



The Regulation and  
Quality Improvement  
Authority

Greerville Manor Care Centre  
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192 Newtownbreda Road  
Belfast  
BT8 6QB

Inspector: Heather Sleator  
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## **Unannounced Care Inspection of Greerville Manor Care Centre**

**17 & 18 December 2015**

**The Regulation and Quality Improvement Authority**  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 17 December 2015 from 10.30 to 17.00 and 18 December 2015 from 10.00 to 12.00.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 19 February 2015

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	4*

\*The total number of recommendations includes one recommendation stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with Ricardo Papa, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Four Seasons Health Care Dr Maureen Claire Royston	<b>Registered Manager:</b> Ricardo Papa
<b>Person in Charge of the Home at the Time of Inspection:</b> Ricardo Papa	<b>Date Manager Registered:</b> 4 September 2012
<b>Categories of Care:</b> NH-A, NH-MP, NH-MP(E), NH-DE	<b>Number of Registered Places:</b> 60
<b>Number of Patients Accommodated on Day of Inspection:</b> 9	<b>Weekly Tariff at Time of Inspection:</b> Millbrook - £940 per week Belvoir - £784 per week Dixon - £593 - £618 per week

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

### **Standard 19: Communicating Effectively**

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with 12 patients, five care staff, five registered nurses, two ancillary staff and two patient's visitors/representatives

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- four patient care records
- staff training records
- complaints records
- policies for communication and end of life care
- policies for dying and death and palliative and end of life care

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 19 October 2015. The completed QIP was returned and approved by the pharmacy inspector.

### 5.2 Review of Requirements and Recommendations from the last care inspection dated 19 February 2015

Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 19.1  <b>Stated:</b> First time	A consistent approach should be in evidence to the recording and monitoring of patients' bowel patterns. The progress recording in patients care records should reference the use of the Bristol Stool chart.	Partially Met
	<b>Action taken as confirmed during the inspection:</b> The review of personal care records evidenced that care staff diligently record patients' bowel function. However, the review of nursing care records did not evidence that nursing staff were monitoring individual's bowel patterns as progress records and care plan evaluations did not make reference to the patient's bowel function.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 19.4  <b>Stated:</b> First time	Training in respect of male/female catheterisation should be undertaken by registered nurses.	Met
	<b>Action taken as confirmed during the inspection:</b> The review of staff training records evidenced the majority of registered nurses had undertaken training in respect of male/female catheterisation.	

### 5.3 Standard 19 - Communicating Effectively

#### Is Care Safe? (Quality of Life)

A policy and procedure was available on communicating effectively which reflected current best practice, including regional guidelines on Breaking Bad News. Discussion with staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of training records evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives in January 2015. This training included the procedure for breaking bad news as relevant to staff roles and responsibilities.

### Is Care Effective? (Quality of Management)

Four care records reviewed reflected patients' individual needs and wishes regarding the end of life care. Recording within records included reference to the patient's specific communication needs, for example, where a patient had a sensory or cognitive impairment.

The review of care records evidenced that the breaking of bad news was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate.

There was evidence within four records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs in all other areas.

Care staff were consulted with and they discussed their ability to communicate sensitively with patients and/or representatives. When the need for breaking of bad news was raised, care staff felt this was generally undertaken by nursing staff. However, staff were aware of communication aids/cues, for example, non-verbal cues and gestures. They also felt their role was to empathise and to support patients and their representatives following sensitive or distressing news.

### Is Care Compassionate? (Quality of Care)

Discussion was undertaken with staff regarding how they communicate with patients and their representatives.

All staff presented as knowledgeable and had a strong awareness of the need for sensitivity when communicating with patients and their representatives.

A number of communication events were observed throughout the inspection visit which validated that staff embedded this knowledge into daily practice. These observations included staff assisting patients with meals, and speaking to patients with a cognitive or sensory impairment.

Staff recognised the need to develop a strong, supportive relationship with patients and their representatives from admission to the home. It was appreciated by staff that this relationship would allow the delivery of bad news more sensitively and with greater empathy when required.

The inspector consulted with two visiting relatives. The relatives confirmed that staff treated patients with respect and dignity and were always welcoming to visitors.

Comments included:

"We are very happy with the care given to our ..... I would have no hesitation in speaking to staff if we, as a family, weren't happy."

"Staff are helpful and always speak to you when you come into the home."

### Areas for Improvement

There were no areas for improvement regarding communicating effectively, identified at the time of the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

### **Is Care Safe? (Quality of Life)**

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These documents reflected best practice guidance such as the Gain Palliative Care Guidelines, November 2013, and included guidance on the management of the deceased person's belongings and personal effects.

Training records evidenced that staff were trained in the management of death, dying and bereavement. Training which had been completed included:

- Palliative and end of life care, 17 staff attended in August and September 2015
- Communicating effectively, 13 staff attended in January 2015
- FSHC workbook on palliative care was completed by 47 staff
- FSHC e learning module on palliative care was completed by 89% of staff

Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

A review of the competency and capability assessments for registered nurses evidenced that end of life care was included and the assessments had been validated by the registered manager.

