



Unannounced Care Inspection Report 29 July 2019



Greenville Manor Care Centre

Type of Service: Nursing Home
Address: 192 Newtownbreda Road, Belfast BT8 6QB
Tel No: 028 9064 4244
Inspector: Julie Palmer

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 60 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Joy Cristobal – acting no application required
Person in charge at the time of inspection: Joy Cristobal	Number of registered places: 60
Categories of care: Nursing Home (NH) DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. A – Past or present alcohol dependence.	Number of patients accommodated in the nursing home on the day of this inspection: 57 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 29 July 2019 from 09.30 hours to 17.40 hours. This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought 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, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management, communication, treating patients with compassion, the activities on offer and the culture and ethos in the home.

Areas requiring improvement were identified in relation to the refurbishment plan, infection prevention and control measures and provision of appropriate clothing protectors at mealtimes.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*2

*The total number of areas for improvement includes one which was partially met and has been stated for a second time.

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 7 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 7 March 2019. 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

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

During our inspection we:

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

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 22 July to 4 August 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)

- staff training records
- staff supervision and appraisal schedule
- registered nurse competency and capability records
- incident and accident records
- two staff recruitment and induction files
- six patient care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of monthly monitoring reports from March 2019
- the refurbishment plan
- the annual quality report
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not 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 previous care inspection dated 7 March 2019

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 4 Stated: First time	The registered person shall ensure a comprehensive and detailed assessment with relevant care plans is completed for all patients within five days of admission to the home.	Met
	Action taken as confirmed during the inspection: Review of care records evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Standard 44 Stated: First time	The registered person shall ensure there is a planned programme of continuous improvement and identified areas are improved or redecorated/repared within an agreed timescale.	Partially met

	<p>Action taken as confirmed during the inspection:</p> <p>Observations of the environment and review of the action plan evidenced that this area for improvement had been partially met. Repairs and re-decoration are in progress.</p> <p>This area for improvement is therefore stated for a second time.</p>	
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6.2 Inspection findings

6.3 Is care safe?

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

We discussed the planned daily staffing levels for the home with the manager who confirmed that these were subject to at least monthly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. Staff spoken with were satisfied with staffing levels; they told us there was very little short notice leave in the home but if this occurred shifts were usually 'covered'. Staff commented:

- "I enjoy being here."
- "Bank cover is good."
- "We all help each other out, there's good teamwork."
- "We all blend into each other and work well together."

We also sought staff opinion on staffing via the online survey; no responses were received.

Patients spoken with had no concerns about staffing levels in the home; one patient told us that: "The staff are very good."

We spoke with one patient's visitors on the day of the inspection who told us they were very satisfied with staffing levels.

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires; five responses were received and all indicated that they very satisfied with staffing levels in the home.

We observed that staff were responsive to patient's needs, assistance was provided in a timely manner and call bells were answered promptly.

We reviewed two staff recruitment and induction files and these evidenced that staff had been vetted prior to commencing employment to ensure they were suitable to work with patients in the home.

All staff spoken with stated they had completed, or were in the process of completing, a period of induction and review of records confirmed this. A staff appraisal and supervision schedule was in place and a record of supervisions and appraisals was maintained.

We reviewed the system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff. Both NMC and NISCC checks were completed on a twice monthly basis.

Staff spoken with demonstrated their knowledge of how to deal with a safeguarding issue; they were also aware of their duty to report concerns. Staff were knowledgeable regarding their own roles and responsibilities and were familiar with the home's whistleblowing policy.

Review of care records evidenced that a range of validated risk assessments was completed and informed the care planning process for patients. Where practices were in use that could potentially restrict a patient's choice and control, for example, bedrails or alarm mats, the appropriate risk assessments and care plans had been completed. A rationale for use and consultation with the patient or their relative and/or key worker was recorded; consent was obtained where appropriate.

We looked at the home's environment and entered a selection of bedrooms, bathrooms, shower rooms, storage rooms, sluices, dining rooms and lounges. The home was found to be warm, clean and tidy throughout. It was evident that redecoration had been undertaken in identified areas. We did, however, observe various infection prevention and control (IPC) deficits which were brought to the attention of the manager. These included dust on top of wardrobes in identified bedrooms; more effective cleaning required to toilet roll dispensers in identified bathrooms; two hoists which required more effective cleaning and identified shower chairs with rusted wheels. A robust system should be in place to monitor IPC measures in the home and an action plan developed as required. An area for improvement was made.

Staff were observed to wear personal protective equipment (PPE), for example aprons and gloves, when required and PPE was readily available throughout the home. We also saw that staff carried out hand hygiene at appropriate times.

We noted that there was a slight malodour in the Belvoir Unit outside an identified shower room. The manager confirmed that this shower room was being refurbished and the works being carried out would resolve the malodour issue.

