



Unannounced Care Inspection Report 28 November 2018



Greenville Manor Care Centre

Type of Service: Nursing Home (NH)
Address: 192 Newtownbreda Road, Belfast, BT8 6QB
Tel No: 028 90644244
Inspector: Heather Sleator

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.

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

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager: See below
Person in charge at the time of inspection: Joy Cristobal	Date manager registered: Joy Cristobal – acting no application required
Categories of care: Nursing Home (NH) A – Past or present alcohol dependence. MP – Mental disorder excluding learning disability or dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years. DE – Dementia.	Number of registered places: 60 A maximum of 28 patients in category NH-DE accommodated in the Dixon Unit, a maximum of 15 patients in category NH-A accommodated in the Belvoir Unit and a maximum of 17 patients in categories NH-MP/MP (E) accommodated in the Millbrook Unit.

4.0 Inspection summary

An unannounced inspection took place on 28 November 2018 from 09.20 to 17.30.

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 staffing and staff development and adult safeguarding. There were examples of good practice found throughout the inspection in relation to assessment of patient need, the management of falls, dementia care practice, the delivery of wound care and the provision of activities.

Areas for improvement were identified under regulation in relation to infection prevention and control measures, the standard of cleanliness and hygiene in the home, fire safety regulations and the core values of care.

An area for improvement was identified under the care standards and was in relation to ensuring registered nurses adhere to best practice in falls management including the accurate completion of neurological observations in post falls management.

Patients described living in the home in positive terms; refer to section 6.6 for further information. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	1

Details of the Quality Improvement Plan (QIP) were discussed with Joy Cristobal, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 17 July 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 17 July 2018.

There were no further actions required to be taken following the most recent 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 15 patients individually, one patient's relative and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA online. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report.

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 1 to 28 November 2018
- 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
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of 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 17 July 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 28 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: First time	The registered person shall ensure that the mealtime arrangements in Dixon are reviewed so as staff have sufficient time to assist those patients who require additional support.	Met
	Action taken as confirmed during the inspection: We observed the serving of the midday meal. A more flexible approach to the mealtime experience was observed and sufficient time was available for staff to assist patients with their meals. However, a further concern arose during the observation of the mealtime service; refer to section 6.6 for comment.	

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 these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 1 to 28 November 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were generally met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave. We also sought staff opinion on staffing via the online survey however there were no questionnaires completed and returned by staff.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Greerville Manor. Comments received from patients included; "The nurses are very good, they're nice people" and "They're (staff) very understanding people".

We spoke with a relative during the inspection who expressed their satisfaction with the provision of care in the home. We also sought relatives' opinion on staffing via questionnaires. Nine questionnaires were completed and returned prior to the issue of the report. Respondents were satisfied that the care afforded to patients was safe, effective and compassionate and that the service was well led. There was one exception; one respondent was undecided as to whether care was safe and commented, "Sometimes I feel there isn't enough staff on duty."

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training was delivered via online training and through face to face interactive sessions. Records evidenced good compliance with mandatory training. The manager and staff confirmed that systems were in place to ensure staff received annual appraisal and regular supervision.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records for the period August - October 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation. Discussion with the manager and review of records confirmed that on a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures were not adhered to. We observed a number of IPC concerns and concerns about the standard of cleanliness in the home. These were individually discussed with the manager and the regional manager at the conclusion of the inspection. A more robust approach to the monitoring of the cleanliness of the home which had impacted on IPC measures must be established. Due to our concerns two areas for improvement under regulation have been identified in relation to cleanliness and hygiene standards in the home and adherence to IPC procedures (including staffs adherence to Four Seasons Health Care's dress code/policy). We also required that the manager and regional manager address the issues identified within ten tens of the inspection and submit an action plan, including timescales for completion, to RQIA. An action was submitted to RQIA by the regional manager on 30 November 2018. Compliance with the identified areas will be assessed at the next inspection.

Fire exits and corridors were observed to be clear of clutter and obstruction. A door which was identified as a fire door was observed to be 'wedged' open, at the nurses' station in one of the units. This was brought to the attention of the manager who agreed to remove the door wedge and ensure an automatic 'hold open' device was placed on the door. This has been identified as an area for improvement under regulation. The manager stated the most recent fire risk assessment had been completed on 9 May 2018 and any actions identified had been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, and adult safeguarding.

Areas for improvement

The following areas were identified for improvement in relation to the cleanliness and hygiene standards in the home, infection prevention and control procedures and adherence to fire safety regulations.

	Regulations	Standards
Total number of areas for improvement	3	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 generally care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of falls and wound care. Care records generally contained details of the care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of a monthly basis. The registered manager stated that if a patient has a weight loss of between five and ten percent that they were initially referred to the patient's general practitioner (GP) and/or the dietician. We reviewed the management of nutrition for one patient. A nutritional risk assessment was completed monthly; a care plan for nutritional

management was in place. Food and fluid intake charts were maintained with fluid intake reconciled on a 24 hour basis. Consideration should be given to the purchase of hoist scales to facilitate the weighing of patients with impaired mobility or who are on continuous bedrest.

We reviewed the management of falls for three patients. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place and were reviewed for each patient following a fall. However, the review of documentation regarding post falls management did not evidence that registered nurses were completing the neurological observations for the required time period as stated in best practice guidelines. This has been identified as an area for improvement under the care standards.

We reviewed the management of wound care for two patients. Care plans contained a description of the wound, location and the dressing regime. Wound care records evidenced that dressing regimes were adhered to. Wound care management was in accordance with professional and care standards. Records evidenced that patients were assisted to change their position for pressure relief in accordance with their care plans.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and care assistant/s were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. There was evidence of communication with patients, relatives and staff and the minutes of the meetings were reviewed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment of patient need, the management of nutrition and the delivery of wound care.