There were three identified link nurses' in respect of palliative and end of life care at the time of the inspection. The identified staff had completed specialist training.

Discussion with nursing staff and a review of care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the manager, five registered nurses and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with nursing staff confirmed their knowledge of the protocol.

Specialist equipment, for example, the use of a syringe driver was in not use in the home at the time of inspection.

### **Is Care Effective? (Quality of Management)**

A review of care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration, nutrition, pain and symptom control. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A key worker/named nurse was identified for each patient approaching end of life care. There was evidence that referrals had been made to the specialist palliative care team and where instructions had been provided, these were evidently adhered to.

Discussion with the manager, staff and a review of care records evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying. Staff stated relatives may stay with patients for as long as they wish, day and night, with staff giving many examples of occasions where relatives had stayed and been supported by staff.

A review of notifications of death to RQIA during the previous inspection year, evidenced they were appropriately submitted.

### **Is Care Compassionate? (Quality of Care)**

Discussion with staff evidenced that patients and/or their representatives had been consulted in respect of their spiritual preferences regarding care. Staff gave examples from the past, of how they supported the spiritual wishes of patients and of how staff stayed and gave emotional support to patients at the end of life. Staff stated they were able to sit with patients, if family members were not available so as no patient passed away with no one present.

From discussion with the manager, staff, relatives and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives. There was evidence within compliments records that relatives had commended the management and staff for their efforts towards the family and patient. Comments included:

“Thank you so much for the way you cared for my ....”

“Thank you for your kindness and care”

“Your dedication to provide the best care by all staff was amazing and helped us all get through a difficult and emotional time”

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. The manager confirmed that arrangements were in place to support staff following the death of a patient. The arrangements included for example, bereavement support and staff meetings.

### **Areas for Improvement**

There were no areas for improvement regarding palliative and end of life care, identified at the time of the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.5 Additional Areas Examined**

### **5.5.1. Consultation with patients, their representatives and staff**

As part of the inspection process, we issued questionnaires to staff and patients. We observed care practice and spoke to patients on an individual and/or small group basis.

## **Staff Views**

Comments on the eight returned staff questionnaires were positive. Staff confirmed patients were afforded privacy, dignity and respect at all times.

Comments included:

"I am satisfied with the good care given to all our clients."

"Management are very supportive regarding any questions I have."

"The staff I work with are very pleasant."

"Staff care, with compassion, at all times."

"Very good teamwork and staff work well together, staffing levels need to be better to maintain good care."

"I find that the care on the Belvoir suite is to a high standard and meets the service users' needs at all times."

"I am satisfied that the care given to all my clients is to the best of my ability and respectful at all times."

## **Patients' Views**

Comments on the eight returned patient's questionnaires were also very positive. Patients stated they felt they could talk to staff if something was wrong and that they felt nursing staff listened to them and were knowledgeable about meeting their needs.

Comments received from patients included:

"Very good here."

"Very good services."

"Satisfied with care."

"I am happy."

"I get on well with staff; I enjoy working indoors and outdoors with the maintenance man."

"I appreciate the care most of the staff give."

"Staff are very caring."

"Glad the food has improved as it was the only thing letting down the home."

## **5.5.2. Dementia Care Practice**

### **Meals and Mealtimes**

We observed the serving of the midday meal. The meal being served appeared appetising and nutritious however it was not the meal as stated on the menu on the wall outside of the dining room. There was no menu displayed, in a suitable format for patients and in an appropriate location, showing what was available at each mealtime.

A record of patient's menu choice was not available and patients' were not observed to be offered a choice of meal. This included patients who required a specialised diet. Discussion with the cook/chef did not confirm that patients on a specialised diet were offered a choice at mealtimes. This was discussed with the manager who agreed that all patients would in future be offered a choice at mealtimes.



The arrangements for mealtimes were also discussed with the manager. A number of patients remained in their bedrooms at the midday meal. Meals were taken to a number of patients however staff did not remain to assist the patient with their meal. It was a significant period of time before staff had time to assist these patients and the meal had cooled. Staff should also be reminded that all meals should be transported to patients on a tray and remained covered until the point of service. The approach to meals and mealtime must be reviewed in terms of the timing of serving meals to patients who require assistance, patients should, as far as possible, be seated at a dining room table at mealtimes and meals must remain covered until the point of service. A requirement has been made.

### **5.5.3. Care Practices**

During a tour of the building patients were observed to be generally well presented with their clothing being suitable for the season. However, greater attention requires to be given to the personal care needs of patients by staff. Three male patients were in evident need of a shave. A number of patients were observed with long nails which were also not clean. Patients' glasses were also in need of cleaning. Ladies hair did not look as though it had been combed and this did not enhance the appearance of some patients. Staff stated that a hairdresser came for one morning every two weeks. Staff stated this was because a number of patients did not have money to pay for hairdressing or for personal toiletries. It is the responsibility of all staff to ensure the personal care needs of patients is maintained to a high standard, at all times. A recommendation has been made.

