

# Unannounced Care Inspection Report 20 October 2017



## Greenville Manor Care Centre

**Type of Service: Nursing Home (NH)**  
**Address: 192 Newtownbreda Road, Belfast, BT8 6QB**  
**Tel no: 028 9064 4244**  
**Inspector: Heather Sleator**

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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.

## 1.0 What we look for



## 2.0 Profile of service

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare  <b>Responsible Individual:</b> Dr Claire Maureen Royston	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Gabrielle McDonald	<b>Date manager registered:</b> Gabrielle McDonald – acting, no application
<b>Categories of care:</b> 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.	<b>Number of registered places:</b> 60  28 – NH-DE, Dixon unit 15 – NH- A, Belvoir unit 17 – NH-MP and NH-MP(E), Millbrook unit

### 4.0 Inspection summary

An unannounced inspection took place on 20 October 2017 from 09.30 to 18.15 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 assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment practices; staff induction, training and development; adult safeguarding arrangements; infection prevention and control practices; risk management; the care records and care delivery and effective communication systems. The culture and ethos of the home promoted treating patients with dignity and respect. There was also evidence of good practice identified in relation to the governance and management arrangements; management of complaints and incidents; quality improvement processes and maintaining good relationships within the home. The environment of the home was conducive to the needs of the patients and was attractive and comfortable.

There were no areas identified for improvement at this inspection.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. The comments and opinions of patients, relatives and a visiting professional may be found in section 6.6.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Gabrielle McDonald, Manager, as part of the inspection process and can be found in the main body of the report.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 26 January 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 26 January 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

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

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing.
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 11 patients, 11 staff, 1 visiting professional and 2 patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster informing staff of how to submit their comments electronically, if so wished, was given to the registered manager to display in the staff room.

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

The following records were examined during the inspection

- duty rota for all staff from 2 October to 15 October 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- four patient care records
- six patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 26 January 2017**

The most recent inspection of the home was an unannounced care inspection

The completed QIP was returned and approved by the care inspector. Refer to section 6.2 for further information.

## 6.2 Review of areas for improvement from the last care inspection dated 23 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (b)  <b>Stated:</b> Second time	The registered provider must ensure that care plans accurately reflect patients' needs. Care plans must be specific and reflect the recommendations of the multidisciplinary team, where applicable.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of patient care records evidenced that recommendations made by the multidisciplinary team were reflected in the care records, where applicable.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> Second time	The registered provider should ensure that the approach to meals and mealtimes in Millbrook and Belvoir units are conducive to the needs and views of the patients and in accordance with best practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The observation of the patients dining experience in Millbrook and Belvoir units evidenced improvement in this area and the dining arrangements were in keeping with best practice guidance.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time	The registered provider should ensure that staff diligently record and report on all planned care interventions to meet patients assessed need within supplementary care records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of the supplementary care records including nutritional recording and repositioning records evidenced that a consistent approach to recording of information was being maintained by the staff team.	

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12.21  <b>Stated:</b> First time	The registered provider should ensure that the dining experience for patients in Dixon unit is reviewed and enhanced so as it is a pleasurable activity for persons living with dementia.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The observation of the patients dining experience in the Dixon unit evidenced improvement in this area and the dining arrangements were in keeping with best practice guidance.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 12.15  <b>Stated:</b> First time	The registered provider should ensure that the mid-morning and mid afternoon tea service affords patients a choice of fluid and patients who require a modified diet should have a choice of an appropriate snack.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the serving of the mid-morning tea service evidenced an improvement. Patients were afforded a choice of beverage, snacks were appropriate to their nutritional requirements and new crockery had been purchased.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager confirmed the planned daily staffing levels for the home and that staffing was subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 2 October to 15 October 2017 evidenced that the planned staffing levels were adhered to. The review of the staffing rosters evidenced that there were ancillary staff on duty throughout the seven day period. Observation of the delivery of care and discussion with staff evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. We also sought staff opinion on staffing via electronic questionnaires however no staff questionnaires were returned prior to the issue of this report.

A nurse was identified on the staffing rota to take charge of the home when the registered manager was off duty. A review of records evidenced that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the manager. The assessments were signed by the registered manager to confirm that the assessment process has been completed and that they were satisfied that the registered nurse was capable and competent to be left in charge of the home.

