patients. However, we noted that a number of walls were marked or damaged. The manager stated that they are in the process of repainting all areas within the home. This area for improvement had been included within an action plan developed by the home and is monitored monthly and quarterly in conjunction with the regional manager.

Bathrooms/toilets were clean and fresh; a supply of gloves and aprons were readily available to staff throughout the home. It was noted that a small number of pull cords in a number of bathrooms needed to be covered in wipe able material and identified a number of commode chairs that were rusted or damaged. An area for improvement was identified.

Staff were observed to use appropriate protective equipment while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised by staff. Sluice doors were locked and chemicals stored safely.

6.2.3 Care records

The review of care records for two patients identified that they were individualised to the needs of the person; they included referral information, details of the patients' assessed needs and risks, and care plans.

There was evidence that nurses assessed, planned, evaluated and reviewed care. Care plans viewed provided details of the care required by individual patients; staff record at least twice daily the care provided to patients. Care plans and risk assessments are reviewed and updated monthly. There was evidence that care plans had been updated following recommendations from Health and Social Care Trust (HSCT) professionals.

There was evidence that patients' weight is monitored as required and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) utilised to determine the risk of weight loss or weight gain. There was evidence of Speech and Language therapy (SALT) and dietetic input into the assessment and care planning of patients as required.

Discussions with staff, patients and relatives, and observations made provided assurances that care is provided in a person centred manner.

6.2.4 Dining experience

We observed that mid-morning and mid-afternoon patients were offered a range of hot and cold beverages and a selection of snacks. We observed the serving of the mid-day meal; the atmosphere in the dining areas was calm and relaxed. Dining rooms were observed to be clean and table settings were appropriate; napkins, condiments and cutlery were provided and the menu was displayed.

Food served was noted to be appetising and well-presented and appropriate portion sizes were provided; we noted that patients were offered a choice of food. A number of patients spoken with indicated that the food was good.

We observed that food being transferred from the dining room to patients who had chosen to eat in their bedrooms was covered and well presented.

A number of patients required staff support with eating their meal; we observed staff offering and providing assistance in a discreet and sensitive manner when necessary. Staff were wearing appropriate protective clothing with regards to food hygiene good practice. Patients were provided with appropriate clothing protection as required.

6.2.5 Complaints

Discussions with the manager indicated that they were knowledgeable in relation to managing complaints. The review of records evidenced that complaints received by the home since the previous inspection had been managed appropriately. A record is retained for complaints received; it includes details the actions taken and the outcome of any investigation. Complaints are audited monthly as part of the quality monitoring audit.

6.2.6 Adult safeguarding

Discussions with the manager and staff demonstrated that they had a clear understanding with regards to adult safeguarding and the process for reporting concerns. Patients and relatives could describe the process for reporting concerns; they indicated that the manager and staff were approachable.

A review of adult safeguarding information and discussions with the manager provided evidence that two referrals had been made in relation to adult safeguarding since the last inspection. Records viewed indicated that they had been managed appropriately and in accordance with the policy and procedures. A record is retained of actions taken in relation to adult safeguarding matters; this information is reviewed as part of the monthly quality monitoring process.

In addition, staff could clearly describe their responsibility in relation to reporting poor practice and had awareness of the home's policy and procedure with regard to whistleblowing.

6.2.7 Incidents

A review of a sample of the accidents and incidents which had occurred within the home identified that they had been managed appropriately. There was evidence that incidents/accidents are audited monthly; the manager stated that this assists them in highlighting trends and risks, and identifying areas for improvement.

6.2.8 Consultation

During the inspection we spoke with 11 staff, three relatives, three individual patients and small groups of patients in the dining and lounge areas. Patients who could verbalise their views provided positive feedback in relation to the care provided by staff.

Patients' comments

- "I am happy, it is very good."
- "Food is good."
- "Staff are good."
- "I like it here; they got me back on my feet."
- "I am happy; the staff look out for you."
- "They (staff) take me out to Tesco."
- "I have no problems, all good."

Staff comments

- "This is a great place; I am here 17 years and have no problems."
- "It is hard work but I love it."
- "One to one working is better as it is hard to keep the patients with dementia engaged in group activities."
- "I love it here. Patients are safe and have choice. I have no concerns."
- "The manager is good."
- The activities include hand massage, bingo, reminiscence, one to one activities and outings."

Relatives' comments

- "We are very happy; the staff are excellent."
- "Any problems they get it sorted."
- "We are in and out, two to three times per day; we have no complaints."
- "Manager and staff are approachable."
- "My mother is well looked after here."

Patients and relatives stated that staff were friendly, caring and approachable; they indicated that they had no concerns in relation to the care provided.

We observed a number of staff supporting patients in the dining room and lounge areas; the interactions indicated that staff were respectful of patients. There was a relaxed and welcoming atmosphere in all areas within the home.

Discussion with the patients, relatives and staff provided evidence that there were systems in place to obtain the views of patients and their representatives on the day to day running of the home.

Ten questionnaires were provided for distribution to the patients and/or their representatives to give them with the opportunity to provide feedback to us in relation to the quality of the care provided. However, due to restricted access to RQIA office during the corona virus period, the inspector was unable to review any questionnaires returned to RQIA. Therefore we apologise for this feedback being omitted from this report. The content of returned

questionnaires will be reviewed when normal working arrangements return, and any issues raised will be discussed with the home manager.

At the request of the inspector, the manager was asked to display a poster within the home. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; no responses were received prior to the issuing of this report.

6.2.9 Governance arrangements

We viewed evidence that a system was in place to monitor and report on the quality of care provided. The system includes that completion of a monthly quality monitoring audits by a regional manager; a report is completed.

A sample of the reports viewed indicated that the monitoring visits were completed in accordance with the regulations. It was identified that an action plan is generated to address any identified areas for improvement. Reports viewed were noted to include details of the review of the previous action plan, staffing arrangements, staff training, care records, dependency levels, health and safety, environmental matters, adult safeguarding, accidents/incidents and complaints.

Reports viewed indicated engagement with staff, patients, and where appropriate their representatives. Comments included:

- “Staff are friendly.”
- “Staff are approachable.”
- “Can’t fault staff.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and safeguarding matters. We noted that care was provided in a caring and compassionate manner.

Areas for improvement

One area for improvement was identified during the inspection in relation to infection control.

	Regulations	Standards
Total number of areas for improvement	0	1

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, Acting 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	
Area for improvement 1 Ref: Standard 44 Stated: Third time To be completed by: Immediate and ongoing from the date of inspection	<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: 6.1</p> <p>Response by registered person detailing the actions taken: Refurbishment ongoing within the Home. 2019/2020 plan attached.</p>
Area for improvement 2 Ref: Standard 46 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that there is a managed environment that minimises the risk of infection for staff, residents and visitors.</p> <p>This relates specifically to the covering of pull cords with a wipe able material.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Plastic covering has been sourced and all pull cords are being covered as required. Compliance will be monitored through the completion of the infection control audits and through monthly visits by the Regional Manager.</p>

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



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