A recommendation has also been made that the manager contacts the relevant care managers within the local healthcare Trust and inform the care managers of the difficulty some patients are experiencing in terms of personal care needs, for example money to purchase personal toiletries and hairdressing.

### **5.5.4. The Environment**

Greenville has three separate suites, Dixon which is registered for dementia care, Millbrook suite which provided care for persons with mental health needs and Belvoir which provides care for patients with alcohol dependence. All suites were furnished and decorated to a good standard. Millbrook suite has been operational from 2013. During a tour of Millbrook suite one of the shower rooms was observed to be in a poor state due to perceived water damage and poor ventilation. This shower was still in use however the inspector considered there may be a health and safety risk and advised that the water supply to the shower was turned off. Staff stated estates personnel from Four Seasons Health Care were aware of the issue. The second shower in Millbrook suite also has some 'mould' on the ceiling but not to the same extent as the other shower facility. The RQIA estates inspector for Greenville was informed of the issues concerning the shower facilities following the inspection. A recommendation has been made that RQIA is informed of the action being taken to ensure the shower facilities function safely and the timescale for completion of the works.

### **Areas for Improvement**

A requirement has been made in relation to the approach to meals and mealtimes in the home.

A recommendation was made in relation to the personal care needs of patients.

A recommendation has been made that patients should have funds available from their personal allowance to pay for personal toiletries and hairdressing.

A recommendation has been made regarding the repair/refurbishment of the shower facilities in Millbrook suite.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>3</b>
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ricardo Papa, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 12 (1) and (2)  <b>Stated:</b> First time  <b>To be Completed by:</b> 8 February 2016	<p>The registered person is required to ensure the approach to meals and mealtimes in the home are conducive to the needs of the patients and in accordance with best practice.</p> <p><b>Ref: Section 5.5.2</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            The Registered Manager has reviewed the serving of meals and the mealtime experience in each unit of the home, some changes to how staff assist the patients in Dixon unit have been implemented to ensure it is more conducive to the needs of the patients and in accordance with best practice. The Registered Manager is also conducting spot checks at mealtimes and sitting with the patients during meals to monitor the consistency of service.</p>
Recommendations	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 19.1  <b>Stated:</b> Second time  <b>To be Completed by:</b> 11 January 2016	<p>A consistent approach should be in evidence to the recording and monitoring of patients' bowel patterns. The progress recording in patients care records should reference the use of the Bristol Stool chart.</p> <p><b>Ref: Section 5.2</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            The Registered Manager is monitoring the recording of patient's bowel patterns by carrying out spot checks of patient's care records. The Registered Manager is also checking that trained staff record the bowel patterns in the progress notes using Bristol Stool chart as reference.</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 6.14  <b>Stated:</b> First time  <b>To be Completed by:</b> 11 January 2016	<p>Greater attention should be given to the personal care afforded to patients. A high standard of personal care is the responsibility of all staff. Management should implement a system to monitor the personal care needs of patients.</p> <p><b>Ref: Section 5.5.3</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            The Registered Manager has implemented a personal hygiene checklist, which is signed by the staff member who provides the personal care to the resident. This is then checked by the trained staff on duty and the Registered Manager also carries out daily spot checks on his walk around the unit. There are also hourly checks of the resident's personal care in the unit which again is signed off by trained staff on duty, and which again is spot checked by the Registered Manager.</p>

<b>Recommendation 3</b>  <b>Ref:</b> Standard 6.14  <b>Stated:</b> First time  <b>To be Completed by:</b> 8 February 2016	<p>The manager should contact the care manager/s in the relevant healthcare Trust where difficulty is being experienced obtaining the patients personal allowance so as to ensure personal care needs are met.</p> <p><b>Ref: Section 5.5.3</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Registered Manager has contacted all the Care Managers for Belvoir and Millbrook and has been reassured that there will be no difficulties for accessing the Patient's Personal Allowances.In Dixon unit, the personal allowance comes from the family.Trained Staff have been informed that if the family fail to provide funds for Personal Allowance, they must contact the Care Manager who will in turn contact the family to release funds.</p>		
<b>Recommendation 4</b>  <b>Ref:</b> Standard 44.12  <b>Stated:</b> First time  <b>To be Completed by:</b> 11 January 2016	<p>RQIA is to be informed, in writing, of the action to be taken and timescale for completion, for the repair/refurbishment of the shower facilities in Millbrook suite.</p> <p><b>Ref: Section 5.5.4</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Currently, the environmental improvements particularly the repair/refurbishments of Millbrook Suite and Belvoir Suite shower rooms listed in the body of the inspection report are being implemented in the Home.</p>		
<b>Registered Manager Completing QIP</b>	Ricardo Papa	<b>Date Completed</b>	08 <sup>th</sup> February 2016
<b>Registered Person Approving QIP</b>	Dr Claire Royston	<b>Date Approved</b>	16.02.16
<b>RQIA Inspector Assessing Response</b>	Heather Sleator	<b>Date Approved</b>	24.02.16

*\*Please ensure the QIP is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\**