Discussion with the manager and a review of two staff personnel files evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. Where nurses and carers were employed, their registrations were checked with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC), to ensure that they were suitable for employment. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and satisfactory references had been sought and received, prior to the staff member starting their employment.

The manager confirmed that newly appointed staff commenced a structured orientation and induction programme at the beginning of their employment. A review of two completed induction programmes evidenced that these were completed within a meaningful timeframe. We spoke with two staff who confirmed that they were provided with a period of induction during which they were supernumerary. Both staff commented positively on the induction they had received.

The arrangements in place to confirm and monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC were discussed with the manager and reviewed. The review of the records evidenced that a robust system was in place to monitor the registration status of nursing and care staff.

Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and records were kept up to date. A review of staff training records confirmed that staff completed training modules on for example; basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult prevention and protection from harm. The records reviewed confirmed that the registered manager had a system in place to ensure staff met their mandatory training requirements.

A review of the supervision and appraisal schedule confirmed that there were systems in place to ensure that staff received supervision and appraisal. In discussion with staff they confirmed they were in receipt of regular supervision and an annual staff appraisal.

The manager and staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The manager confirmed that they had attended training which included the role of the safeguarding champion and there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The adult safeguarding policy reflected the new regional operational procedures.

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care records are further discussed in section 6.5.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since January 2017 confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients and staff spoken with were complimentary in respect of the home's environment.

Infection prevention and control measures were adhered to. We observed the housekeepers equipment trolley and equipment was in accordance with the National Patient Safety Agency (NPSA) national colour coding scheme for equipment such as mops, buckets and cloths. Sluice rooms and bathroom/toilets were observed to be clutter free and well organised. Personal protective equipment (PPE) such as gloves and aprons were available throughout the home and stored appropriately.

Fire exits and corridors were observed to be clear of clutter and obstruction. The annual fire risk assessment of the home was undertaken on 25 May 2017. Discussion with the manager and a review of documentation evidenced that the recommendations of the report had been addressed.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management and provision of staffing, recruitment and selection procedures, staff training and development, adult safeguarding, infection prevention and control and fire safety.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. A new assessment scheduled had been introduced in Millbrook unit, the Recovery Star Programme. This is a best practice initiative as the assessment schedule is specific to the needs of persons with mental health issues.

There were a number of examples of good practice found throughout the inspection in this domain. For example, registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and Language Therapist (SLT), dietician and Tissue Viability Nurse Specialists (TVN). Discussion with registered nurses and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

A review of wound care records evidenced that wound care was managed in line with best practice. A review of the daily progress notes of one patient evidenced that the dressing had been changed according to the care plan. Wound care records were in accordance with the National Institute of Clinical Excellence (NICE) guidelines.

Patients who had been identified as being at risk of losing weight had their weight regularly monitored. This ensured that any weight loss was identified and appropriate action taken in a timely manner. The patients' weights were audited by the registered manager on a monthly basis. Patients who were identified as requiring a modified diet, had the relevant risk assessments completed. Care plans in place were reflective of the recommendations of SALT and care plans were kept under review. A sampling of food and fluid intake charts confirmed that patients' fluid intake was monitored.

Patients' bowel movements were monitored by the registered nurses on a daily basis, using the Bristol Stool guidance as a reference, to ensure that any changes from the patients' usual bowel patterns were identified and timely action taken.

Evidence was present that registered nurses regularly reviewed and updated patient care records on a monthly basis, as previously detailed. However, and as discussed with the manager, when a patient is readmitted back to the home, care records must reflect the patients' current needs. This was identified as an area for improvement under the care standards.

Personal or supplementary care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning records evidenced that patients were repositioned according to their care plans, the frequency of repositioning was recorded on the repositioning record and staff were reporting on the condition of the patient's skin.

Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005; the registered manager confirmed that the patient register was checked on a regular basis.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective.

Staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The manager had arranged a series of meetings with the specific staff groups in the home, for example, unit heads, catering staff, a health and safety group meeting and meetings with the activities coordinators. Unit heads had been delegated the responsibility of arranging and chairing meetings in their units. The most recent staff meeting was 17 October 2017 in Dixon unit. Staff stated that there was effective teamwork with each staff member knew their role, function and responsibilities.

The serving of the midday meal was observed in the three units. Tables were attractively set with cutlery, condiments and napkins. Those patients who had their lunch in the lounge or their own bedroom were served their meal on a tray which was set with cutlery and condiments and the food was covered prior to leaving the dining room. The meals were nicely presented and smelt appetising. All of the patients spoken with enjoyed their lunch. The day's menu was displayed in the dining room. Registered nurses were observed supervising and assisting patients with their meals and monitoring patients' nutritional intake. The patients dining experience was much improved.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping; wound care management and oversight of weight loss; audits and reviews; and communication between residents, staff and patient representatives.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 09:30. There was a calm atmosphere and staff were busy attending to the needs of the patients. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were knowledgeable of patients' non-verbal cues and what they were trying to communicate; the positive non-verbal responses by patients confirmed staffs understanding was correct.

There is a varied and interesting activities programme in place. Each unit has dedicated activities coordinators. A number of patients attend a day centre and support workers assist with a variety of activities outside of the home for the patients to enjoy. An Occupational Therapist is employed to support patients in daily living skills. The remaining units also benefit from external activities and a varied activities programme developed and enabled by the activities coordinators in the home.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. Patients meetings are held in Millbrook and Belvoir units and an electronic feedback system was also situated in the reception area. This was available to relatives and other visitors to give general feedback on an ongoing basis or answer specific questions on the theme of the month. The feedback was summarised automatically by the system and the results were available to the manager and the regional manager.

Staff and patient representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. From discussion with the manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and their relatives in a kindly manner. We read some recent feedback from patients' representatives. Comments included, "I am very pleased with the care my (relative) receives here and I'm going to arrange for my (relative) to be transferred here from another home," and, "The staff are very friendly and keep me informed of any changes."

During the inspection, we met with 11 patients, five care staff, four registered nurses, two personal activities leaders, ancillary staff and two patients' representatives.

Some comments received are detailed below:

### **Staff**

"Good teamwork."

"Everyone helps each other."

"Good home, well supported by management."

"Staff work well together".

### **Patients**

"They're (staff) good to me."

"I've no complaints."

### **Patients' representatives**

"Staff are very good, very friendly."

"Staff keep us informed of everything that's going on."

"My (relative) always looks well cared for."

### **Visiting Professional**

We spoke with a visiting professional who expressed their satisfaction with the care afforded in the home and the approach and manner of staff. Comments included, "Very good home with a good approach to dementia care," and, "A family stated to me that their relative was better cared for here than in their previous home."

## Questionnaires

We also issued ten questionnaires to patients and relatives respectively. Four patients and two relatives had returned their questionnaires, within the timeframe for inclusion in this report.

Outcomes were as follows:

**Patients:** the respondent indicated that they were 'very satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. No written comments were received.

**Relatives:** both respondents indicated that they were 'very satisfied' that the care in the home was safe, effective and compassionate; and that the home was well-led. One respondent commented, "Very happy with the home, my (relative) is well cared for, safe and content."

**Staff:** there were no questionnaires completed and returned by staff.

Any comments from patient representatives and staff in returned questionnaires received after the return date will be shared with the manager for their information and action as required.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients. Mealtimes and activities were well managed.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Discussion with the manager and observation of patients evidenced that the home was operating within its' registered categories of care. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussions with the staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff described how they felt confident that the management would respond positively to any concerns/suggestions raised.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. There was a system in place to identify the person in charge of the home, in the absence of the manager.

Discussion with the manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with and who responded via questionnaire that that were confident that staff/management would manage any concern raised by them appropriately.

Discussion with the manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents and bed rails. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

As a further element of its Quality of Life Programme, Four Seasons Healthcare operate a Thematic Resident Care Audit ("TRaCA") which home managers can complete electronically. Nursing homes, including Greenville, who have attained the DCF accreditation complete the 'TraCA D' Information such as home governance, information governance, housekeeping, resident care and health and safety checks are recorded on various TRaCAs on a regular basis. This information was subject to checks by the regional manager once a month.

A review of the patient falls audit evidenced that this was analysed to identify patterns and trends, on a monthly basis. An action plan was in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection, confirmed that these were appropriately managed. There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement; discussion with the registered manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships within the home.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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