Areas for improvement

An area for improvement was identified in relation ensuring that neurological observations are completed in accordance with post falls management guidelines and best practice guidance.

	Regulations	Standards
Total number of areas for improvement	0	1

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. Patients were enjoying their breakfast in the dining rooms or in their bedrooms as was their personal preference; some patients remained in bed, again in keeping with their personal preference. There was a calm atmosphere throughout the home.

Staff interactions with patients were observed to be caring and timely. Consultation with 15 patients individually and with others in smaller groups, confirmed that patients were satisfied with the care afforded by staff. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care.

Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. We observed the approach of staff and interaction and engagement with patient during the serving of the midday meal. This was a positive experience for patients with one exception. We observed the seating arrangement for a patient in one of the dining rooms and discussed this with staff. The reason given by staff was not satisfactory. It is staffs responsibility to sensitively meet the needs of individuals and all patients. It was extremely concerning that registered nurses found the seating arrangement to be the only way to 'manage' the patient's behaviour. This was discussed with the manager and regional manager at the conclusion of the inspection. An area for improvement, under regulation, has been identified that staff undertake training/refresher training in the core values of care and human rights.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients were satisfied with the activities on-going in the home. A selection of games/equipment was available in the lounges and each of the three registered units in the home has a personal activities leader (PAL) designated to the unit. We observed that whilst staff were involved in a number of duties they made time to spend and engage with patients.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks. Registered nurses were present in the dining room during the meal service, monitoring and supervising the nutritional intake of patients. Refer to the previous paragraph for further comment regarding the dining experience for patients.

We spoke with patients and comments included:

"The nurses are very good, they're nice staff"

"They (staff) try to help when they can"

"You get respect; they (staff) speak to you more"

"They're very understanding people"

"Compared to being two years in(other healthcare facility) this is a holiday camp"

"If you're stuck with anything staff would go out of their way to try and help"

"They sometimes don't treat you as they should."

Relatives commented:

“Unbelievably a good experience.”

“Everybody is so nice and so helpful.”

Relative questionnaires were also provided and we received nine response within the timescale specified. Relatives stated that they were either satisfied or very satisfied that care was safe, effective and compassionate and that the service was well led. One relative was undecided as to whether care was safe and another relative was undecided as to whether the home was well led. Additional comments included:

“Staff in Dixon are very caring.”

“All staff are good.”

Staff were asked to complete an online survey; we received no responses within the timescale specified.

Any comments from relatives and staff in returned questionnaires or online responses received after the return date were shared with the registered 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 provision of activities.

Areas for improvement

An area for improvement was identified, under regulation, in relation to staff undertaking training in the core values of care and human rights.

	Regulations	Standards
Total number of areas for improvement	1	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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately that the deputy manager would be assuming management responsibilities for a specified period of time. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. However, a number of concerns were observed during the inspection and have been discussed in the previous sections.

We identified one unit in particular where there was an evident lack of leadership. The lay assessor commented that “the atmosphere was oppressive and not conducive to good care.” This was discussed with the manager and regional manager at the conclusion of the inspection who agreed to focus on the identified unit and address the concerns which were discussed.

Staff commented positively on the support and leadership provided to date by the manager. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The manager explained that diversity and equality of opportunity for patients was supported by staff; any training required by staff to support patients, would be provided as required.

Review of the home’s complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records and hygiene arrangements. In addition robust measures were also in place to provide the manager with an overview of the management of infections and wounds occurring in the home.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes 2015.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joy Cristobal, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: 3 December 2018	The registered person shall ensure that all staff adhere to infection prevention and control procedures and that these procedures are stringently monitored by the manager Ref: 6.4
	Response by registered person detailing the actions taken: The Registered Manager has had meetings with all heads of departments in the Home, and a general staff meeting to ensure that all staff understand the importance of adhering to infection prevention and control procedures in the Home. This is being monitored during daily walkabout around the Home and also in completing the housekeeping track. Any issues raised are being addressed immediately to ensure that high standards are being maintained in the Home.
Area for improvement 2 Ref: Regulation 27 (2) (d) Stated: First time To be completed by: 3 December 2018	The registered person shall ensure that the standard of cleanliness and hygiene in the home improves and that cleaning schedules are robust and monitored by the manager. Ref: 6.4
	Response by registered person detailing the actions taken: Domestic hours in the Home have been increased to ensure that there is one domestic in each unit everyday. This has improved the level of cleanliness in the Home. Cleaning schedules are being closely monitored by the Registered Manager to ensure that they are being completed appropriately.
Area for improvement 3 Ref: Regulation 27 (4) Stated: First time To be completed by: 3 December 2018	The registered person shall ensure that fire safety regulations are adhered to at all times and doors are not wedged open. Ref: 6.4
	Response by registered person detailing the actions taken: Door retaining units have been ordered for the identified doors to ensure that they are no longer being wedged open. The Registered Manager/Senior Nurse is monitoring this during daily walkabout around the Home.

Area for improvement 4 Ref: Regulation 13 (1) Stated: First time To be completed by: 30 January 2019	The registered person shall ensure that staff complete training in the following areas; the core values of care and human rights. Ref: 6.6 Response by registered person detailing the actions taken: Training in the core values of care and human rights has been organised for all staff in the Home before the end of January 2019.
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 22 Stated: First time To be completed by: 3 December 2018	The registered person shall ensure that registered nurses adhere to best practice in falls management including the accurate completion of neurological observations in post falls management. Ref: 6.5 Response by registered person detailing the actions taken: FSHC Falls Policy and Procedure has been reissued to all trained staff. The Registered Manager is following up all falls on Datix to ensure that correct procedure is followed. The Regional Manager is reviewing falls in the Home during the regulation 29 visits.

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



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