In the Millbrook Unit a shower room was being refurbished and was out of use for patients. However, the door had a faulty locking mechanism, workmen had not arrived that day as planned to repair this and as an interim measure the door had been securely tied shut in order to prevent patients accessing the unfinished room and being potentially put at risk. We discussed this with the manager who agreed that this was not a suitable solution and we were assured that the door lock would be repaired as soon as possible. Following the inspection we spoke to the manager who confirmed that the door was no longer tied shut and repairs were in progress.

As mentioned in Section 6.1, a planned programme of continuous improvement was in place but not all identified areas had been improved or redecorated/repared within the agreed timescale; this area for improvement had been partially met and will be stated for the second time.

However, there was evidence of ongoing improvements, redecoration and repairs within the home and review of the refurbishment plan showed that this was regularly reviewed and updated as progress was made. There was also extensive plumbing and bathroom/shower room

refurbishment under way; review of records evidenced that patients and their relatives had been informed that this work would be taking place.

Fire exits and corridors were observed to be clear of clutter and obstruction. Review of training records confirmed that staff had attended a practical fire training session on 1 March 2019 and were also required to undertake a second session of online fire awareness training each year. The manager confirmed that staff compliance with mandatory training was monitored and they were prompted when training was due. Staff spoken with were satisfied they had sufficient access to training.

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, adult safeguarding and risk management.

Areas for improvement

An additional area for improvement was identified in this domain in relation to infection prevention and control measures.

	Regulations	Standards
Total numb of areas for improvement	1	0

6.4 Is care effective?

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

We observed the daily routine and the care given to patients in the home and were satisfied that patients received the right care at the right time. Patients spoken with felt that their care needs were met. Patients who were unable to voice their opinions appeared to be comfortable and content both in their dealings with staff and in their surroundings.

On the day of the inspection we spoke with one patient's visitor; they were extremely complimentary about the care provided to their relative and told us that: "Staff are excellent, they do a hard job and make the best of it." Relatives who responded to the questionnaires also indicated that they were very satisfied with the care provided. Comments included:

- "Staff are friendly and attend to all ... care needs with care and compassion."
- "Greenville Manor is an excellent nursing home."
- "Staff are lovely to residents."
- "Staff keep me informed as the situation can change at every visit."

Staff confirmed they received a handover when they came on duty and they felt this enabled effective communication prior to the commencement of their shift. Staff spoken with were knowledgeable about the patients' care needs and confirmed these were regularly reviewed to determine the effectiveness of care delivered and if the patients' needs had changed.

We reviewed the care records for six patients and evidenced that a range of validated risk assessments had been completed to inform care planning for the individual patients. We also observed that care records had been completed within five days of admission to the home; this area for improvement had been met.

Patients weights were monitored on at least a monthly basis and their nutritional needs had been identified. There was evidence of referrals having been made to relevant health care professionals, such as the dietician or speech and language therapist (SALT), where necessary. Patients care plans included recommendations from the dietician and/or SALT if required and were regularly reviewed. Food and fluid intake charts were maintained and the records reviewed were up to date.

A monthly falls analysis was completed to determine if there were any trends or patterns emerging and an action plan was devised if necessary. Staff were knowledgeable regarding the actions to take to help prevent falls and how to manage a patient who had a fall; we evidenced that neurological observations were completed appropriately and that relevant risk assessments and care plans were updated after each fall.

Measures to prevent pressure ulceration, such as the use of pressure relieving mattresses and repositioning schedules, were in place for those patients who required them.

We observed the serving of lunch in the Millbrook Unit dining room. The menu was on display and a selection of condiments and drinks was available. The food smelled appetising and was well presented. Staff demonstrated their knowledge of how to thicken fluids if necessary and which patients required a modified diet. It was obvious that staff knew the patients well and were aware of their likes and dislikes. A registered nurse was overseeing the meal and the atmosphere was calm, unhurried and relaxed. However, we observed that some patients were wearing blue aprons rather than being offered the choice of fabric clothing protectors or napkins and an area for improvement was made.

Patients were complimentary about the food on offer; they told us:

- “I loved my lunch today.”
- “They make me what I like to eat.”
- “The food is nice.”
- “I like my food and it’s good.”

We reviewed the management of wounds and observed that care plans and wound charts were in place to direct the care required and the date the dressing was next due was clearly recorded. In one of the records reviewed we observed that the care plan for a wound which had healed had not been discontinued; this was brought to the attention of a nurse in the unit and she immediately updated the relevant care record.

Staff were observed to communicate effectively with patients who appeared to be relaxed and content in their dealings with staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, risk assessment and care planning, and communication between patients and staff.

Areas for improvement

One area was identified for improvement. This was in relation to offering patients the choice of clothing protectors and/or napkins at mealtimes.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 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.

During the inspection we spoke with 17 patients throughout the three units in the home. Patients who were unable to communicate their opinions appeared to be well cared for and content in their surroundings. Patients who were able to communicate commented positively about the care they received in the home; they told us:

- “I’m okay here, just taking it easy.”
- “There’s lots of friendly banter.”
- “Staff chat to us, they are nice.”
- “It’s okay here.”

