

Inspection Report

Name of Service:	Greenville Manor Care Home
Provider:	Beaumont Care Homes Limited
Date of Inspection:	9 and 10 April 2025

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:	Beaumont Care Homes Limited
Responsible Individual:	Mrs Ruth Burrows
Registered Manager:	Ms Jocelyn Cruz Cristobal
<p>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.</p>	

2.0 Inspection summary

An unannounced inspection took place on 9 April 2025 from 9.30am to 4.35pm and on 10 April 2025 from 9.40am to 1.40pm 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 20 November 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and the service was well led. However, improvements were required in relation to admission care planning, control of substances hazardous to health (COSHH), general data protection regulation, cleanliness of domestic trolleys and with maintaining records of visitors to the home.

As a result of this inspection six areas for improvement from the previous care inspection were assessed as having been addressed by the provider. One area for improvement will be stated for the second time and one area for improvement will be carried forward for review to the next inspection. Full details, including the 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 and relatives were complimentary of the care delivered in the home. 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 a great place here. The staff are all lovely and the food is excellent," and, "It's dead on here; the staff are all grand". Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Relatives consulted during the inspection were complimentary in regards to the care their loved ones were receiving. One told us, "The care is very good. The staff are lovely; they genuinely care". We received one questionnaire response from a patient's relative. They commented, "The care is great. The staff are all attentive and deal with any issues swiftly".

Staff told us that they were happy; there was enough staff on duty to provide care and they felt that they worked well together and were supported by management to do so. There were no responses from the staff online survey.

A visiting professional complimented the staff on how well they communicated with them and how well they followed any recommendations left by them.

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.

Patients said that there was enough staff on duty to help them. Staff said there was good teamwork and that they felt safe and well supported in their role. Staff told us 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. A relative commented, "When I am not here, I am assured that (patient name) is well looked after".

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.

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. Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dieticians. Care plans were updated and information shared well when changes to nutritional requirements were made. Patients were safely positioned for their meals and the mealtimes were well supervised. Food served appeared appetising and nutritious. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs. However, appropriate methods were not in place when it came to offer patients, who had a dementia, their choice of meal in the dining room. There were no pictorial or visual aids in place when offering their meals. This was discussed with the manager and an area for improvement previously made in this regard was stated for the second time.

Patients deemed at risk of dehydration were assigned fluid targets to aim towards and fluid intakes were monitored to ensure they remained hydrated. Food and fluid intake records were well recorded and included supplements taken where a risk of weight loss had been identified.

An activities planner was available for review and incorporated upcoming Easter celebrations. There were Easter decorations around the home. Each unit had their own activities therapist and patients were observed enjoying several activities during the day. Activities were conducted in groups and/or on a one to one basis depending on patients' preferences.

Relatives told us that staff communicated well with them and always kept them up to date with their loved one's care. One told us, "They (the staff) all know my name and I know theirs. Whats so good about them is all the wee personal touches they do for patients; the make up on and their jewellery on".

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 should be developed to direct staff on how to meet patients' needs. Although, a review of one patient's care plans, who had been admitted for several months, evidenced that not all necessary care plans were in place. This was discussed with the manager and identified as an area for improvement. It was positive to note that when patients returned to the home following a period away, for example, a hospital stay; care plans were reviewed on return and included any advice or recommendations made by other healthcare professionals.

Supplementary care records were maintained to evidence personal care delivery, food/fluid intake, continence management and records were kept of any checks staff made on patients.

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.

Several care records were found accessible to patients/relatives within an identified area in the home. This had been a previous concern in the home and, as such, this was discussed with the manager and identified as an area for improvement to ensure that General Data Protection Regulation (GDPR) was complied with.

3.3.4 Quality and Management of Patients' Environment

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. The management team were working through a timebound environmental action plan for identified refurbishment and redecoration of identified areas in the home.

Signage was in place to warn patients/staff entering rooms if the floor had been just washed and was slippery.

Chemicals were found accessible to patients within two areas in the home. This was discussed with the manager and an area for improvement was made to ensure compliance with Control of Substances Hazardous to Health (COSHH) legislation.

Fire safety measures were in place to protect patients, visitors and staff in the home. Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire training and fire safety checks were regularly conducted. However, poor compliance was noted on the recording of visitors to the home; especially within the Millbrook Unit. This was discussed with the manager and identified as an area for improvement.

Monthly infection control audits were completed to monitor the environment and staffs' practices. Personal protective equipment was readily available throughout the home. While the home was found to be visually clean, two domestic trolleys in use were found to be unclean. 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 20 November 2020. Staff commented positively about the manager and described her as supportive, approachable and always available to provide guidance. The manager was supported by the deputy manager.

In the absence of the managers there was a nominated Nurse-in-Charge (NIC) to provide guidance and leadership. The NIC was clearly identified on the duty rota and at the entrance to the home.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place.

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.

The provider company, Beaumont, facilitated a staff appreciation day to show appreciation to all the staff in their employment. Any compliments received to the home were shared with staff.

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*	3*

*The total number of areas for improvement includes one that has been stated for a second time and one which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Doreen Mudzi, Deputy Manager and Wendy McDonagh, Operations 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 12 (4) (d)</p> <p>Stated: Second time</p> <p>To be completed by: 31 May 2025</p>	<p>The registered person shall review the ways in which patients are offered their choice of meals within the dementia unit.</p> <p>A menu should be displayed in a suitable format to remind patients of the food on offer.</p> <p>Ref: 2.0 and 3.3.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>To support the decision for menu choice, pictorial menus are available in files for the residents to view and also displayed on the menu board in the dining area. On serving of food the staff will remind residents of the food choice on offer. Small plated samples of the food choices being offered are also provided by the Chef to remind residents of the food on offer. The Home Manager is carrying out spot checks during meal times to ensure staff are promoting this practice and any areas of improvement will be addressed with staff and followed up on a timebound action plan.</p> <p>Compliance will be monitored as part of the monthly reg 29 visits.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a full range of care plans are completed in a timely manner from the point of admission.</p> <p>Ref: 3.3.3</p>

<p>To be completed by: With immediate effect (10 April 2025)</p>	<p>Response by registered person detailing the actions taken: The Home Manager is using the admission compliance audit to ensure that all care plans are completed in a timely manner following admission. This will include clients that are transferred from another Beaumont Home. The care file viewed during the inspection has been reviewed and all care plans have been re-written on the 9th April 2025. Care files for new admission will be spot checked during the completion of the monthly reg 29 audit</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (10 April 2025)</p>	<p>The registered person shall ensure that unattended chemicals are not accessible to patients in any part of the home.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: All staff have been reminded with regards to their COSHH responsibilities. Spot checks of the cleaners' store rooms and domestic trolleys are being completed and recorded as part of the Home Manager Walkabout Audit. The Deputy Manager and Staff in charge of all departments have been reminded to ensure that unattended chemicals are not accessible to patients in any part of the Home. Any deficits will be addressed at the time of finding with the staff concerned and a time bound action plan put in place. The storage of unattended chemicals will also be spot checked as part of the Regulation 29 Visit and any areas of deficit actioned.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 19 (2)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (10 April 2025)</p>	<p>The registered person shall ensure that a record of all visitors to the home is maintained.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Clear additional signage has been placed at the entrance to units to remind visitors to sign in and out. Staff have also been informed of the need to remind visitors to sign in and the reason for this. The registered person will review the Visitor Sign in Books during walk abouts to assess the compliance of implemented strategies and make necessary adjustments if needed.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	

<p>Area for improvement 1</p> <p>Ref: Standard 16</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2024</p>	<p>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.</p> <p>Ref: 2.0</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 37.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (10 April 2025)</p>	<p>The registered person shall ensure that all patients' records are stored appropriately and not left accessible to persons who are not authorised to view them.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: All Staff have been reminded of their responsibilities with regards to the storage of patient records. The Home Manager as part of the Manager Walkabout Audit is monitoring the storage of resident's records to ensure that the Home meets GDPR compliance requirements in keeping all patients records safe and stored appropriately and not left accessible to persons who are not authorised to view. Any deficits identified will be addressed promptly at the time with the staff concerned. Compliance will be monitored during the completion of the regulation 29 visits and any deficits will be followed up in a time bound action plan</p>
<p>Area for improvement 3</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (10 April 2025)</p>	<p>The registered person shall ensure that domestic cleaning trolleys are fully decontaminated at the appropriate times and that this is regularly reviewed.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The cleanliness of the domestic trolley was discussed with staff at recent meeting. All domestic cleaning trolleys are now being decontaminated before and after use to ensure that all trolleys are clean and ready for use. This will be checked during walkabouts and spot checks conducted to ensure that the trolleys are decontaminated and crossed checked with cleaning records on a regular basis. Compliance will be monitored as part of the completion of the Reg 29 audits</p>

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