

Inspection Report

Name of Service:	Greenville Manor Care Home
Provider:	Beaumont Care Homes Limited
Date of Inspection:	20 November 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Beamont Care Homes Limited
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Ms Jocelyn Cruz Cristobal
Service Profile – This home is a registered nursing home which provides nursing care for up to 60 patients. The home is divided in three units; the Dixon Unit provides care for patients with dementia, the Belvoir Unit provides care for patients with alcohol related brain injury and the Millbrook Unit provides care for patients with a mental health disorder. Within each unit patients have access to communal lounges, dining rooms and a courtyard garden.	

2.0 Inspection summary

An unannounced inspection took place on 20 November 2024 from 9.20am to 5.15pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 9 and 10 October 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that compassionate care was delivered to patients. However, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery, including; nutritional assessment scoring, record keeping of complaints management and hand hygiene practices during mealtimes.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Four areas for improvement will be stated for the second time and one area for improvement will be subsumed into an area for improvement under regulation. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "It's grand here" and "The staff are very good".

Patients told us that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options and where and how they wished to spend their time.

Staff were happy with the staffing arrangements and there was a good working relationship between staff and the management team.

Relatives spoke positively on the care their loved ones were receiving. One told us their relative always looked clean and good attention was given to their skin and nails.

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing. Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

The staff duty rota recorded all of the staff working in the home and the designation in which they worked. Although, the rota did not include identify the nurse in charge of the home in the absence of the manager. A nurse in charge had been allocated and their name was displayed on a board in the home but no permanent record was maintained of this. This was discussed with the manager and an area for improvement was stated for the second time.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care. A restrictive practice register was monitored and reviewed monthly.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented. A review of accident records following a fall in the home confirmed that the correct actions had been taken and the appropriate persons notified.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. However, some of these had been incorrectly scored. This was discussed with the manager and identified as an area for improvement.

Within the dementia unit, patients were not given pictorial or visual prompts to aid them in making a choice of meal. In addition, the menu displayed on the wall was in small print. The appropriate format of menu display had previously been an area for improvement and has now been subsumed into an area for improvement under regulation to include assisting in their choices of meals. Patients were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs.

A patient at risk of dehydration did not have a fluid target to aim toward or no direction within their care plan of any actions to take should they not be drinking well. This was discussed with the manager and an area for improvement was stated for the second time. Staff had identified low intakes and were going to consult with the GP.

Records of bowel management and personal care delivery had been recorded well, as were, the application of topical preparations.

Patients confirmed that activities took place in the home. Three activities staff had been employed to conduct activities with patients in each of the units. Patients in Milbrook had music in the morning and told us that they were looking forward to baking in the afternoon. Patients in Belvoir were enjoying interactive games on a Smart TV and a range of activities were happening in the Dixon Unit many on a one to one basis.

Patients spoken with told us they enjoyed living in the home and that staff were friendly. One patient told us, "I like it here. The staff and the food you get is very good".

Patients enjoyed visits from relatives and were free to leave the home with them for trips out. A relative told us that they were, "Very happy with the care; no complaints". Another commented, "There is always good communication with the home on any matters and I am happy that xxx is always clean and comfortable when I see them".

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

However, when two patients returned from spending a period of time in hospital, there was evidence that not all risk assessments and care plans were reviewed on return to ensure that they remained relevant. One had none reviewed. This was discussed with the manager and an area for improvement previously made in this regard was stated for the second time. Patients care records were held confidentially.

Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

3.3.4 Quality and Management of Patients' Environment Control

The home was clean and tidy and patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Although, two bedroom floors which had been recently washed did not have warning signage to alert any person entering the room of a slip hazard. This was discussed with the manager and an area for improvement stated for the second time in this regard.

Fire safety measures were in place to protect patients, visitors and staff in the home. Actions required from the most recent fire risk assessment had been completed in a timely manner.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. However, we observed several incidents during the mealtime observation where hand hygiene opportunities were missed and several occasions where hand hygiene was not performed correctly. This was discussed with the manager and identified as an area for improvement.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Jocelyn Cruz Cristobal has been the Registered Manager in this home since 21 May 2018. Staff commented positively about the manager and described them as supportive, approachable and always available to provide guidance.

Review of a sample of records evidenced there were systems in place for reviewing the quality of care, other services and staff practices was in place.