As previously mentioned we spoke with one patient’s visitor who told us that: “Staff are very gentle and caring with the residents.” This visitor was very satisfied that the care provided to patients was compassionate.

Observation of care delivery evidenced that staff treated patients with dignity and respect. Patients were offered choice and the daily routine appeared to be flexible. We observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients’ privacy.

Patients spoken with said that if they had a concern they knew whom to talk to and felt that they were listened to.

We looked at activities on offer in the home; a personal activity leader (PAL) was employed in each of the three units and activities were planned to best meet the needs of the individual patients.

We spoke to the PAL in the Dixon Unit who told us: “I love it here, I love talking to the patients about the past.” The PAL arranged group activities such as watching movies, sing songs and bingo but also recognised the importance of one to one activities such as hand massage and reminiscence with patients who were unable, or preferred not to, to join in. We observed that all staff in the unit were caring and friendly towards the patients; they obviously knew them well and treated them very kindly.

In the Belvoir Unit patients had access to a games room with a pool table and a large lounge which was well equipped with a TV, games, jigsaws and music. They told us that the activities on offer

were enjoyable. Staff were observed in meaningful interactions with patients throughout the day; in the morning they helped with jigsaws and in the afternoon they organised a sing-a-long.

In the Millbrook Unit an occupational therapist (OT) provided therapeutic support to patients to enable them to maintain and/or improve their independence. The OT and the PAL arranged activities and encouraged community involvement for the patients. Activities on offer included shopping trips, a cooking club and kitchen clean up, hoopla, movie night, funky armchair exercises and card games. Patients had the opportunity to go out on bus trips and volunteer groups were welcomed into the home. Staff were seen to be very keen to ensure all available resources were explored and utilised to ensure patients' needs were met in this area.

Patients' spiritual needs were accommodated within the home; church services were organised and ministers also visited individual patients.

We reviewed the annual quality report and found this to be very detailed and informative. It included the views of patients, their relatives and staff and reported on what had been done well and what improvements were planned for the incoming year. The views of patients and their relatives were obtained through feedback surveys and questionnaires.

The culture and ethos throughout the home was found to be positive and inclusive with patients' needs and opinions taken into account by staff in all aspects of their care.

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, taking account of the views of patients and the activities on offer.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

There has been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the manager's hours and the capacity in which these were worked were clearly recorded.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care for which it was registered.

Discussion with staff, patients and visitors confirmed that the manager's working patterns allowed for plenty of opportunities to meet with her if necessary, and that she was approachable and accessible. A visitor commented that: "Joy and Jenny are both fantastic, they run a great home." Staff, patients and patients' visitors were all on first name terms with the manager.

Discussion with the manager and review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement.

Review of the complaints record evidenced that systems were in place to ensure complaints were appropriately managed. The complaints procedure was displayed in the home and patients and patients' visitors spoken with were aware of the process for making a complaint.

We reviewed a sample of monthly monitoring visit reports and found these to be comprehensive and to include an action plan and completion date for the actions identified.

Staff spoken with were aware of the home's whistleblowing policy and their responsibilities around reporting concerns and maintaining confidentiality for patients.

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

Patients' care records reviewed evidenced that a record of any communication with the multi-disciplinary team was maintained. We observed effective communication between patients and staff during the inspection and noted that staff also communicated with each other to ensure patients' needs were met.

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.

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: 5 August 2019	<p>The registered person shall ensure that the identified IPC deficits are resolved and that effective cleaning is carried out to minimise the risk and spread of infection in the home. The system in place to monitor IPC measures should be robust and an action plan should be developed as required.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Meetings have been held for all the staff to discuss the importance of maintaining the cleanliness of the Home to an acceptable standard. Staff have familiarised themselves with the environmental cleanliness and decontamination manual which is stored in all units. IPC audit tool and auditing of clinical practice is being completed and the Registered Manager is monitoring compliance during daily walkabout, taking any action as required. An updated IPC link has been identified for each unit, the link person is responsible for assisting in the completion of environmental audits and monitoring of clinical practice.</p>
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Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

Area for improvement 1 Ref: Standard 44 Stated: Second time To be completed by: 29 January 2020	<p>The registered person shall ensure there is a planned programme of continuous improvement and identified areas are improved or redecorated/repared within an agreed timescale.</p> <p>Ref: 6.1 and 6.3</p> <p>Response by registered person detailing the actions taken: The Property Manager and Senior Management are working hand in hand to make sure the planned programme of continuous improvement /repairs and redecoration are on schedule</p>
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 5 August 2019	<p>The registered person shall ensure that patients are provided with the choice of clothing protectors and/or napkins at mealtimes.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All staff have been made aware that patients should be provided with choice of clothing protectors and/or napkins at mealtimes. Additional new napkins and dignity aprons are available in all units.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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