There was a system in place to manage any complaints received. However the recording of complaint's management lacked sufficient detail. For example, full details of the complaint and details of the actions taken in response were not always clear. This was discussed with the manager and identified as an area for improvement. A compliments log was maintained and any compliments received were shared with staff.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further. Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	4*	4*

*The total number of areas for improvement includes four that have been stated for a second time and one subsumed from standards into regulation.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Jocelyn Cruz Cristobal, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 15 (2) (b) Stated: Second time To be completed by: With immediate effect (20 November 2024)	The registered person shall ensure that patients' risk assessments and care plans are reviewed on return to the home following a period of time in hospital to ensure that these remain current. Ref: 2.0 and 3.3.3 Response by registered person detailing the actions taken: On return from hospital the resident's risk assessments and care plans will be reviewed within 24 hrs and updated accordingly to ensure that any changes in condition / needs have been identified and appropriate care plans are in place. The Return from Hospital Governance Audit will be completed timely by the Home Manager or Deputy Manager to review the documentation and identify any areas for follow up with RNs within a stipulated time frame. The Provider will review this as part of the regulation 29 visit.
Area for improvement 2 Ref: Regulation 14 (2) (a) and (c) Stated: Second time	The registered person shall ensure that the appropriate signage is displayed when floors are wet to warn patients, visitors and staff of slip hazards. Ref: 2.0 and 3.3.4

To be completed by: With immediate effect (20 November 2024)	Response by registered person detailing the actions taken: The domestic staff have received supervision regarding the use of appropriate signage when floors are wet to warn patients, visitors and staff of slip hazards. Spot checks will be carried out as part of the daily walkabout audit to monitor whether this is being practised effectively. If deficits identified this will be addressed with the staff involved at the time. The Provider will monitor whether wet floor signage is being used appropriately during visits and will share findings with the Manager.
Area for improvement 3 Ref: Regulation 12 (4) (d) Stated: First time To be completed by: 31 December 2024	The registered person shall review the ways in which patients are offered their choice of meals within the dementia unit. A menu should be displayed in a suitable format to remind patients of the food on offer. Ref: 2.0 and 3.3.2
	Response by registered person detailing the actions taken: Pictorial menus are available to assist with residents' choices of meals. Staff are also plating the different food options available to show residents to support with choice. Current menu on display has been reviewed. The Provider will monitor how menu choices are provided to residents to assist with choice during visits as part of the regulation 29 visit.
Area for improvement 4 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect (20 November 2024)	The registered person shall ensure that staff perform hand hygiene correctly and at the appropriate moments. This is in reference to hand hygiene during mealtimes. Ref: 3.3.4
	Response by registered person detailing the actions taken: During Flash meeting, best practice to facilitate good hand hygiene and follow IPC guidelines has been discussed. A Hand hygiene audit is carried out weekly in each unit where staff are observed directly by the nurse in charge to ensure that staff follow the 7 steps of hand washing and 5 moments for hand hygiene during mealtimes. Feedback will be given to individuals present when required and compliance monitored daily. Compliance will be monitored by the Operations Manager as part of the Regulation 29 audit.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	

Area for improvement 1 Ref: Standard 41 Criteria (7) Stated: Second time To be completed by: With immediate effect (20 November 2024)	The registered person shall ensure that the nominated nurse in charge of the home in the absence of the manager is identified on a duty rota. Ref: 2.0 and 3.3.1 Response by registered person detailing the actions taken: The nominated nurse in charge of the Home in the absence of the Home Manager is identified and highlighted in the duty rota and displayed in the reception board. The rota is reviewed by Home Manager and Deputy to ensure this is clearly highlighted weekly. The Provider will review this as part of the regulation 29 visit and share findings / follow up required with Manager.
Area for improvement 2 Ref: Standard 12 Stated: Second time To be completed by: 20 December 2024	The registered person shall ensure that the management of hydration in the home is reviewed to make sure that patients deemed at risk of dehydration have: • A realistic daily fluid target • Accurate recording of fluid intake records to include supplements taken • Actions to take, recorded within the patient's care plan, of what to do when the fluid targets are not being met. Ref: 2.0 and 3.3.2 Response by registered person detailing the actions taken: Baseline fluid intake levels to be established for all residents and care plan put in place where required. Those Residents who have been identified at risk of dehydration are to be discussed with the GP, have attainable daily fluid targets identified, input recorded and followed up as necessary. Governance audit to be completed by management to monitor. Compliance will be reviewed as part of the regulation 29 visit.
Area for improvement 3 Ref: Standard 12 Stated: First To be completed by: With immediate effect (20 November 2024)	The registered person shall ensure that the nutritional assessment tool in use is scored correctly to make sure appropriate actions are taken when a deficit is detected. Ref: 3.3.2 Response by registered person detailing the actions taken: MUST score completion training and supervision has been completed with the Registered Nurses. The Monthly review of the residents MUST score is to be reviewed by the Home Manager/Deputy to ensure appropriate actions are taken when a deficit is detected. This will be spot checked during the Provider regulation 29 visits.

Area for improvement 4 Ref: Standard 16 Stated: First time To be completed by: 31 December 2024	The registered person shall ensure that the management of complaints is recorded in more detail and include all correspondence, statements and actions taken in response to the complaint as necessary. Ref: 3.3.5
	Response by registered person detailing the actions taken: The Registered Manager will ensure that complaints are recorded in detail using the Beaumont Complaints Log and that all correspondence is retained in relation to each individual complaint. This will include copy of complaint, written correspondence, statements and actions taken in response to the complaints as necessary. This will be reviewed and commented upon within the regulation 29 visits.

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews